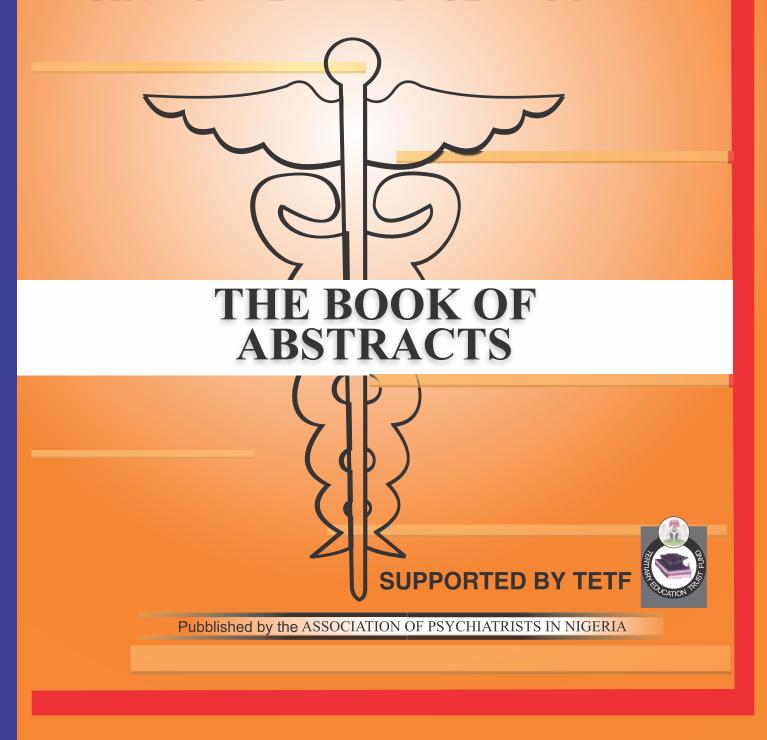


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The 54TH

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THE BOOK OF ABSTRACTS

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FOREWORD

It is with great pleasure that I present to you this compilation of abstracts from the 54th Annual General and Scientific Meeting of the Association of Psychiatrists in Nigeria (APN), titled 'KANEM 2023.' This prestigious event took place from Sunday, 26th November to Friday, 1st December 2023 at the newly commissioned Professor Emeritus Umaru Shehu Centre for Mental Health and Psychosocial Support, Federal Neuropsychiatric Hospital, Maiduguri, Nigeria.

The conference's central theme, "National Mental Health Reforms: Prospects and Strategies of Implementation of the National Mental Health Act 2021," provided a platform for in-depth discussions on the crucial subject of mental health in Nigeria. The subthemes, which included 'Brain Drain, Brain Gain and Brain Circulation: The Implication and Mitigation Strategies for Mental Health Care Services in Low and Middle-income Countries' and 'Post-conflict Resettlement and Stabilization: The Mental Health and Psychosocial Support Services (MHPSS) implications of a second displacement,' further enriched the discourse.

Highlighting the importance of mental health education, the Annual Adeoye Lambo lecture titled "Mental Health Awareness and Advocacy: The Prospects of Introducing Mental Health Education in Primary and Secondary Schools" brought attention to the need for comprehensive mental health education at the grassroots level.

The event drew the participation of over one hundred and thirty (physical and virtual) Psychiatrists and Psychiatrists-in-training, as well as other health workers from across the thirty-six (36) States of the Federation, including the Federal Capital Territory. Additionally, Nigerian Psychiatrists in the diaspora made valuable contributions to the conference. This diverse gathering fostered collaboration and the exchange of ideas among professionals in the field.

Throughout the meeting, symposia and presentations by esteemed national and international experts covered a wide range of subspecialties in Psychiatry, such as Addiction Psychiatry, Biological Psychiatry, Community, Social, and Rehabilitation Psychiatry (highlighted by the Prof. Kola Ayorinde Memorial Lecture), as well as Early Career Psychiatry. These sessions provided invaluable insights and advanced our understanding of various aspects of mental health care.

This book of abstracts showcases twenty-six abstracts presented by both physical and virtual attendees, covering diverse thematic areas including Child and Adolescent Psychiatry, Clinical Psychology, and Psychotherapy, Disaster Psychiatry, Forensic Psychiatry, General Adult Psychiatry, and Old Age Psychiatry, among others. The abstracts represent a wealth of knowledge and research findings that contribute to the advancement of psychiatric practice and patient care.

I would like to express my deep gratitude to the Planning Committee, resource persons, presenters, and participants for their thought-provoking contributions. Their dedication and expertise have made this conference a resounding success. I encourage all readers to delve into this compilation and explore the remarkable work that has emerged from the 54th Annual General and Scientific Meeting of the Association of Psychiatrists in Nigeria (APN). May this book of abstracts inspire future endeavors and foster continued progress in the field of mental health.

Prof. Bola Ola

Editor in Chief

Prevalence and correlates of Depression and anxiety disorders among persons with type 2 Diabetes Mellitus at Ahmadu Bello University Teaching Hospital Zaria, Nigeria.

H.D Mohammed1, T.L. Sheikh2, F. Bello3, A.A. Abdullateef 2, H.M. Suleiman4, A.S. Kakangi5

Affiliations: 1 Department of Psychiatry, Ahmadu Bello University Teaching Hospital (ABUTH), Zaria; 2 Department of Psychiatry, College of Medical Sciences, Ahmadu Bello University Zaria; 3 Department of Internal Medicine, College of Medical Sciences, Ahmadu Bello University Zaria; 4 Department of Chemical Pathology, College of Medical Sciences, Ahmadu Bello University Zaria; 5 Mental Health Unit, Federal Medical Centre Jabi, Abuja. Dr Hadiza Danjuma Mohammed, Department of Psychiatry, ABUTH, Zaria, Nigeria. mohammedhadiza2013@gmail.com

ABSTRACT

Introduction: Depression and anxiety disorders frequently co-occur with Type 2 Diabetes Mellitus, and the frequency of the symptoms has significantly increased globally. This could be perceived as a "double misfortune" with increased hospital visits, poor anti-diabetic drug compliance, poor diabetes control with attendant physical complications, increased economic burden on patients and family, poor disease outcome and quality of life.

Aim: The study aimed to assess the prevalence and correlates of depression and anxiety disorders among persons with type 2 DM at ABUTH, Zaria.

Methods: A hospital-based cross-sectional study was conducted among 370 adult respondents with Type 2 Diabetes Mellitus at the endocrinology clinic of Ahmadu Bello University Teaching Hospital. A systematic sampling technique was employed to recruit participants. Data was collected using a sociodemographic questionnaire, the Mini International Neuropsychiatric Interview (MINI) to screen and diagnose depression and anxiety, and the Morisky Medication Adherence scale to assess medication adherence. Data were analysed with SPSS Version 25.

Results: The mean age of participants (133 males and 237 females) was 48.09 ± 11.8 years. The prevalence of depression was 46.5% Of the 42.2% that had anxiety disorders, 46.7% had generalised anxiety disorder, and 51.9% panic disorder. About four in ten of the respondents reported medication non-adherence.

Conclusion: The study shows a high burden of depression and anxiety disorders among persons with type 2 Diabetes Mellitus, associated with poor medication adherence and outcome. Physicians need to pay more attention to psychological distress associated with chronic medical conditions to improve treatment outcomes and quality of life.

Keywords; Depression, anxiety disorders, Type 2 Diabetes Mellitus, Consultation Liaison.

Citation: Mohammed H.D, Sheikh TL, Bello F, Abdullateef AA, Suleiman HM, Kakangi AS. (2023). Prevalence and Correlates of Depression and Anxiety Disorders among Persons with Type 2 Diabetes Mellitus at Ahmadu Bello University Teaching Hospital Zaria, Nigeria. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 1.

The Liaison Psychiatrist: A critical link in the management of Disorders of Sexual Development.

Gyang B.A 1, Amupitan T.E 1, Ocheke A.2, Obindo J.T 1, Ramyil V 3 *Affiliations:* 1 Department of Psychiatry Jos University Teaching Hospital (JUTH) Jos, 2 Department of Obstetrics and Gynecology, Jos University Teaching Hospital (JUTH) Jos, 3 Department of Surgery Jos University Teaching Hospital (JUTH), Jos. Dr Gyang Bwatyum Annah, Jos University Teaching Hospital, bwatyumsamson@yahoo.com.

ABSTRACT

Background: Disorders of sexual development (DSD) is a term used to describe a host of congenital abnormalities in which the development of chromosomal, gonadal, or anatomical sex is atypical. A multidisciplinary approach to care is essential for this group of patients because of the wide range of systems involved. Surgical interventions are often performed on people with DSD without proper assessment for psychological issues or psychiatric review. The role of the liaison psychiatrist in the care of patients with DSD is key considering the psychosocial implications of the diagnosis for the patients and their relatives and the common psychiatric comorbidities seen in these patients.

Case Summary: Mr. S M, a 22-year-old single, unemployed diploma holder diagnosed with disorder of sexual development (secondary mixed gonadal dysgenesis) by the urologists was referred to the hospital because of persistent recurrent hematuria for several days of every month for 2 years. At presentation, he was in severe painful distress with stable vital signs. He had mixed male and female sexual characteristics with karyotype 46 XX.

