

Framework for mental health intervention management on post-flood victims in Nigeria: A narrative review

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Abstract

The mental health effects of extreme weather events are widely known and are of rising concern, given the expected increases in such events due to the changing global climate. Large-scale natural disasters, particularly floods, are expected to have a greater impact on less developed and developing countries. Several studies have found a variety of mental health symptoms associated with natural disasters such as flooding. Individuals have mental illness because of a loss of life, property damage, or loss of livelihood due to excessive thinking about what occurred. However, disaster management in Nigeria has received little attention in terms of managing mental health interventions for flood victims. The methodology employed for this research was a qualitative narrative review that explored the articles pertinent to this field of study. As a result, the purpose of this essay is to create a mental health intervention management framework to help post-flood victims reestablish their normal.

Keywords: Mental Health; Intervention Management; Flood; Framework; Nigeria

1. Introduction

Natural disasters can strike anywhere, regardless of a country's level of development. It has the potential to devastate entire people's lives and livelihoods, as well as national economies. Several studies have shown that the mental health repercussions of floods, such as stress and anxiety, occur not only during the duration of the flood but also in the longer recovery phase (1). Furthermore, natural calamities, such as flooding, have been linked to a variety of mental health outcomes. Emotional instability, stress reactions, anxiety, sadness, somatisation, Post-Traumatic Stress Disorder (PTSD), and other psychiatric symptoms are frequent following disasters and other traumatic situations. These health impacts have a tremendous effect on individuals and societies (2).

Post-flood mental health remains a relatively low-priority policy globally in low- and high-income countries. (3,4). People mourn the loss of loved ones, prized possessions, irreplaceable documents, and familiar neighbourhoods following a calamity. After a disaster, several mental diseases might appear, such as chronic grief, hopelessness, anxiety, or guilt (5). Others may experience nightmares or flashbacks to catastrophes, which keep them up at night. Some of these feelings result in excessive drinking or drug usage, during which Secondary trauma is a real disorder that exists. When this happens, "secondary victims" like the sick person's family members, bystanders and observers, support workers, and medical and mental health professionals may all experience extreme emotional distress. Other people who can be traumatised include those who work in the media, human rights organisations, or the relief industry. When

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people endure emotional trauma following a tragedy, it may be referred to as a "second disaster" that results from the response to a catastrophe (6).

Disasters have been linked to an increase in the prevalence of severe mental symptoms, including PTSD, anxiety, sadness, somatic issues, and nightmares. In rare cases, some symptoms may manifest later than others (7). Some disaster-related distresses, such as being forced to leave or experiencing financial loss, are more dependent on the disaster's outcomes than on exposure. The worst effect of a tragedy is how people cope with grief and loss; how they address the issue of fatalities after a disaster, by holding funeral ceremonies for those who died, coupled with property damage, produces scars that linger longer on post-flood victims (8).

1.1. Statement of Problem

Floods can have a direct and indirect impact on human health, both short and long term. Furthermore, the health of communities affected by flooding is not the only concern. Disaster responders, healthcare professionals, and key service providers can all be affected (9). Moreover, flooding has been reported to have a wide range of mental health impacts. Emotional instability, stress reactions, anxiety, depression, somatisation, post-traumatic stress disorder (PTSD) and other psychological symptoms are observed commonly after a disaster and other traumatic experiences. These health effects have a massive impact on the concerned individual and communities (2). Further, victims who had experienced flooding had lower degrees of stress, whereas victims who had never experienced floods displayed higher degrees of distress (10). Moreover, after a tragedy, a variety of mental illnesses, such as persistent grief, hopelessness, anxiety, or guilt, may manifest. In contrast, people lament the loss of their loved ones, treasured possessions, irreplaceable records, and familiar neighbourhoods after a disaster. (5).

Objective

The objective of this work is to explore the effectiveness of post-flood mental health intervention management, investigate mental health issues that affect flood victims, and propose implementation of disaster management policy and programmes in Nigeria regarding the mental wellbeing of victims in the aftermath of flood events.

2. Methodology

The methodology employed for this research was through qualitative narrative review, which is a particular kind of knowledge synthesis with a strong foundation in a specific tradition of research. It is often presented as non-systematic. Narrative reviews are found in a variety of social science and humanities areas, suggesting that there is a hierarchy of evidence that places them behind other review formats (11). The study aims to comprehend the connections between disasters and their effects on mental health. Disaster and mental health as a concept have been used holistically in this study. Different combinations and variations of specific keywords, such as "mental health," "psychological health," "disaster management," "disaster effects," "disaster impact," "intervention management", "policy," and "Nigeria," have been utilised to find pertinent literature for this review. There are no standard inclusion and exclusion criteria because the study employs a narrative review methodology.

2.1. Expected Outcome

- It is expected that the study will identify mental health issues affecting post-flood conditions in Nigeria.
- It is also expected that the study will identify the effectiveness of intervention management on the mental health of post-flood victims.
- It is further expected that the implementation of the proposed intervention strategy can improve the mental well-being of post-flood victims in Nigeria.

