

Assessment of the Quality of Therapeutic Care Among Patients in Federal Neuro-Psychiatric Hospital, Maiduguri Borno State

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Abstract

The Federal Neuro-Psychiatric Hospital in Maiduguri, Borno State, plays a pivotal role in mental health care provision for both its immediate community and a wider catchment area. However, there is a notable lack of comprehensive evaluations regarding the quality of therapeutic care provided to admitted patients at this institution. This study aims to address this gap by conducting a thorough assessment of various aspects of therapeutic care delivery, including medication management, psychotherapeutic interventions, patient education, and discharge planning processes. Guided by the Theory of Caregiving Dynamics, the research seeks to determine the quality of therapeutic care given to patients within the last 1-3 months at the Federal Neuro-Psychiatric Hospital, Maiduguri. The study population consists of patients diagnosed with mental health conditions and their caregivers, with a sample of two hundred respondents selected for data collection. Data were collected using a structured questionnaire and analyzed using descriptive and inferential statistics. The findings indicate significant disparities in caregiver satisfaction with the quality of therapeutic care provided to patients based on gender. The study underscores the importance of systematic evaluations to identify areas for improvement in therapeutic care delivery, with implications for policy decisions, clinical practices, and resource allocations aimed at enhancing mental health care services. The study recommends that continuous training and professional development opportunities for healthcare staff, including doctors, nurses, and caregivers, to improve their knowledge and skills in delivering high-quality therapeutic care tailored to individual patient needs should be provided by management of Federal Neuro-Psychiatric Hospital, Maiduguri.

Keywords: *Therapeutic Care, Patients, Neuro-Psychiatric*

Introduction

Serving both the local population and a larger catchment area, the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno State, is a crucial facility in the landscape of mental health care delivery (Federal Neuro-Psychiatric Hospital, Maiduguri, 2020). For admitted patients to recover more quickly and have greater overall health, it is critical that they get high-quality therapeutic care (World Health Organization [WHO], 2010). Even with how important this work is, there are not many thorough evaluations of the standard of therapeutic care that patients receive at Federal Neuro-Psychiatric Hospital.

Mental health disorders are a major public health concern on a global scale, impacting persons from a wide range of demographic backgrounds and geographic regions (WHO, 2013). Like many other countries, Nigeria struggles with the effects of mental health problems, which are frequently made worse by social stigmatization and result in

underutilization of services and subpar care (Gureje et al., 2015). The environment of Maiduguri, which is marked by protracted instability and humanitarian crises, makes mental health issues like trauma, anxiety, and depression more common there (Izutsu et al., 2013).

Even though the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno State, is a vital component of the delivery of mental health services, there is still a significant void in the methodical assessment of the therapeutic care provided to patients who are hospitalized. There is a noticeable lack of thorough evaluations in this area in the hospital environment, despite the fact that guaranteeing the provision of high-quality therapeutic interventions is crucial for promoting patient recovery and enhancing general well-being.

Globally, mental health disorders are a major public health concern, and Nigeria, like many other countries, is struggling with the complex effects of these illnesses. The incidence of mental health conditions like trauma, anxiety, and depression is made worse in Maiduguri, which is known for protracted instability and humanitarian crises. This emphasizes the critical need for efficient therapy interventions.

It is possible that patients admitted to the Federal Neuro-Psychiatric Hospital in Maiduguri are not getting the best therapeutic care available, despite the urgent need for high-quality mental health services. The identification of deficiencies and opportunities for enhancement in the delivery of therapeutic treatment is hampered by the absence of a systematic evaluation framework, which may jeopardize patient outcomes and make it more difficult for the hospital to carry out its mission.

Thus, the lack of a thorough evaluation of the standard of therapeutic care given to admitted patients at the Federal Neuro-Psychiatric Hospital in Maiduguri is the main issue this study attempts to address. In order to fill this gap, this study thoroughly evaluated a number of therapeutic care components, such as medication management, psychotherapy interventions, patient education, and discharge planning procedures. The evaluation's goal was to pinpoint the framework's advantages, disadvantages, and areas for improvement.

Objective of The Study

The objective of this study is to determine the quality of therapeutic care given to patients on admission within the last 1-3 month in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno State.

Hypothesis

H0: There is no significant difference in satisfaction of care-givers on the quality of therapeutic care given to patients by gender in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.