Management and Outcome: Patient wanted to remain a male and was referred to the gynecologists for total hysterectomy and bilateral salpingo-oophorectomy. The liaison psychiatry team was invited to evaluate the patient's mental state in preparation for surgery. He denied all symptoms of mental illness. Minnesota Multiphasic Personality Inventory (MMPI) administered revealed elevated lie, infrequent pathology, depressive and hypochondriasis scale. At a joint meeting of the urologists, gynecologists and the psychiatrist, lapses were discovered in the initial management. He was subsequently lost to follow-up.

Conclusion: Medical and surgical subspecialties need to engage psychiatrists early in management of complex and life altering disorders like DSD.

Keywords: disorder of sexual development, liaison psychiatry.

Citation: Gyang BA, Amupitan TE, Ocheke A, Obindo JT, Ramyil V. (2023). The Liaison Psychiatrist: A Critical link in the Management of Disorders of Sexual Development. Nigerian Journal of Psychiatry 1 (Supplementary Issue 2), Page 2.

Effect of one session Maiduguri Ultra-Brief Cognitive Behavioural Therapy on Depression among HIV/AIDS Patients at University of Maiduguri Teaching Hospital.

Jidda M.S, Nada A.S, Suleiman A.M, Fatima U.K & Hadiza A.W Affiliation: University of Maiduguri Teaching Hospital (UMTH), Maiduguri. Professor Said Mohammed Jidda; University of Maiduguri Teaching Hospital; msjidda@gmail.com.

ABSTRACT

Introduction: Nigeria has the second largest disease burden of HIV/AIDS, from a 2015 estimate. The prevalence of depression among patients with HIV/AIDS is 31% compared to 4.7% in the general population. Ultra-brief Cognitive Behavioral Therapy, UCBT (that is <6 sessions) has been shown to be effective in depression among the general population, given individually or in groups. Maiduguri UCBT (MUCBT), a three session CBT developed by the author, is routinely utilized at the University of Maiduguri Teaching Hospital (UMTH) for treatment of depression. The effect of a single session of this therapy is yet to be studied. It is also yet to be studied among HIV/AIDS patients.

Aim: Study investigated the effect of a single session of group MUCBT on depression among HIV/AIDS patients

Methodology: Ethical approval was obtained. Study was a single-arm trial. Participants were consenting adult HIV patients with mild to moderate depression (Beck's Depression Inventory, BDI-II, scores of 17-30) (T0). They were recruited using convenience sampling at the outpatient clinic for HIV patients at the UMTH. Twelve subjects were allocated into 3 groups of 4 subjects each using random numbers generated by Microsoft Excel. Each group received a single session of MUCBT that lasted for 2 hours. Post-intervention assessment was done for each group 4 weeks after they received treatment (T1). It took about 8 weeks to complete the study.

Results: Average age was 46.6 years (SD =9.8), with 53.8% married. There was a significant change in BDI scores from baseline, T0 (Mean 22.00, SD 4.45) to T1 (Mean 12.45, SD 5.82), t (df 10)= 6.963, p-value <0.01. ANOVA testing showed a significant main effect for marital status on the outcome, F(df 1)= 5.09, p= .050, partial $\eta 2= 0.36$. Other sociodemographic variables like sex and age, had no significant main effects, with p-values of .551 and .942 respectively (significance at p $\leq .05$)

Conclusion: One session of group MUCBT reduced the severity of depression among HIV/AIDS patients. Randomized controlled trials with larger sample sizes, and long-term follow-up of outcomes are recommended.

Keywords: Maiduguri Ultra-Brief Cognitive Behavioral Therapy, depression, HIV/AIDS, group CBT.

Citation: Jidda MS, Nada AS, Suleiman AM, Fatima UK, Hadiza AW. (2023). Effect of One Session Maiduguri Ultra-brief Cognitive Behavioral Therapy on Depression among HIV/AIDS Patients at University of Maiduguri Teaching Hospital. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 3.

Prevalence and Correlates of Emotional Disorders Among Children and Adolescents living with HIV and AIDS (CALWHA) attending Antiretroviral Clinics in Maiduguri.

U.B. Musami 1,3, J.O. Abdulmalik 2, P.N. Ogualili 3, Y.A. Kareem 4, Z.A. Umar3, F.A. Ali 3, A.M.C. Dahiru3, B.K. Machina3, F.B. Shettima3, A.W. Ibrahim1

Affiliations: 1 Department of Mental Health, College of Medical Sciences, University of Maiduguri, 2 Department of Psychiatry, University College Hospital, Ibadan. Oyo State, 3 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri. 4. Neuropsychiatric Hospital, Aro, Abeokuta. Dr Umar Baba Musami; College of Medical Sciences, University of Maiduguri; <u>ubmusami@unimaid.edu.ng</u>

Introduction: The global impact of Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (AIDS) on children and adolescents is enormous. Children and Adolescents living with HIV (CALWHA) have emotional disorders such as depression, suicidality, and anxiety during their illness. These disorders further worsen the impact of HIV/AIDS.

Objective: The study aimed to assess the prevalence and correlates of emotional disorders among children and adolescents living with HIV/AIDS (CALWHA) attending outpatient clinics at the University of Maiduguri Teaching Hospital (UMTH).

Methods: It was a comparative cross-sectional study carried out among CALWHA attending Antiretroviral therapy (ART) clinics of UMTH. The authors adopted a random systematic sampling method. The instruments used were the socio-demographic questionnaire, clinical proforma, and the K-SAD-PL. Data analysis was done using Statistical Package for Social Sciences, Version 20.0 software (SPSS).

Results: The study population comprises 83 males (51.9%) and 77 females (48.1%). The participants ranged from 6-18 years, with a median age of 11 years and a mean age of 11.4 years (SD=3.15). More than half (52.5%) of the participants were between the age of 10 - 14 years. The prevalence of emotional disorders was higher among CALWHA (54.9%, 45%, and 30.6% for any emotional disorder, depression, and suicidality, respectively.

Conclusion: There is a high prevalence of emotional disorders among the CALWHA. We, therefore, recommend the need to integrate mental health services into the care of HIV and reinforce consultation liaison psychiatry among children and adolescents.

Keywords: 'AIDS', 'Children and Adolescents', 'Emotional disorders', 'HIV'.

Citation: Musami UB, Abdulmalik JO, Ogualili PN, Kareem YA, Umar ZA, Ali FA, Dahiru AM, Machina BK, Shettima FB, Ibrahim AW. (2023). Prevalence and Correlates of Emotional Disorders Among Children and Adolescents Living with HIV and AIDS Attending Antiretroviral Clinics in Maiduguri. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 4.

Trichotillomania (Hair-Pulling Disorder); A rarely reported Disorder with onset linked to Dandruff: A case report.

Bakare A. Tomori1, Ahmad Abubakar2, Abdullahi Aliyu3, Yakubu A. Ibrahim2, Attahiru A. Sufyan2, Abdulsalam H. Sa'adiya2, Mustapha Ahmad2, Eneoja Stephen, Bello Amira, Yunusa M. Abdullah1.

Affiliations: 1 Department of Psychiatry Faculty of Clinical Sciences, College of Health Sciences, Usmanu Danfodiyo University Sokoto, 2 Department of Psychiatry Usmanu Danfodiyo University Teaching Hospital (UDUTH), Sokoto, 3 Dermatology Unit, Department of Internal Medicine, UDUTH, Sokoto. Dr. Yakubu Anas Ibrahim, Department of Psychiatry, UDUTH, Sokoto. Email: yearckson@gmail.com

ABSTRACT

Background: Trichotillomania (TTM) is a debilitating psycho-dermatological disorder characterised by repetitive uncontrollable urge to pull one's hair leading to variable hair loss that may be visible to others, psychological distress and functional impairment.

Objective: To present the case of a lady aged 22 with an 8-year history of an uncontrollable recurrent pulling of her hair from the head following initially successful treatment of dandruff.

Methods/Case presentation: A 22-year-old single undergraduate female student who presented in the psychiatry outpatient department. Referred from the dermatology outpatient clinic, with an 8-year history of recurrent pulling of her hair from the head which resulted in visible hair loss at the frontal and central regions of her head. There was usually an urge preceding the act of pulling hair which she occasionally resisted but with increasing feelings of tension. In contrast, pulling off the hair is associated with a sense of pleasure or relief. The onset was preceded by dandruff which was successfully treated. She has made several attempts to stop with the maximum duration of resisting the pulling of her hair lasting for less than one-week intervals. The patient engaged in the behaviour at least 5 times a day, most days of the week. The patient had no history of nailbiting, skin picking, lip chewing, or any impulse control disorder such as pathological stealing (kleptomania) or pathological fire setting (pyromania).

Results: Trichotillomania was established based on the history, clinical and dermatologic evaluation, both DSM-5 and ICD-11 criteria and the exclusion of the possible differential diagnosis by the dermatologist.