2.2. Problem statement

The rate of flood occurrence has reached an unparalleled level in recent years, and the number of people who are exposed to floods annually has reached 70 million worldwide. Despite this, over 800 million people live in vulnerable areas to flooding. According to estimates, 19% of the world's population, or 1.47 billion people, are directly exposed to significant dangers during flood disasters. Flooding in developing nations like Nigeria is caused by a variety of factors, including unchecked rapid population growth, inadequate preparedness, lack of political will, excessive precipitation, building on waterways, sea level rise, soil moisture regime, and released water from dam operations, particularly along neighbouring borders (12).

The flood impacts are not only detectable in the short and middle terms but also prolonged over the longer term, especially when recovery measures are delayed and social and public support is lacking or insufficient. People whose homes were flooded or whose movements were compromised have more physical and psychological health problems (13). The huge psycho-social effects on flood victims and their families can traumatise them for long periods. The loss of loved ones can generate profound impacts, especially on children (14) Displacement from one's home, loss of property and livelihoods and disruption to business and social affairs can cause continuing stress. The stress of overcoming these losses can be overwhelming and produce lasting psychological impacts (15).

Despite Nigeria's vulnerability to recurrent flooding, there is a dearth of comprehensive research and effective mental health intervention strategies to address the profound psychological impact experienced by flood victims in the country (16). For this reason, the research seeks to address these existing problems by highlighting the need for the implementation of long-term post-flood mental health intervention management of affected communities. This is expected to improve the long-term mental well-being of flood victims in the country.

2.3. Post-Flood Lessons

- To establish a mental intervention management strategy for flood victims, these experiences must be evaluated following flooding incidents.
- Emergency management to save precious lives based on priority.
- Evaluation of mental health concerns to rule out mental health difficulties during the initial phase of the flood disaster.
- Individualised mental health intervention.
- Detailed identification of those with co-morbid illnesses to improve primary prevention.
- Monitoring the most vulnerable populations, including women, children, and older people.
- Community participation and awareness initiatives include support groups and capacity building.
- Enabling the rehabilitation process to repair and generate improved mental health outcomes for flood victims (17).

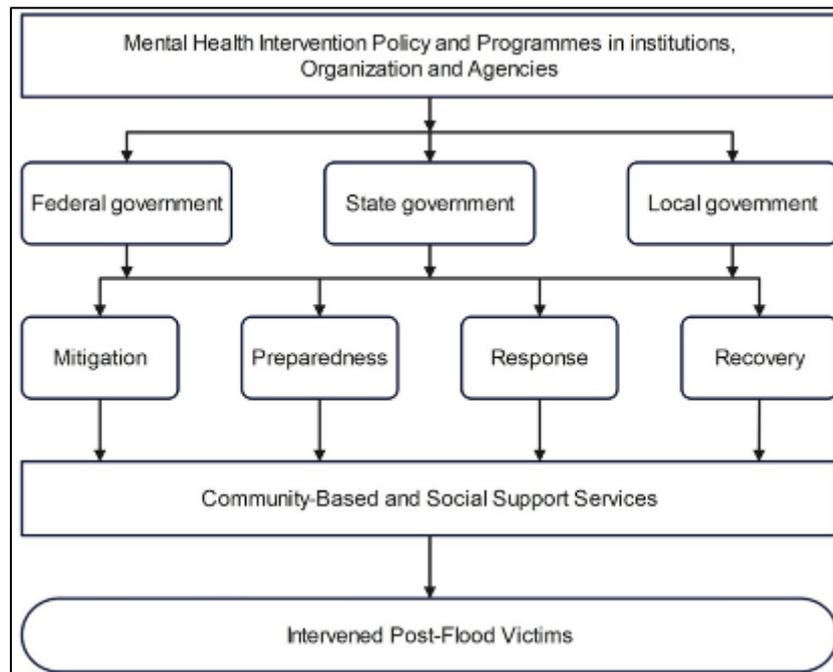


Figure 1 Mental Health Intervention Management Framework

The proposed Mental Health Intervention Management (MHIM) of post-flood victims can be considerably improved by programme and policy implementation, particularly in Disaster Management (DM) in Nigeria. Government institutions, organisations, and agencies communicate with the three levels of government: federal, state, and local, with specific responsibilities assigned to all authorities involved, such as DM professionals, therapy, and mental health counsellors. To assist post-flood victims in Nigeria, flood victims' mental health centres to be built at all levels of government, which

will be handled by specialists considering all four (4) phases of DM. This is because, in terms of policy making, the country has done less in disaster mental health management.

Therefore, to address flood disaster MHIM needs, a complete approach from policy and programs integration and collaboration between DM cycles in the country is crucial (18). Furthermore, a study indicated that there is poor health management reform in the country. Despite DM policies, there is still an absence of well-coordinated, organised institutional frameworks to plan and respond to flood emergencies and mental health issues in Nigeria. (19). To properly achieve MHIM, the four stages of DM, mitigation, preparedness, response, and recovery, should be taken into consideration.