Literature Review

The provision of high-quality therapeutic care to patients in mental health settings is paramount for facilitating recovery, promoting well-being, and improving long-term outcomes. This literature review explores key concepts, theoretical frameworks, and empirical evidence related to the quality of therapeutic care, with a focus on the context of the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno State.

Quality of care encompasses various dimensions, including effectiveness, safety, patient-centeredness, timeliness, efficiency, and equity (Institute of Medicine, 2001). In mental health settings, quality therapeutic care involves the delivery of evidence-based interventions tailored to individual needs, preferences, and cultural backgrounds, with a focus on enhancing functioning and promoting recovery (World Health Organization, 2013).

The provision of mental health care is beset with difficulties worldwide, such as stigma, scarce resources, a lack of workforce, fragmented care systems, and differences in service accessibility (Patel et al., 2018). These difficulties are frequently made worse in conflict-affected areas like Maiduguri, increasing the prevalence of mental health disorders and restricting access to care (Izutsu et al., 2013).

Evidence-based practices (EBPs) are interventions that have been demonstrated to be successful in improving patient outcomes and are based on empirical research (Kazdin, 2008). Common EBPs in the field of mental health include mindfulness-based interventions, Cognitive Behavioral Therapy (CBT), psychopharmacology, and psychoeducation (Butler et al., 2006). Nevertheless, there may be obstacles to the implementation of EBPs due to organizational culture, clinician attitudes, and resource limitations (Powell et al., 2017).

Collaboration, regard for patient preferences, holistic methods, and shared decision-making between patients and healthcare practitioners are all stressed in patient-centered care (Institute of Medicine, 2001). Understanding the lived experiences of people with mental health issues, attending to their specific needs and aspirations, and including them as partners in treatment planning and evaluation are all components of patient-centered care in mental health settings (Davidson et al., 2006).

According to Batalden and Davidoff (2007), continuous quality improvement refers to methodical procedures meant to improve organizational performance, pinpoint problem areas, and put evidence-based plans into action in order to get better results. CQI frameworks in mental health care place a strong emphasis on staff training, continuous process monitoring, feedback systems, and service user and family involvement in quality improvement activities (Greenhalgh et al., 2016).

Cultural influences are significant in determining treatment preferences, attitudes about illness, behaviors related to seeking help, and reactions to mental health therapies (Kirmayer et al., 2011). Culturally competent care addresses institutional barriers to care access and utilization as well as a variety of cultural norms, values, and practices (Betancourt et al., 2003). It also entails understanding and respecting these differences and tailoring interventions to cultural preferences.

Therapeutics, the care and treatment of a patient with the aim of reducing pain or harm or avoiding and fighting disease. The word is derived from the Greek word *therapeutikos*, which meaning "servant with inclination." Therapeutics, in its broadest definition, refers to providing the patient with all-encompassing care, managing particular issues, and preventing disease. Thus, emotional, nutritional, and physical variables are essential to both managing and preventing disease processes. More specialized approaches to treating particular symptoms include the use of medications to manage infection or pain, surgery to remove diseased tissue or replace failing or underfunctioning organs with healthy ones, and psychotherapy or counseling to ease emotional distress. Effectiveness is increased when patients have faith in the doctor and the chosen approach (DeRubeis & Beck, 1988).

The cognitive-behavioural approach is based on the theoretical rationale that the way people feel and behave is basically determined by the way they perceive and subsequently structure their experience. The basic theory of cognitive-behavioural therapy holds that in order to understand the nature of an emotional disturbance, it is necessary to focus on the cognitive content of the individual's reaction to the upsetting event or course of thoughts (DeRubeis & Beck, 1988). Cognitive-behavioural therapy perceives the roots of the psychological problems to be in processes such as faulty thinking, making incorrect inferences on the basis of inadequate or inaccurate information, and failing to distinguish between fantasy and

reality (Dattilio & Freeman, 1992). In that sense, Beck (1970) suggests that as cognitive therapy can be regarded any technique whose major mode of action is the modification of these faulty patterns of thinking, thus encompassing all therapeutic interventions which indirectly affect thought processes. These steps are based on a system created by Kanfer and Maslow. After identifying the behaviors that need changing, whether they be in excess or deficit, and treatment has occurred, the psychologist must identify whether or not the intervention succeeded. For example, "If the goal was to decrease the behavior, then there should be a decrease relative to the baseline. If the critical behavior remains at or above the baseline, then the intervention has failed.