Conclusion: The diagnosis of our patient was established upon the history, clinical and dermatologic evaluation, DSM-V diagnostic criteria, and eventual elimination of the possible differential diagnosis. Although rarely reported, it is treatable, and individuals with this disorder should present for early treatment to prevent the possible development of other comorbid psychiatric disorders.

Keywords: Trichotillomania, dandruff, hair-pulling disorder, Nigeria.

Citation: Bakare AT, Ahmad A, Abdullahi A, Yakubu AI, Attahiru AS, Abdulsalam HS, Mustapha A, Eneoja S, Bello A, Yunusa MA. (2023). Trichotillomania (Hair-pulling disorder); A Rarely Reported Disorder with onset Linked to Dandruff: Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 5.

A Young woman with Trichotillomania and Friar Tuck Sign: A Case Report

Fatima Mustapha Kadau,1 Yesiru Adeyemi Kareem, 1,3 Umar Baba Musami. 1,2 *Affiliations:* 1 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 2 Department of Mental Health, College of Medical Sciences, University of Maiduguri, 3 Directorate of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta. Dr Fatima Mustapha KADAU, Federal Neuropsychiatric Hospital, Maiduguri. teemerhkadau@gmail.com.

ABSTRACT

Introduction: Trichotillomania (hair-pulling disorder) is a mental disorder that involves irresistible, recurrent urges to pull out hair from the scalp, eyebrows, or other body parts despite attempts at stopping. The scalp is the most common site for hair pulling, followed by the eyelashes and the eyebrows. The hair distribution can be in a tonsure pattern, forming the "Friar Tuck" sign. Aim: This report aims to describe a case of trichotillomania and the changes in a bid to surmount them.

Methods: The report was gathered by employing focused assessments, sorting pertinent information, and describing the situation.

Results: Mrs FBA, a 25-year-old housewife who presented for the first time accompanied by her husband with history of pulling her hair for four years. There were typical features of Body-Focused repetitive behaviour disorder, significant hair loss and distress in personal, family, social and occupational domains of functioning. The Mental status revealed obsessional thoughts. Physical examination showed alopecia, Friar Tuck sign, brittle nails, and calloused fingers. Investigations done were within normal ranges. An ICD-11 diagnosis of "Trichotillomania" was made. She was placed on Tabs Escitalopram 20mg daily and referred to a dermatologist. Behavioural interventions and psychoeducation were instituted. She showed a remarkable improvement on follow-up visits and improved clinical and psychosocial outcomes.

Conclusion: Trichotillomania is a relatively rare body-focused, repetitive behaviour disorder with unique presentation and management modalities. The strategies employed in this case report have been recognised to improve the prognosis of the condition.

Keywords: 'Body-focused', 'Friar Tuck', 'Hair pulling', 'Trichotillomania'.

Citation: Kadau FM, Kareem YA, Musami UB. (2023). A Young Woman with Trichotillomania and Friar Tuck Sign: A Case report. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 6.

Impact of Suicide Prevention Training among Staff of Jos University Teaching Hospital, Jos.

Amupitan TE, Akinusi P, Gofung C, Ebiloma A, Adeoye P, Dogo JM, Gyang BA, Armiyau AY, Obindo JT

Affiliation: Jos University Teaching Hospital (JUTH) Suicide Prevention and Response Team Dr Gyang Bwatyum Annah. Jos University Teaching Hospital, bwatyumsamson@yahoo.com.

ABSTRACT

Background: Despite the increasing level of awareness about suicide within the hospital community, there is still much to be done in the aspect of training and education of clinical and non-clinical staff about their role in the early identification, management and prompt referral of suicidal patients.

Aim: The aim is to evaluate and assess the impact of a one-day suicide prevention training administered to both clinical and non-clinical staff of Jos University Teaching Hospital, (JUTH) Jos on their knowledge, information on suicide, self-confidence and attitude towards suicidal behaviour.

Methodology: A quasi-experimental study conducted among 135 clinical and non-clinical staff of JUTH, Jos. The instruments used include the 14-item Question, Persuade and Refer questionnaire (QPR) used to assess self-perceived knowledge about suicide; the 8-item Suicide Information Test (SIT) to objectively assess knowledge about suicide; a subscale of the Confidence and Beliefs Questions (CBQ) to assess the provider confidence in suicidal behaviour management; and an adjusted version of the Attitudes Towards Suicide Questionnaire (ATTS) were used to assess attitude towards suicidal behaviour and suicidal patients. Statistical significance was set at P-value < 0.05.

Result: A statistically significant difference was recorded in the knowledge and confidence in suicidal behaviour management. However, despite the improvement in knowledge and confidence level, there was no significant change in the attitude of participants.

Conclusion: The study suggested that training on suicide prevention has a positive impact on the knowledge about suicide and self confidence in the management of suicidal behaviour but had no effect on attitude towards suicide. A qualitative study to understand the reason for the lack of change in attitude is recommended. Also, further training should focus on attitude towards suicidal patients.

Keywords: Suicide Prevention; Knowledge; Attitude; Self-confidence.

Citation: Amupitan TE, Akinusi P, Gofung C, Ebiloma A, Adeoye P, Dogo JM, Gyang BA, Armiyau AY, Obindo JT. (2023). Impact of Suicide Prevention Training Among Staff of Jos University Teaching Hospital, Jos. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 7.

An Assessment of Medication Adherence: A Comparative Study of Patients with Schizophrenia and Bipolar Affective Disorder in Maiduguri.

Fatima Abba Ali1, Anthony A. Mshelia1, Jibril Abdulmalik2, Yesiru A. Kareem1,5,

Mohammad Y. Mahmood1, Falmata B. Shettima1, Umar B. Musami4. *Affiliations:* 1 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 2 Department of

Psychiatry, University College Hospital, Ibadan, 3 Department of Mental Health, University of Maiduguri Teaching Hospital, Maiduguri. 5 Neuropsychiatric Hospital, Aro, Abeokuta.

Dr Fatima Abba Ali. Federal Neuropsychiatric Hospital, Maiduguri; abbaalifatima@gmail.com.

ABSTRACT

Introduction: The global burden of diseases (GBD 2019) studies reported that the global impact of chronic Severe Mental Illnesses (SMIs), especially Schizophrenia and Bipolar Affective Disorder (BAD) are profound and deleterious. Significant negative effects on the quality of life for individuals suffering from these conditions are common. Adherence to the prescribed treatment plan is crucial for positive clinical outcomes.

Objective: This study aimed to assess and compare medication adherence among schizophrenia and BAD clinic attendees at the Federal Neuropsychiatric Hospital, Maiduguri.

Method: A Comparative randomized cross-sectional study design was utilized that recruited three hundred and twenty (320) participants of which 164 had schizophrenia and the remaining 156 had Bipolar Affective Disorder. Both groups were matched for age and gender. The study participants were selected using the systematic random sampling technique. A preformed Socio-demographic questionnaire, a clinical proforma, and Morisky Medication Adherence Scale (MMAS-8) were used for data collection from the eligible participants. Data analyses was done using the SPSS, version 22.0 software.

Results: Over half (56.4%) of the respondents with schizophrenia had low levels of medication adherence, while 112 (43.6%) of the BAD respondents had low levels of Medication Adherence. The remaining had moderate levels of adherence as no respondent in either group was reported to have a high adherence level.

Conclusion: Many individuals with schizophrenia and bipolar affective disorder often struggle with subpar medication adherence. Gaining insights into the distinctions or parallels in our cultural context can enhance our comprehension and help shape clinical interventions aimed at boosting medication adherence and, consequently, improving overall clinical outcomes.

Keywords: 'Comparison', 'Bipolar Affective Disorder', 'Medication Adherence', 'Schizophrenia'.

Citation: Ali FA, Mshelia AA, Abdulmalik J, Kareem YA, Mahmood MY, Shettima FB, Musami UB. (2023). An Assessment of Medication Adherence: A Comparative Study of Patients with Schizophrenia and Bipolar Affective Disorder in Maiduguri. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 8.

Association between Problem Gambling and Generalized Anxiety Disorder in Undergraduates from a Tertiary Institution in Kaduna Metropolis, Nigeria.

John Sunday 1, Folorunsho Tajudeen Nuhu 1, Tajudeen Abiola1, Issa Bamidele Lubuola 1, Beida Omeza 1, Nafisatu Haytudeen 1, Marufah Dupe Lasisi 1, Abalis Abew Kaleb 1. 1 Directorate of clinical services, Federal Neuropsychiatric Hospital, Kaduna, Nigeria

ABSTRACT

Background: Recent studies have shown an increasing prevalence of problem gambling, especially among young adults in low-and middle-income countries. Among the associated mental health challenges, generalized anxiety disorder (GAD) stands prominent.

Aim: To ascertain the prevalence of problem gambling in undergraduates from Kaduna Metropolis and its association with GAD. Additionally, to identify the socio-demographic characteristics linked to GAD.

Methodology: A cross-sectional study was conducted involving 394 undergraduates from a tertiary institution in Kaduna Metropolis. Using a multistage sampling technique, data collection took place between January and April 2021. Socio-demographic information was obtained through a structured questionnaire. The South Oaks Gambling Screen (SOGS) assessed problem gambling, while the Mini International Neuropsychiatric Interview (MINI) version 7.0.2 measured the prevalence of GAD.