2.4. Mitigation Phase

During flooding, the capacity of evacuation victims to obtain community help as they become geographically dispersed appears to be another route by which it can harm mental health outcomes. This suggests that those who will be evacuated might devote significant time and energy to maintaining levels of community connection to offset the adverse effects of disasters. Despite the negative impacts of stress and anxiety, there may be cases where activities might improve mental health and facilitate various types of support within communities (1).

2.5. Preparedness Phase

According to a study, individual readiness, such as engaging in emergency teams, volunteering in events, and having emergency catastrophe experience, relates to increased resilience and social cohesiveness (20).

2.6. Response phase

In a flood, negative consequences for mental health emerge when support from authorities is lessened or abandoned after an early period of response (1). A change can be witnessed from an emergency response in the short period following a flood disaster, where the emphasis could be on risk to life, to different types of care that will be provided over the longer term, such as talking therapies and programmes for treating PTSD (21). Long-term response and mental health care are critical components of rehabilitation and resilience, ensuring the continued viability of flood-prone areas.

As a result, policies, projects, institutions, and organisations where such support is missing in the flood setting can be critical in implementing it for mental health in the long run. This implies that greater emphasis on how various processes are carried out, with greater sensitivity to the long-term effects for recovery and mental health, is likely required. A study found that poor state or government actions can have a long-term impact on affected populations (20).

2.7. Recovery Phase

There is increasing evidence that flood disasters affect the mental health and well-being of people experiencing them, and it is recognised that the period of recovery after the event is significant to outcomes. Therefore, the perceived functioning of institutions, views of their fairness in distributing assistance, and the support of agencies for community-led procedures all have an impact on the overall recovery outcome (1). Some commonalities in post-flood recovery can hint at the importance of long-term mental health repercussions, as well as the value of institutional and authority support or attitudes. However, very few studies have specifically focused on the connections between agencies and the impacted public and their implications for people's well-being over time (22). A recovery process and the identification of support options that can affect flood victims' mental health and well-being, as well as how social support can affect mental health outcomes and post-disaster recovery aids health restoration (23).

2.8. Community-based Intervention

The Nigerian community will play an essential role in assisting those affected by the flood tragedy, which may serve as an early intervention. The community has had direct contact with flood victims since they lived together, and this will help identify post-storm victims who are suffering from mental illnesses. Once some individuals of a community are involved in DM, they can assist in determining the immediate and long-term effects of flooding on the mental health of the affected community. A community-based mental health-integrated disaster preparedness intervention has been shown to increase mental health and readiness among community members at risk of natural disasters (24).

2.9. Social Support

Socioeconomic status has been systematically linked to poor mental health outcomes following flood exposure, with lower socioeconomic position increasing the likelihood of mental health disorders. Support in the form of resource

mobilisation, livelihood restoration, emergency medication, and shelters for flood-affected communities would help victims maintain their senses and mitigate the mental health repercussions of flooding. As a result of the country's recurring flood disasters, the Nigerian government should consider increasing social support groups. Several studies have investigated the relationship between social support and mental anguish. However, the link between social support and mental anguish is more nuanced. Therefore, support is a protective factor against mental illnesses, demonstrating that positive and proactive behaviours relate to positive mental health of flood victims (22).

3. Conclusion

Natural disasters, particularly flooding, have been shown to have a wide range of mental health consequences. Following a tragedy or other traumatic experience, individuals may have emotional instability, stress reactivity, anxiety, depression, somatisation, PTSD, and other symptoms. These can have a significant influence on both affected individuals and the community. The least covered topic in all natural disasters is post-flood victims' mental health intervention management in terms of care, rehabilitation, and reintegration of those who have been mentally impacted by floods. Following natural disasters such as floods, it is essential to provide tailored care to the afflicted individuals. Therefore, mental health intervention management implementation into policy and programmes of DM through federal, state, and local government institutions, organisations, and agencies to address the unaddressed mental health issues of post-flood victims in Nigeria is crucial.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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Authors short Biography

	<p>I am Sadiq Alhaji Abubakar, a civil servant in the Department of Civil Engineering and Technology at Ramat Polytechnic, Borno State, Nigeria. I was born in Maiduguri on 22 February 1979. After my primary and secondary education, I obtained a BSc. in geology from the University of Maiduguri in 2008. I received a postgraduate diploma in education in 2010 at the College of Education, Maiduguri and a postgraduate diploma and Master's both in Disaster Risk Management and Development Studies in 2013 and 2015. Currently PhD in view on environmental technology at Universiti Tun Hussein Onn Malaysia, UTHM. I am happily married with four children.</p>
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	<p>I am Baba Tijjani Alkali working with Yobe state college of agriculture science and technology Gujiba as a principal instructor 1 in agriculture and bio environmental engineering department born in 12 Feb 1978 in Maiduguri join my early education at Kulo Gumna primary school Maiduguri and my secondary education at Mafoni day school and completed in 1998 also attended Ramat polytechnic Maiduguri where I obtained both National Diploma and Higher National Diploma in Agriculture engineering technology 2008 there by proceed to university of Maiduguri and obtained Bsc Geology in 2010, obtained certificate in postgraduate diploma in Disaster Risk Management and development Studies in 2015 and presently master in view in environmental management at the University of Maiduguri, Nigeria. I am married and blessed with children.</p>