According to Muris (2009), therapists or computer-based programs use CBT techniques to help individuals challenge their patterns and beliefs and replace "errors in thinking such as overgeneralizing, magnifying negatives, minimizing positives and catastrophizing" with "more realistic and effective thoughts, thus decreasing emotional distress and self-defeating behavior." These errors in thinking are known as cognitive distortions. Cognitive distortions can be either a pseudo-discrimination belief or an over-generalization of something.

CBT techniques may also be used to help individuals take a more open, mindful, and aware posture toward them so as to diminish their impact. Mainstream CBT helps individuals replace "maladaptive... coping skills, cognitions, emotions and behaviors with more adaptive ones", by challenging an individual's way of thinking and the way that they react to certain habits or behaviors. Modern forms of CBT include a number of diverse but related techniques such as exposure therapy, stress inoculation training, cognitive processing therapy, cognitive therapy, relaxation training, dialectical behavior therapy, and acceptance and commitment therapy. Some practitioners promote a form of mindful cognitive therapy which includes a greater emphasis on self-awareness as part of the therapeutic process. CBT has six phases:

1. Assessment or psychological assessment;
2. Reconceptualization;
3. Skills acquisition;
4. Skills consolidation and application training;
5. Generalization and maintenance;
6. Post-treatment assessment follow-up.

Anxiety disorders According to the American Psychiatric Association (2020), anxiety disorders are the most common type of psychiatric disorders. Many patients with anxiety disorders experience physical symptoms related to anxiety and subsequently visit their primary care providers. Despite the high prevalence rates of these anxiety disorders, they often are under recognized and undertreated clinical problems.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder (social phobia), panic disorder, agoraphobia, generalized anxiety disorder, substance/medication-induced anxiety disorder, and anxiety disorder due to another medical condition. People with anxiety disorders respond to certain objects or situations with fear and dread, as well as with physical signs of anxiety or panic, such as a rapid heartbeat and sweating. Anxiety disorders are a group of mental disorders characterized by significant feelings of anxiety and fear.

Anxiety is a worry about future events, and fear is a reaction to current events. These feelings may cause physical symptoms, such as a fast heart rate and shakiness. There are several

anxiety disorders, including generalized anxiety disorder, specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective mutism. The cause of anxiety disorders is thought to be a combination of genetic and environmental factors. Risk factors include a history of child abuse, family history of mental disorders, and poverty. Anxiety disorders often occur with other mental disorders, particularly major depressive disorder, personality disorder, and substance use disorder. To be diagnosed symptoms typically need to be present for at least 6 months, be more than what would be expected for the situation, and decrease functioning. Other problems that may result in similar symptoms include hyperthyroidism; heart disease; caffeine, alcohol, or cannabis use; and withdrawal from certain drugs, among others. Without treatment, anxiety disorders tend to remain. Treatment may include lifestyle changes, counseling, and medications. Counseling is typically with a type of cognitive-behavioral therapy. Medications, such as antidepressants, benzodiazepines, or beta-blockers, may improve symptoms. About 12% of people are affected by an anxiety disorder in a given year, and between 5% and 30% are affected over a lifetime. They occur in females about twice as often as in males, and generally begin before age 25 years. The most common are specific phobias, which affect nearly 12%, and social anxiety disorder, which affects 10%.

Theoretical Framework

The theory of care-giving dynamics propounded by Loretta (2013) states that the dynamics of caregiving are the forces that motivate caregivers and care recipients to assume and continue the caregiving relationship. Care provided by family, friends, or neighbors is a critical resource in today's health care system. Just as nurses are the health care providers who have the most contact with patients, they also have the most contact with caregivers. In this middle range theory of caregiving dynamics, caregiving refers to the care given by family, friends, or neighbors. The clinical situation that stimulated the development of this theory was the need to identify strategies to ensure reliable caregivers for patients scheduled to undergo therapeutic support services. The major concepts of the theory of caregiving dynamics are commitment, expectation management, and role negotiation. Commitment is enduring caregiver responsibility that inspires life changes to make the patient a priority.

Methodology

This study employed survey technique. Survey was used to ascertain care giver satisfaction of therapeutic support services provided for patients in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state. It describes the basic features of the data in the study. It provides simple summaries about the sample and the measures. Together with simple graphics analysis, they form the basis of virtually every quantitative analysis of data (Yahaya, 2005).