Results: Out of 394 participants, 45 (11.4%) exhibited signs of problem gambling, with 9 (2.3%) being probable pathological gamblers. GAD was diagnosed in 21 respondents (5.3%). A significant association was found between problem gambling and GAD ($\chi 2 = 4.900$, p = 0.027).

Conclusion: Undergraduates exhibiting problem gambling in Kaduna Metropolis are at a heightened risk of developing GAD. Proactive interventions, focusing on prevention and evidence-based treatment, are essential to address this challenge in this vulnerable population.

Keywords: Problem gambling, Generalized anxiety disorder, Undergraduates, Kaduna Metropolis, Tertiary education, Nigeria.

Citation: Sunday J, Nuhu FT, Abiola T, Lubuola IB, Omeza B, Haytudeen N, Lasisi MD, Kaleb AA. (2023). Association Between Problem Gambling and Generalized Anxiety Disorder in Undergraduates From a Tertiary Institution in Kaduna Metropolis, Nigeria. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 9.

Prevalence, Pattern and Correlates of Psychoactive Substance Use Disorders among Polytechnic Students in Kaduna State.

Abdullahi, Mustapha Hassan 1, Abdulmalik, Jibril 2, Garba, Itopa Yahaya 3, Abubakar-Abdullateef, Aishatu 4, Mohammed, Danjuma Hadiza 5*

Affiliations: 1 Mental and Behavioural Health Unit, Federal Medical Centre, Abuja, 2 Department of Psychiatry, College of Medicine, University of Ibadan, 3 Department of Medicine, General Hospital, Minna, 4 Department of Psychiatry, College of Medicine, Ahmadu Bello University, Zaria, 5 Department of Psychiatry, Ahmadu Bello University Teaching Hospital, Zaria. Dr Mohammed, Danjuma Hadiza. ABUTH Zaria. Mohammedhadiza2013@gmail.com.

ABSTRACT

Introduction: Psychoactive substance use is a public health concern worldwide. While several studies have examined psychoactive substance use among university students, little is comparatively known among polytechnic students in Northern Nigeria.

Aim: To determine the prevalence, pattern and correlates of psychoactive substance use disorders among polytechnic students in Kaduna State.

Methodology: A cross-sectional descriptive study which employed stratified sampling involving screening and diagnostic stages. A total of 1176 respondents completed a sociodemographic questionnaire, Alcohol Use Disorder Identification Test (AUDIT), Drug Abuse Screening Test-10 (DAST), General Health Questionnaire-12 (GHQ-12) and Rosenburg Self-Esteem Questionnaire (RESQ). Those scoring above cut-off for DAST-10 and AUDIT questionnaires were further interviewed using the appropriate sections of Mini International Neuropsychiatric Interview (MINI).

Results: The prevalence of lifetime and current use of at least one psychoactive substance among participants was 72.0% and 47.3% respectively. Caffeine had highest lifetime prevalence (30.9%) then alcohol (18.3%) and cannabis (15.8) which pattern remained true for current use. Prevalence of alcohol and non-alcohol psychoactive substance use disorders was 6.6% and 9.9% respectively. Independent predictors of alcohol use disorders were male gender, Hausa, Fulani and Yoruba ethnicities. Monogamous family type was found to be protective against non-alcohol psychoactive substance use disorders. In this study, non-alcohol psychoactive substance use was significantly associated with psychological distress and low self-esteem.

Conclusion: The prevalence and correlates of psychoactive substance use and disorders is consistent with similar populations studied. Substance use was found to be associated with psychological distress and self-esteem. There is a need to incorporate mental health into school health services.

Keywords: Psychoactive Substance Use, Psychological Distress, Self-Esteem.

Citation: Abdullahi MH, Abdulmalik J, Garba IY, Abubakar-Abdullateef A, Mohammed DH. (2023). Prevalence, Pattern and Correlates of Psychoactive Substance Use Disorders Among Polytechnic Students in Kaduna State. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 10.

Clomipramine Misuse in a Patient with Premature Ejaculation: A Case Report and Narrative Review.

Nasir M. Sani 1, Yesiru A. Kareem,1,2 Umar B. Musami,2,3 Fatai A. Kareem,4 Placidus N. Ogualili,1 Abdu W. Ibrahim.2,3

Affiliations: 1 Drug Abuse and Rehabilitation Unit, Federal Neuropsychiatric Hospital, Maiduguri, 2, Directorate of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta. 3 Department of Mental Health, College of Medical Sciences, University of Maiduguri, 4 Science Laboratory Technology Department, Gateway ICT Polytechnic, Saapade. Ogun State.

Dr. Nasir Muhammad Sani, Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri. nasirmsani@gmail.com.

Introduction: Clomipramine is an antidepressant which can be misused, especially when combined with psycho-depressants like alcohol. This complexity of neurochemical mechanisms may account for the effects after use. Long-term use may cause withdrawal symptoms. However it is rarely reported, with none reported in North-Eastern Nigeria.

Aim: This report aims to describe a case of a patient with Clomipramine misuse only and review the literature on Clomipramine addiction.

Methodology: The case report was collated through a focused clinical assessment and a review of the records, while a literature search of the keywords was done using Google Scholar, PubMed and PsycINFO. The information obtained was summarized accordingly.

Presentation: A 30-year-old pharmacist with premature ejaculation reported using clomipramine to control this for five years. He was initially prescribed 25mg for sexual use occasionally but gradually increased to 50mg taken on a daily basis when the initial dose could not satisfy him. When he lacks it, he feels distressing symptoms such as insomnia, irritability, and paresthesia, with other physical withdrawal features. His motivation for use was to improve his sexual performance. His sexual function improved remarkably after being substituted on Sertraline. He was managed with an ICD-11 diagnosis of Disorders due to use of other specified psychoactive substances, including medications. He was psycho-educated, had psychological therapy sessions, and is now motivated to change.

Conclusion: We describe the case of a client with clomipramine misuse, with symptoms persisting unusually longer. He did not respond well until after days on sertraline and psychological therapy. His well-being improved and persisted, and he became motivated after discontinuing the medication.

Keywords: 'Clomipramine', 'Misuse', 'Addiction', 'Report', 'Review'.

Citation: Sani NM, Musami UB, Kareem YA, Kareem FA, Ogualili PN, Ibrahim AW. (2023). Clomipramine Misuse in a Patient with Premature Ejaculation: A Case Report and Narrative Review. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 11.

Assessment of Depressive Symptoms among Post-Stroke Patients attending a Nigerian Tertiary Hospital.

Bakare A. Tomori 1, Halima H. Amin,4 A. Adebisi3, A. Abubakar2, Yakubu A. Ibrahim,2 Hafsat Yahaya3, A. Bello3, Attahiru A. Sufyan2, Abdulsalam H. Sadiya2 Mustapha Ahmad2, S. Shehu3, Yunusa M. Abdullah1

Affiliations: 1 Department of Psychiatry Faculty of Clinical Sciences, College of Health Sciences, Usmanu Danfodiyo University Sokoto, Sokoto State, Nigeria, 2Department of Psychiatry, Usmanu Danfodiyo University Teaching Hospital (UDUTH), Sokoto, 3Federal Neuropsychiatric Hospital Kware, Sokoto State, Nigeria, 4 Department of Neurology, UDUTH, Sokoto.

Dr. Yakubu Anas Ibrahim, Department of Psychiatry, UDUTH, Sokoto, Nigeria. Email: yearckson@gmail.com

ABSTRACT

Introduction: Post Stroke Depression (PSD) occurs in a significant number of patients and constitutes an important complication of stroke, leading to greater disability as well as increased mortality.

Aim: This study assessed depression symptoms among post-stroke patients attending the Neurology clinic at Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Northwest Nigeria.

Methodology: This cross-sectional study was carried out among 83 post-stroke survivors. Participants were administered socio-demographic, clinical characteristics questionnaire and depression subscale of the Hospital and Anxiety Depression Scale (HADS).

Results: The 83 participants recruited for the study had a mean age of 56.8 years (SD = 10.2) and comprised 62.7 % women and 37.3% men. Overall, the prevalence of depressive symptoms was 34.9% out of which 2.4% were rated as having severe depressive symptoms. Having disabilities (p<0.001) and post-stroke complications (p=0.01) were significantly associated with depressive symptoms. Binary logistic regression identified having disabilities as the only predictor of depressive symptoms.

Conclusion: Depressive symptoms are common among post-stroke patients, with disabilities and post-stroke complications identified as associated factors. Having disabilities is a predictor of depressive symptoms. Given this, psychosocial evaluation and treatment of post-stroke patients with depressive symptoms may facilitate improved quality of life.

Keywords: Depression, post-stroke, patients, Nigeria.

Citation: Bakare AT, Amin HH, Adebisi A, Abubakar A, Ibrahim YA, Yahaya H, Abdulrahman B, Attahiru AS, Abdulsalam HS, Mustapha A, Sale S, Yunusa MA. (2023). Assessment of Depressive Symptoms Among Post-Stroke Patients Attending a Nigerian Tertiary Hospital. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 12.

Relationship between Quality of Life and Medication Non-adherence among Patients with Epilepsy.

A.W. Ibrahim,1 K.M. Sunkani, 2 U.B. Musami, 1 M.Y. Mahmood, 2 A.M. Ngulde, 2 M.A

Fugu 2

Affiliations: 1 College of Medical Sciences University of Maiduguri, 2 Department of Mental Health, Federal Neuropsychiatric Hospital Maiduguri. Dr Kawu Muhammad Sunkani. Federal Neuropsychiatric Hospital Maiduguri. mskawu86@gmail.com.

ABSTRACT

Introduction: Non-adherence to prescribed dosing regimens of anti-epileptic drugs is a significant problem in the treatment of epilepsy, resulting in severe consequences to patient outcome. non-adherent patients report more difficulty in attaining seizure control compared to adherent patients. Uncontrolled seizures lead to major morbidity and mortality, including not only physical injuries, such as head trauma, fractures and burns, but also psychosocial problems, such as depression, reduced quality of life, and others.

Objectives: This study is aimed at determining the relationship between non adherence to AEDs and quality of life.

Methods: The study design is a cross sectional descriptive study. The study was carried out over a period of 4 weeks, It assessed the relationship between medication non-adherence and the quality of life of the patients. The study population consist of all patients with clinical diagnosis, as well as those with EEG-supported diagnosis of epilepsy attending the epilepsy clinics of the hospital. Only clients who met the inclusion criteria of the study were selected through simple random sampling by balloting. All clients who met the inclusion criteria of the study were selected through simple random simple random sampling by balloting.

Results: The study was conducted in Maiduguri were 378 respondents were examined and 245 were adherent to medication while 133 were not adherent to medication based on MMAS-8. The Outcome revealed the prevalence rate of non-adherence of 35.2%, a higher male representation of 53.6% compared to 43.7% of females. Some studies showed that lower level of general education and poorer literacy impacts negatively on some patient's ability to adhere.

Conclusion: Epilepsy is a disease of the nervous system with a worldwide occurrence second only to stroke. Monotherapy should be encouraged as patients are more likely to adhere if the pill burden is less. For the AEDs to be effective in seizure control, adherence to the treatment schedule has to be strictly followed. The magnitude of antiepileptic drug non-adherence is 26% in the USA and 67% in Nigeria. Financial factors were the significant predictors of non-adherence.

Keywords: Epilepsy, Adherence, Anti-epileptic Drugs (AEDs), Quality of Life (QoL), Patient with epilepsies (PWE).

Citation: Ibrahim AW, Sunkani KM, Musami UB, Mahmood MY, Ngulde AM, Fugu MA. (2023). Relationship Between Quality of Life and Medication Non-adherence Among Patients with Epilepsy. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 13.

Prevalence ond Predictors Of Medication Non-adherence among Patients with Epilepsy in Maiduguri.

A. W. Ibrahim, A. M. Ngulde, M. Y. Mahmood, M. A. Fugu, A. Ashiru, A. I. Halid. *Affiliation:* Department of Mental Health, Federal Neuropsychiatric Hospital Maiduguri. Abdulhakeem Mamman Ngulde; Federal Neuropsychiatric Hospital Maiduguri abdulhak0085@gmail.com.

Introduction: Even though pharmacotherapeutic intervention with anti-epileptic drugs (AEDS) remains the cornerstone in the treatment of seizure disorders, non-adherence to the medications constitutes a huge impediment to better clinical and prognostic outcomes, especially in low- and middle-income countries (LMICs).

Aims: This study assessed the prevalence, as well as the socio-demographic, and clinical predictors of non-adherence to AEDs in Federal Neuropsychiatric Hospital, Maiduguri, Northeastern Nigeria.

Method: It was a cross-sectional descriptive study in which 378 patients with epilepsy (PWEs) were randomly recruited and interviewed at the Epilepsy Clinic of the institution. Data were collected using socio-demographic and clinical proformas designed by the authors, while non-adherence was assessed using the 8-item Morisky Medication Adherence Scale (MMAS).

Results: The prevalence of non-adherence to AEDs was 35.2 % and no sociodemographic variable had a statistically significant relationship with non-adherence. The independent clinical predictors associated with AED-nonadherence were: costs of medications (OR=9.776, 95% C.I = 5.985-15.771, P<0.001), polytherapy (OR=5.125, C.I= 2.730-9.622, P<0.001), multiple dosing frequency (OR= 2.991, C.I= 2.027-4.413, P<0.001), presence of side effects (OR= 17.401, 95% C.I = 8.966-33.733, P<0.001), and comorbid conditions (OR=4.693, 95% C.I=2.240-9.830, P<0.001).

Conclusion: Based on this study, over one third of patients with Epilepsy were found to be non-adherent to their medications and certain clinical predictors were associated with medication non-adherence.

Keywords: Prevalence, Medication non-adherence, Patients with Epilepsy (PWEs).

Citation: Ibrahim AW, Ngulde AM, Mahmood MY, Fugu MA, Ashiru A, Halid AI. (2023). Prevalence and Predictors of Medication Non-adherence Among Patients with Epilepsy in Maiduguri. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 14.

Gender Differences in perceived Psychosocial Needs and its Relationship to Mental Wellbeing among Internally Displaced Persons in Maiduguri, Northeastern Nigeria.

 Falmata Baba Shettima,1 Isa Bukar Rabbebe, 1 Ibrahim Abdu Wakawa, 2 Umar Baba Musami,2Mohammed Yusuf Mahmood1, Fugu Abba Mohammed.1
 Affiliations: 1 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 2 Department of Mental Health, College of Medical Sciences, University of Maiduguri.
 Dr Falmata Baba Shettima, Department of Mental Health, Federal Neuro-psychiatric Hospital Maiduguri, falshetty@gmail.com,

ABSTRACT

Background: The humanitarian crises caused by insurgency in northeastern Nigeria resulted in massive displacement of people with its consequential effects on psychological wellbeing. Need assessment is critical in order to address gaps in humanitarian services being rendered to these groups of persons.

Aim: The study aimed to determine the gender differences in perceived psychosocial needs of individuals who were displaced as a result of insurgency and explore for the relationship between perceived needs and mental wellbeing.

Methods: Through a cross-sectional study design and multistage, proportionate sampling technique, a sample of 450 internally displaced persons (IDP) were randomly pooled from four Internally IDP camps from December 2018 to April 2019. The Humanitarian Emergency Settings Perceived Need (HESPER) Scale and the Warwick Edinburg Mental Wellbeing Scale (WEMWS) were used in the current research.

Results: Males constituted 62.3% of the sample with no statistically significant differences in the mean score for perceived unmet needs. However, the result showed gender differences in perceived needs with females showing higher unmet need frequencies on the HESPER items of safety for women (p=0.020), keeping clean (p=0.000), alcohol problem (p=0.000) and support from others (p=0.016). And males perceived food (p=0.000) and education (p=0.020) as more serious problems than females. The mean score for positive mental wellbeing was generally lower among individuals with perceived unmet needs compared with individuals with no need on the HESPER scale.

Conclusion: This study found gender differences of perceived needs with females having higher needs. It also showed an association between perceived unmet needs and mental wellbeing.

Keywords: Internally displaced persons, psychosocial needs, mental wellbeing, northeastern Nigeria, Humanitarian Emergency Settings Perceived Need Scale (HESPER).

Citation: Shettima FB, Rabbebe IB, Ibrahim AW, Musami UB, Mahmood MY, Fugu MA. (2023). Gender Differences in Perceived Psychosocial needs and its Relationship to Mental Wellbeing Among Internally Displaced Persons in Maiduguri, Northeastern Nigeria. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 15.

Concordance of Mental Health Legislation in Three Former British Colonies and the World Health Organization Checklist: A Narrative Review.

M.Y. Mahmood 1,4, Y.A. Kareem 2,4, A. Shuaib 3, U.B. Musami 4,5, Z.B. Yaganami 4, F.B. Shettima4, R.M. Abubakar4, A.W Ibrahim 4,5

Affiliations: 1 Forensic Psychiatry Unit, Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 2 Forensic Psychiatry Unit, Directorate of Clinical Services, Neuropsychiatric Hospital, Aro Abeokuta, 3 Department of Clinical Services, Federal Neuropsychiatric Hospital, Barnawa, Kaduna, 4 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 5 Department of Mental Health, College of Medical Sciences, University of Maiduguri. Dr. M.Y. Mahmood, FNPH Maiduguri. mohammedmahmoodyusuf81@gmail.com.

ABSTRACT

Introduction: The National Mental Health Act 2021 of Nigeria which repealed the perindependence lunacy act of 1958, presents a better mental health legislation for Nigeria. The Mental Health Act 846 2012 of Ghana is the first in the West African sub-region, while the Indian Mental Health Care Act 2017 replaced the Mental Health Act 1987 of India.

Objective: To examine the concordance of mental health legislation of three countries of Nigeria, Ghana and India based on the World Health Organization (WHO) checklist.

Methods: An in-depth examination was undertaken focusing on the provisions of the WHO checklist on legislation 2005.