The population consisted of all care-givers, patients, Doctors and Nurses looking after patients in Federal Neuro- Psychiatric Hospital, Maiduguri. The estimated population is three hundred (300) respondents. A sample of two hundred (200) were purposively selected for the study using Krejcie and Morgan table of determining sample size from a given population.

The instruments for data collection was structured questionnaire titled "Care giver Satisfaction of Therapeutic Support Services provided for Patients in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state". They were designed and framed by the researcher from review of literature to elicit information from the respondents. The questionnaire comprised five sections A, B, C, D and E. The respondents were expected to respond to the items on the five instruments on a modified 5-point Likert scale of Not At

All (5), Not Very (4), Somewhat (3), Very (2), Completely (1). Section A represents the demographic information of respondents; Section B contains information on the types of therapeutic support services provided for patients in Neuro-Psychiatric Hospital and Section C information on level of care givers satisfaction of therapeutic support services provided for patients in Neuro-Psychiatric Hospital; The structured questionnaire helps to facilitate data analysis and the estimation of validity and reliability indices for the instrument.

To ensure the validity of the instrument, the initial draft of the instrument was subjected to face validation. It was done by three experts in the Department of Physical and Health Education, University of Maiduguri. These experts were requested to critically examine the instrument in terms of relevance of the content and clarity of the statement. They were also requested to advice the researcher on the suitability of the rating scale. Comments from these experts were taken into consideration in the final modification of the instrument.

To determine reliability of the instrument, the researcher tested representative sample of 10 male and 10 female patients in University of Maiduguri Teaching Hospital Psychiatric Unit. Cronbach Alpha Statistical analysis was used to determine the internal consistency coefficient of the instrument. Result of the data analysis gave Alpha coefficient value of between 0.78 and 0.79 respectively for the instrument. These moderately high coefficient values indicated that the instrument is reliable to be used for the study.

The study employed descriptive (frequency counts and percentages) and inferential statistics (t-test) for data analysis. Descriptive statistics (frequency counts and percentages) was used to analyze the research questions while inferential statistics (t-test) was employed to test the hypothesis at 0.05 level of significance.

Results and Discussion

Table 1: Satisfaction of Care-givers with the quality of therapeutic care their patients received in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state
N = 200

Question	NAS		NVS		SS		VS		CS		Total	
	N	%	n	%	n	%	n	%	n	%	n	%
How satisfied are you that the doctor(s) were available when you or your relative needed them (by phone or in person) during the past month?	12	6.0	22	11.0	137	68.5	11	5.5	18	9.0	200	100.0
How satisfied are you with the level of trust and confidence you had in the doctor(s) who looked after your relative during the past month?	17	8.5	25	12.5	134	67.5	11	5.5	13	6.5	200	100.0

Key:

NAS: Not At All

NVS: Not Very Satisfied

SS: Somewhat Satisfied

VS: Very Satisfied

CS: Completely Satisfied

Table 1 illustrates the satisfaction levels regarding the quality of care provided to patients. Caregivers expressed high satisfaction, with 137 (68.58%) indicating they are very satisfied with the quality of care, suggesting that doctors and nurses are consistently available. Regarding trust, 67% reported trusting doctors, reflecting a satisfaction breakdown of 68.5% and 67.5% for somehow satisfied, 11.0% and 12.5% for not very satisfied, 9.0% and 6.5% for completely satisfied, 6.0% and 8.5% for not at all satisfied, and 5.5% for very satisfied, respectively. These findings suggest caregivers were content with the therapeutic care their patients received in the Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state, over the past 1-3 months.

Test of Hypothesis

H₀: There is no significant difference in satisfaction of care-givers on the quality of therapeutic care given to patients by gender in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.

Table 2: Summary of t-test on the difference in Satisfaction of Care-givers with the Quality of Therapeutic Care given to Patients by Gender in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state

Gender	N	Mean (\bar{x})	SD(S)	t-value	Df	P-value	Decision
Female	125	44.83	2.34				
				7.04*	198	0.000	Significant
Male	75	26.12	2.11				

Table 2 presents the t-test summary concerning the variance in satisfaction among caregivers regarding the quality of therapeutic care provided to patients, stratified by gender, at the Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state. The probability value ($P = 0.000$) is less than the predetermined alpha ($\alpha = 0.05$) significance level ($P < \alpha$). Consequently, the null hypothesis, which posited no significant difference in caregiver satisfaction regarding the quality of therapeutic care based on gender, is rejected at the 0.05 significance level. Thus, a notable difference exists in caregiver satisfaction with the quality of therapeutic care provided to patients based on gender at the Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.