Results: The reviewed mental health acts provide legislation for enhancing and regulating Mental Health Services through designated authorities in the respective countries. Generally, there is a relative concordance of the acts with the WHO legislation checklist, especially regarding administration and governance, rights of mental health service users, mentally ill offenders, access to mental health care services, and involuntary admission and treatment. Notwithstanding, they differ, especially regarding offences and penalties, scope of coverage particularly suicide decriminalization, drug legalization, and their levels of implementation.

Conclusion: The Mental health acts reviewed are substantially concordant with the WHO Checklist and are positive developments in mental health service delivery. However, more advocacy is needed by the relevant key players towards the implementation and periodic review to keep up with advances in mental health practice in the British colonies and the World at large.

Keywords: 'Concordance', 'National Mental Health Act 2021', 'Mental Health Legislation', 'Narrative Review', 'WHO Checklist'.

Citation: Mahmood MY, Kareem YA, Shuaib A, Musami UB, Yaganami ZB, Shettima FB, Abubakar RM, Ibrahim AW. (2023). Concordance of Mental Health Legislation in Three Former British Colonies and the World Health Organization Checklist: A Narrative Review. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 16.

Post-Traumatic Stress Disorder in the Epicenter of the Boko Haram Insurgency: Prevalence and Psychosocial Correlates.

A.W Ibrahim, A.I Halid, U.B Musami, M.Y Mahmood, M.K Sunkani, F.B Shettima, I.B Rabbebe.

Affiliation: Federal Neuropsychiatric Hospital, Maiduguri. Dr Amina Isa Halid, Federal Neuropsychiatric Hospital, Maiduguri. ameenahalid@gmail.com

ABSTRACT

Introduction: The 'Boko Haram insurgency is the longest and one of the most devastating armed conflicts the Nigerian state has suffered in the post-civil war era. This study attempts to provide the baseline data that might be used for mental health advocacy and for researches in psycho-trauma in an uncharted territory with peculiar socio-cultural characteristics.

Objective: The two-pronged objectives of the study were; To assess the prevalence of post-traumatic stress disorder as a prototype trauma-related psychological disorder in the cradle of the 'Boko Haram' insurgency and to determine its psychosocial correlates among the survivors of psycho-trauma in a Sub-Saharan African setting.

Method: This was a community-based, cross-sectional, two-staged random study. Three hundred and seventy-eight (378) adult members of households were randomly selected from 6 Enumerated Areas Demarcated (EADs) within Bolori I Political Ward of Maiduguri Metropolitan Council. Anonymous socio-demographic Questionnaire, Modified version of the Communal Traumatic Events Inventory (CTEI), Post-traumatic stress disorder check list civilian version (PCL-CV), Rosenberg Self Esteem scale (RSES) and Connor-Davidson Resilience Scale (CD-RISC) were used for data collection. Statistical Package for Social Sciences Version 18-0 (SPSS 18.0) was used for statistical analyses.

Results: The prevalence of PTSD based on PTSD-CL was 54.4%. The independent predictors based on logistic regression were: Sex (Odd ratio=3.109), multiple traumatic experience (odd ratio 7.8852), history of abuse (odd ratio 1.567), low self-esteem (odd ratio 2.326), and low level of resilience (odd ratio 2.129). confidence interval was 95% for all and the p value was < 0.001 for all except for history of abuse which was 0.032.

Conclusion: From the results obtained from this study, over half of the participants who took part in the study had PTSD. Majority of the participants lacked food, and medication, had witnessed the death of a loved one, were separated from their loved ones, and lacked shelter as a result of the insurgency.Based on the results above, of the participants had PTSD and hence there is a need to include trauma-focused counselling into health intervention programmes.

Keywords: PTSD, Boko Haram, Prevalence, Psychosocial correlates.

Citation: Ibrahim AW, Halid AI, Musami UB, Mahmood MY, Sunkani MK, Shettima FB, Rabbebe IB. (2023). Post-Traumatic Stress Disorder in the Epicenter of the Boko Haram Insurgency: Prevalence and Psychosocial Correlates. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 17.

Brain Drain, Brain Gain and Brain Circulation; Demystifying the Bill to Bond Early Career Doctors: An Expository Review of the Literature.

Y.A. Kareem 1,3, K.O. Odunbaku1, I.O. Adesina2, Z.A. Umar 3, A. Shuaib4, Q.O. Lawal5, D.A. Davuruk6

Affiliations: 1 Directorate of Clinical Services, Neuropsychiatric Hospital, Aro, Abeokuta, 2 Department of Clinical Services, Federal Neuropsychiatric Hospital, Yaba, 3 Department of Mental Health, Federal Neuropsychiatric Hospital, Maiduguri, 4 Department of Psychiatry, Federal Neuropsychiatric Hospital, Kaduna, 5 Bridgewell Ward, Hopewood Park Hospital, Ryhope Sunderland, United Kingdom, 6 Memory and Later Life Services, Carleton Clinic, Cumbria, United Kingdom. Dr Ismail Olaiitan Adesina; Federal Neuropsychiatric Hospital, Yaba, Lagos. ismoshine@gmail.com.

Introduction: The migration of Doctors from Nigeria raises concerns about the fate of Medical Doctors, and the practice of medicine and meeting the already delicate healthcare needs of Nigerians. The 'japa syndrome' (brain drain) is met with the bill to mandate Nigerian-trained Doctors to practice at home for five years minimum before full licensing (HB 2130).

Objective: This survey aimed to review brain drain, gain and circulation, especially in the light of compulsory bonding, in a bid to find a solution.

Methods: Using Google Scholar, PubMed, Medline, and PsycINFO databases, the literature was searched with the keywords from July to September 2023, sorted and reviewed. The search items include: 'motivation for brain drain', 'benefits of brain gain', 'expectations from brain circulation', and solutions to brain drain. 60 of the 80 articles retrieved were reviewed after screening and synthetic analysis. The information obtained was summarised accordingly.

Results: The review found the main benefits of brain gain to include better training (40%), collaboration (45%), entrepreneurship (50%) and subspecialisation (75%). The major motivations for brain drain include insecurity of lives and properties (60%), challenging health system (70%), family benefits (70%) and remuneration (90%). The key expectations of brain circulation are recycling (50%), exchange of skills (55%) and patriotism (60%). The top solutions are advocacy for prioritisation (65%), improved personnel training (70%), increased funding (80%) and a better health care system (90%).

Conclusion: Poor remuneration is the major cause of migration. This requires increased funding through better remuneration that matches inflation rates, provision of incentives like compensation for overwork time, improved healthcare facilities, subsidizing housing and transportation. The stakeholders need to restructure the health system to make it more appealing to practice.

Keywords: "Bill", 'Brain Circulation', 'Brain Drain', 'Brain Gain'.

Citation: Kareem YA, Odunbaku KO, Adesina IO, Umar ZA, Shuaib A, Lawal QO, Davuruk DA. (2023). Brain Drain, Brain Gain and Brain Circulation; Demystifying the Bill to Bond Early Career Doctors: A Review of Literature. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 18.

Psychiatry as a Career Choice: A Cross-Sectional Study Examining the degree and determinants of attraction towards Psychiatry imong Final Year Medical Students in a Nigerian University.

Bakare Abdulfatai Tomori1, Ahmad Abubakar2, Yakubu Anas Ibrahim2, Attahiru Abu Sufyan2, Abdulsalam Halimatu Sa'adiya2, Mustapha Ahmad2, Yunusa Mufutau Abdullah1 *Affiliations: 1 Department of Psychiatry Faculty of Clinical Sciences, College of Health Sciences, Usmanu* Danfodiyo University Sokoto, Sokoto State, Nigeria, 2Department of Psychiatry Usmanu Danfodiyo University Teaching Hospital Sokoto, Sokoto State, Nigeria.

Dr. Yakubu Anas Ibrahim, Department of Psychiatry, UDUTH, Sokoto, Nigeria. Email: yearckson@gmail.com

ABSTRACT

Introduction: Despite an increase in the overall number of medical students, the dearth of psychiatry trainees in Nigeria and worldwide reflects diminishing interest in psychiatry among medical students.

Aim: The study examined the degree and factors influencing attraction towards psychiatry as a career choice.

Methodology: A cross-sectional study of 71 final-year medical students enrolled at the Usmanu Danfodiyo University Sokoto State (UDUS), Northwest Nigeria between 2006-2013 were administered questionnaires. The questionnaire items were adapted from similar studies.

Results: The degree of preference for psychiatry as a career option was classified as low and high. Almost half (47.9%) of the participants had a low degree of preference for psychiatry as a career choice. Most (92.9%) of the participants rated job satisfaction (p<0.001) and intellectually challenging (86.7%) (p<0.001) poorly, as negative influences for not being attracted towards psychiatry as a career choice. A low proportion (8.5%) of the participants selected psychiatry as their most preferred area of specialisation. Generally, the majority (85.7%) viewed psychiatry as not attractive.

Conclusion: Among the participants, the majority perceived psychiatry as unattractive. Students' misconceptions about job satisfaction and the negative view of not being intellectually challenging were the associated factors for the negative views towards psychiatry. There is a need for strategy and policy to promote interest in psychiatry early in medical school and residency programs.

Keywords: Psychiatry, career choice, medical students, Nigeria.

Citation: Bakare AT, Ahmad A, Yakubu AI, Attahiru AS, Abdulsalam HS, Mustapha A, Yunusa MA. (2023). Psychiatry as a Career Choice: A Cross-Sectional Study Examining the Degree and Determinants of Attraction Towards Psychiatry Among Final Year Medical Students in a Nigerian University. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 19.

Clinical Audit of Assessment Tools Used in Planning the Management of Older Adult patients in a Tertiary Public Hospital in Maiduguri.

Placidus N Ogualili1, A. Ashiru1, F.Y. Ali1, NM. Sani1, John Mba1, F.M. Kadau1, Y.A.

Kareem1. Affiliation: 1 Psychogeriatric Unit, Federal Neuropsychiatric Hospital (FNPH). Maiduguri. Dr Abdurrahman Ashiru, Psychogeriatric Unit, Federal Neuropsychiatric Hospital, Maiduguri aasheer532@gmail.com

Introduction: The older adult population is growing rapidly worldwide, and the need for comprehensive healthcare services for this population is increasing. Assessment tools are vital in managing them, as they can help healthcare professionals identify and address their needs objectively.

Objective: To assess the rate of assessment tools utilisation in planning management of older adult patients in a public tertiary hospital in Maiduguri, Nigeria.

Methods: A retrospective cross-sectional study comprehensively reviewed the deployment of assessment tools in planning care for 168 patients aged 60 years and above seen at FNPH Maiduguri, between January and July 2023. Data was collected through a review of patient case notes using a register kept by the health records unit of the hospital. The researchers used a predesigned checklist, including socio-demographic characteristics, clinical variables, and the assessment tools used at different points of care for each patient. Ethical approval was obtained, and data was collected and cleaned using Ms Excel. A descriptive analysis of the results was performed using SPSS version 26.

Results: Among the attendees, 85 (51%) were females, 83 (49%) were males, with a median age of 69. and an age range of 60 to 90. The audit revealed limited use of pertinent assessment tools in patient treatment planning, with about 55.3% (93) of the patients not having any assessment tools. The most frequently employed tools included the modified version of the Mini-Mental State Examination (MMSE) at 20.2% (34), the Activities of Daily Living (comprising basic ADL and instrumental ADL) tool at 14.8%(25), the Geriatric Depression Scale (GDS-15) at 4.7%(8), the Functional Assessment Staging Test (FAST) at 2.9%(5), and the Falls Efficacy Scale-International (FESI) at 1.8%.

Conclusion: The findings of this study indicate a notable degree of variation and underutilisation of assessment tools in planning management for older adult patients in the facility. A robust combination of clinical skill and the use of relevant tools is known to impact positively on assessment and patient outcomes. Using standardised mental health assessment tools can assist clinicians in better understanding their patients' problems, evaluating symptoms, and gaining a more complete perspective of their overall well-being. These tools also provide a more extensive scope for setting measurable treatment goals and are highly beneficial for future research.

Keywords: 'Assessment', 'Audit', 'Management', 'Older adults', 'Tools'.

Citation: Ogualili PN, Ashiru A, Ali FY, Sani NM, Mba J, Kadau FM, Kareem YA. (2023). Clinical Audit of Assessment Tools Used in Planning the Management of Older Adult Patients in a Tertiary Public Hospital in Maiduguri. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 20.

Morbidity Pattern amongst older adults attending the Psychogeriatric Clinic at Federal Neuropsychiatric Hospital Maiduguri.

Placidus N. Ogualili1, Abdurrahman Ashiru1, Falmata Y. Ali1, Nasir M. Sani1, John Mba1, Fatima M. Kadau1, Yesiru A. Kareem1.

Affiliation: 1 Psychogeriatric Unit, Federal Neuropsychiatric Hospital (FNPH) Maiduguri, Borno State. <u>Dr Falmata Yusuf Ali, Psychogeriatric Unit, Federal Neuropsychiatric Hospital, Maiduguri,</u> <u>falmatayusufali1@gmail.com</u>

ABSTRACT

Background: Mental health disorders are common among older adults, but they are often underdiagnosed and undertreated. This is more obvious in developing countries, where there is a shortage of mental health resources.

Objective: This study assessed the morbidity pattern of older adults seeking care at the Psychogeriatric Unit of FNPH Maiduguri.

Methods: A retrospective study conducted at FNPH Maiduguri involving older adults aged 60 years and above who presented at the Psychogeriatric Unit from January to July 2023. One hundred and sixty-eight (168) case files were retrieved based on the register kept by health records staff. A checklist was used to collect relevant data to maintain standards and uniformity.

Results: The study comprised a cohort of older adults with a mean age of 69.8. Notably, 44 (26%) belonged to the 70-74 age bracket, with 101 (60%) being married, while an appreciable 118 (70%) no formal educational background. Prominent among the identified mental health disorders were the dementias (25%, n=42), schizophrenia (16%, n=27), depressive disorders (8%, n=14), mild cognitive impairment (6%, n=10), and delirium (6%, n=10). Hypertension was the most common medical comorbidity, affecting 22% (n=37) of the study participants. In terms of pharmacotherapy, antipsychotic medications (23%, n=37), anti-hypertensives (21%, n=36), and cognitive enhancers (16%, n=27) were the most frequently prescribed. Polypharmacy was identified in 1% of the patient population.

Conclusion: The Dementias were the most common morbidity among older adults, with a 25% prevalence in the unit. This study highlights the need for increased surveillance of mental health and medical disorders among older adults. It also underscores the need for consultation-liaison practice to provide enhanced mental health services and develop targeted interventions for the geriatric population.

Keywords: Morbidity patterns, MCI, Dementia, Delirium, Schizophrenia, Depressive disorders, Cognitive enhancers, Polypharmacy.

Citation: Ogualili PN, Ashiru A, Ali FY, Sani NM, Mba J, Kadau FM, Kareem YA. (2023). Morbidity Pattern Amongst Older Adults Attending the Psychogeriatric Clinic at Federal Neuropsychiatric Hospital Maiduguri. Nigerian Journal of Psychiatry, 1 (Supplementary Issue 2), Page 21.

Geriatric Depression among Older Adults with Selected Chronic Medical Conditions attending a Tertiary Hospital in Maiduguri, North-Eastern Nigeria.

Yesiru A. Kareem1,2, Placidus N. Ogualili1, Taiwo A. Alatishe3, Fatima A. Ali1, Galadima Z. Shettima1, Nasir M. Sani1, Ismail O. Adesina4, Umar B. Musami5, Richard Uwakwe6.
Affiliations: 1 Federal Neuropsychiatric Hospital, Maiduguri, 2 Neuropsychiatric Hospital, Aro, Abeokuta, 3 LAUTECH Teaching Hospital, Ogbomoso, 4 Federal Neuropsychiatric Hospital, Yaba, Lagos, 5 University of Maiduguri Teaching Hospital (UMTH), 6 Nnamdi Azikiwe University, Nnewi. Dr Yesiru A Kareem, Old Age Psychiatry, FNPH Maiduguri. mallamkay15@gmail.com.

ABSTRACT

Introduction: Older adults are a rapidly growing population with unique healthcare needs. They have a high prevalence of neuropsychiatric morbidities, especially depression with medical conditions. This may be linked to the chronic nature of the conditions and impacts on mood. Few studies in North-eastern Nigeria have evaluated mental health problems associated with these conditions. Research of this type is thus needed to study depression among the old age towards improving their Mental Health.

Objective: This study assessed and compared depression among older adults with Hypertension (HTN), Diabetes (DM), Arthritis, and HTN with DM co-morbidity in the specialty clinics of UMTH, Maiduguri.

Methodology: A comparative cross-sectional analytic study involving 327 older adults aged ≥ 60 years. They were proportionally distributed into these four groups to minimise bias: HTN only (140), DM only (85), Arthritis only (43), and HTN-DM comorbidity (59). The 30-item Geriatric Depression Scale (GDS-30), sociodemographic questionnaire and clinical proforma were administered. Data were analysed using SPSS version 26.0 with the p-level set as 0.05. Kruskal Wallis H test was used to exploratively compare depression in an equal number of forty (40) participants selected randomly.

Results: The mean age in the study was $66.7 (\pm 2)$ years with a 1: 1.3 female: male ratio. Depression was significantly (p<0.01) associated with chronic medical conditions. Depression score was highest among participants with comorbidity of HTN-DM with a median (IQR) score of 18.0 (8.0), followed by arthritis only 12.0 (6.0), then DM only 10.0 (9.0) and the least with hypertension only 9.0 (3.8).

Conclusion: There is a higher level of depression among older adults with comorbidity of chronic conditions than in those without. This underscores the need for liaison practice and a proactive screening of older adults to raise the index of suspicion for depression and to manage comorbidities. Longitudinal studies are required to support the relationships discovered in this study and possibly establish causality.

Keywords: 'Chronic conditions', 'Depression', 'Geriatric', 'Older adult'.

Citation: Kareem YA, Ogualili PN, Alatishe TA, Ali FA, Shettima GZ, Sani NM, Adesina IO, Musami UB, Uwakwe R. (2023). Geriatric Depression Among the Older Adults with Selected Chronic Medical Conditions Attending a Tertiary Hospital in Maiduguri, North-Eastern Nigeria. *Nigerian Journal of Psychiatry*, 1 (Supplementary Issue 2), Page 22.

Effect of Mental Health Gap Action Programme Intervention Guide (MhGAP-Ig) training on the knowledge of Primary Health Care Workers in Borno State.

Muhammad A. Fugu1, Ibrahim A. Wakawa2, Anthony A. Mshelia1, Sule Mele3, Placidus N. Ogualili1, S.K. Pindar2, U.B. Musami2, I.A. Mshelia1, F.B. Shettima1, Asmau, M. Dahiru1, M.M. Yusuf1

Affiliations: 1 Dept of Mental Health, Federal Neuro-Psychiatric Hospital, Maiduguri, Nigeria, 2 Dept of Mental Health, University of Maiduguri, 3 Borno State Primary Health Care Development Agency. Dr. Muhammad Abba Fugu; Federal Neuro-Psychiatric Hospital, Maiduguri, <u>fuguabba@gmail.com;</u>

ABSTRACT

Introduction: There is a high prevalence of Mental, Neurological, and Substance use disorders (MNS) in Africa among attendees of primary care centres. However, the detection, treatment, and referral of these conditions remain very low due to inadequate training of primary health care (PHC) workers in mental health at their basic academic levels.

Aim: The main aim was to assess the basic knowledge in the identification and primary care management of four priority mental disorders among PHC workers in Borno State using the relevant modules of the Nigerian adapted version of the W.H.O. mhGAP-IG Version 1.0.

Materials and Methods: This study was a quasi-experimental single group pre-test/post-test design conducted on two hundred and thirty (230) PHC workers using the relevant modules of the mhGAP-IG Version 1.0. Data were collected using; a preformed socio-demographic questionnaire designed by the researchers, W.H.O. pre and post-test questionnaires for the selected modules (depression, psychosis, epilepsy, and disorders due to the use of alcohol or illicit drugs), which were administered before and immediately after the training.

Results: The mean age of the participants was $37.23 (\pm S.D = 8.535)$ years. Of the 230 PHC workers, approximately half 117 (50.9%) were females, 143 (62.2%) were married, and 138 (60%) were above 35 years. In terms of classifying the study participants by cadre, over two-fifths (43.1%) were CHEWs; consisting of 59 (25.7%) & 40 (17.4%) SCHEWs and JCHEWs respectively. The post-intervention overall mean scores of the knowledge of the participants with regards the selected priority conditions increased from 11.61 to 18.25 (p=<0.001).

Conclusion: The findings indicated significant improvements in the knowledge of the healthcare workers after the training. The implication is that the incorporation of routine mental health training for PHC workers and integration of mental health into primary care using either through the 'task sharing' or 'task shifting' techniques will further boost mental health.

Keywords: mhGAP-IG, Mental illnesses, Knowledge, Primary Healthcare Workers.

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Service Utilization and Clinico-Demographic Variables of Mental Health Service Consumers in a Selected Primary Healthcare Center in Enugu, Nigeria.

Theclar O. Iyidobi1, Justus U. Onu2, Rosemary C. Muomah1, Ujunwa C. Nduanya1, Temitope I. Olatayo3, Kennedy U. Amadi1, Appolos C. Ndukuba1, Paul C. Odinka1

Affiliations: 1 Department of Psychological medicine, College of Medicine, UNTH, Ituku-Ozalla, 2 Department of Mental Health, Nnamdi Azikiwe University, Awka, Anambra State, 3 Department of Training and Research, FNPH, Enugu.

Dr. Theclar O. Iyidobi; Department of Psychological medicine, College of Medicine, University of Nigeria Teaching Hospital, Ituku-Ozalla; toezigbo@yahoo.com

ABSTRACT

Background: The Nigeria Mental Health Policy was promulgated about three decades ago. It emphasized the crucial role of primary healthcare centers (PHCs) in mental health service delivery. However, it has remained underdeveloped, especially in the South-Eastern region, and its nationwide implementation is yet to be extensively evaluated.

Aim: To describe the trend in enrollment, and the clinico-demographic characteristics of attendees of a PHC in Enugu, Nigeria.

Method: A retrospective analysis of all patients who accessed mental health services at the newly established University of Nigeria Teaching Hospital health post, Obukpa in Enugu. The PHC was chosen purposively. Data was obtained from the medical records from 2020 to 2023 and described with summary statistics. Descriptive statistics (mean, standard deviation, percentages) were used to summarise the data.

Results: Participants were mostly adults (86.2%, median age of 35), males (53.7%), and working full-time (42.4%). The commonest psychiatric diagnoses were schizophrenia (31.2%), major depressive disorder (22.6%) and somatic symptom disorder (14.0%). Diabetes mellitus and hypertension were common comorbidities with the prevalence of 37.9% and 20.9%, respectively.

Conclusion: This study shows a stepwise increase in enrolment that peaked in the second year after which a gradual decline was noted. It also highlights the complex multimorbidity in mental healthcare services.

Keywords: Community, mental health, south-east, Nigeria.

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Psychiatry Morbidity and its associated factors among Resident Doctors in a Nigerian Teaching Hospital

Mumeen Olaitan SALIHU1,3, Alfred Bamiso MAKANJUOLA2, Peter Omoniyi AJIBOYE2, Olatunji A. ABIODUN2

Affiliations: 1 Department of Behavioural Sciences, University of Ilorin Teaching Hospital, Ilorin, Nigeria, 2 Department of Behavioural Sciences, University of Ilorin/University of Ilorin Teaching Hospital, Ilorin, Nigeria, 3 Gracehill Behavioural Health Services, Amuwo Odofin, Lagos State, Nigeria Dr Mumeen Olaitan SALIHU. Department of Behavioural Sciences, University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria; Gracehill Behavioural Health Services, Amuwo Odofin, Lagos State, Nigeria saliumumeen@gmail.com.

ABSTRACT

Introduction: Trainee doctors are at high risk for poor mental health. However, there is little available literature on this topic among this group of doctors, and the estimated prevalence of psychiatric morbidity varies significantly between studies.

Aim: We aim to determine the prevalence and correlates of psychiatric morbidity among resident doctors at the University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria.

Methodology: This is a two-phase cross-sectional descriptive study involving 176 trainee doctors across 16 medical specialties/subspecialties. The first phase involved screening for probable psychiatry 'cases' using the General Health Questionnaire version 12 (GHQ-12), and the second phase involved making specific psychiatry diagnoses (depression, anxiety, and substance use disorders) using the Mini International Neuropsychiatric Interview (MINI plus). The data from the second phase was weighted for an accurate representation of respondents, and the prevalence of psychiatry morbidity was determined.

Results: The mean age of respondents was 35.10 (SD 4.07). The weighted prevalence of psychiatry morbidity among respondents was 35.2%, with generalized anxiety disorder (13.6%) being the most prevalent, while depression and opioid abuse accounted for 5.1% each. The presence of a stressful event within the previous six months (χ^2 = 9.670; p=0.002), poor sleep (χ^2 = 6.822; p=0.009), work-related stress (χ^2 = 4.052; p=0.044) and academic-related stress (χ^2 = 11.735; p=0.001) were significantly associated with psychiatry morbidity.

Conclusion: There is a high prevalence of psychiatry morbidity in trainee doctors, with anxiety disorder being the most common mental health problem reported. Effective preventive strategies targeted at identified risk factors are encouraged to reduce its burden.

Key words: psychiatry morbidity, weighted prevalence, associated factors, resident doctors, UITH.

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Appearance as an expert witness before a Court Martial: An experiential narrative of a young Psychiatrist.

A.W Ibrahim, R.M Abubakar, M.Y Mahmood, F.B Shettima, U.B Musami, I.B Rabebe *Affiliation:* Federal Neuropsychiatric Hospital, Maiduguri. Dr. Ruqayyah Muhammad Abubakar; Federal Neuropsychiatric Hospital, Maiduguri. ruqayyahmuhammad82@gmail.com.

ABSTRACT

Introduction: The usual interface between the psychiatrist and the criminal justice system is mostly as an expert witness in a civil court. What makes this case peculiar is the appearance of a young psychiatrist before a military court martial where two servicemen were charged with allegations of culpable homicide.

Context: The appearance of the doctor as an expert witness in this court martial was in a completely different atmosphere where the doctor presented to give information on the possible association of a specific mental disorder with crime. Whether that could result to acquittal or conviction, the doctor in this court martial recounted.

Experience: The experience of the young doctor in the court martial is loaded with nervousness, anxiety, and an avenue to learn as well as uphold the integrity of the medical profession. As far as the literature search goes within the reach of the author, little documentation has been made about the psychiatrist in a court martial, as most psychiatrists present in civil courts.

Observation: The role of the psychiatrist in court can generally not be over-emphasized and that of a military court is no less. In as much as the psychiatrist can be an important tool for the jury to make a verdict, a military court equally needs and respects the opinions of a professional at work.

Conclusion: Mental health policies should be streamlined to also meet mental health issues with legal considerations among military personnel. Promote accessibility and understanding of mental health among the military as well as encourage forensic psychiatry training to include expertise in military protocols and legal procedures.

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