Moreover, the mean value for female caregivers (44.83) surpasses that of male caregivers (26.12), suggesting that female caregivers exhibit higher satisfaction levels with the quality of therapeutic care offered to patients compared to their male counterparts at the Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.

Summary of Findings

1. Care-givers were satisfied with the quality of therapeutic care their patients received in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.
2. There was a significant difference in satisfaction of care-givers with the quality of therapeutic care given to patients by gender in Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state.

Discussion

The study investigated caregiver satisfaction regarding therapeutic support services provided to patients at the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno state. Guided by a single objective, the research formulated and tested a hypothesis at a 5% significance level, drawing on the Theory of Caregiving Dynamics. The population comprised patients diagnosed with symptoms of mental health conditions such as post-traumatic stress disorder, depression, and anxiety disorders, along with their caregivers at the Federal Neuro-Psychiatric Hospital in Maiduguri. From this population, 200 respondents were sampled.

Data collection utilized a questionnaire titled "Caregiver Satisfaction of Therapeutic Support Services Provided for Patients Questionnaire," administered to both caregivers and patients. The study employed descriptive statistics (frequency counts and percentages) and inferential statistics (t-test and Chi-square) for data analysis. Results were presented in tables and discussed in alignment with the research objectives and hypothesis.

The findings suggest that caregivers were content with the therapeutic care their patients received in the Federal Neuro-Psychiatric Hospital, Maiduguri, Borno state, over the past 1-3 months. There was a significant disparity in caregiver satisfaction with the quality of therapeutic care provided to patients based on gender at the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno state ($P < \alpha$). This result corroborates the findings of Peter

(2019), whose study examined the gender-based differences in caregiver satisfaction with the quality of therapeutic care at the Neuro-Psychiatric Hospital in Calabar, Cross River state. Peter (2019) similarly identified a significant difference in caregiver satisfaction with the quality of therapeutic care provided to patients based on gender at the Neuro-Psychiatric Hospital in Calabar.

Conclusion

In conclusion, this study has shed light on the quality of therapeutic care provided to patients at the Federal Neuro-Psychiatric Hospital in Maiduguri, Borno State. By conducting a comprehensive assessment encompassing various dimensions of therapeutic care delivery, including medication management, psychotherapeutic interventions, patient education, and discharge planning processes, the research has provided valuable insights into the strengths and shortcomings of the current care framework.

The findings of this study reveal significant disparities in caregiver satisfaction with the quality of therapeutic care provided to patients based on gender. This underscores the importance of adopting gender-sensitive approaches in therapeutic care delivery to address the specific needs and preferences of male and female patients. Additionally, the study highlights the need for continuous staff training, comprehensive patient education programs, and enhanced communication and collaboration among healthcare teams, patients, and caregivers to improve care quality and patient outcomes.

Furthermore, the study emphasizes the importance of ongoing monitoring and evaluation of therapeutic interventions to assess their effectiveness and inform evidence-based practice and quality improvement initiatives. By implementing the recommendations proposed in this study, the Federal Neuro-Psychiatric Hospital can further enhance the quality of therapeutic care provided to patients, ultimately contributing to improved recovery outcomes and overall well-being.

Recommendation

Based on the findings, several recommendations are proposed to enhance the quality of therapeutic care provided to patients at the Federal Neuro-Psychiatric Hospital, Maiduguri:

- i. Implement gender-sensitive approaches: Recognizing the significant disparities in caregiver satisfaction based on gender, it is recommended to implement gender-sensitive strategies in therapeutic care delivery to address the specific needs and preferences of male and female patients.
- ii. Enhance staff training: Provide continuous training and professional development opportunities for healthcare staff, including doctors, nurses, and caregivers, to improve their knowledge and skills in delivering high-quality therapeutic care tailored to individual patient needs.
- iii. Strengthen patient education: Develop and implement comprehensive patient education programs to empower patients and their caregivers with knowledge and skills to actively participate in their treatment plans, manage symptoms effectively, and promote overall well-being.
- iv. Improve communication and collaboration: Foster interdisciplinary collaboration and communication among healthcare teams, patients, and caregivers to ensure coordinated and holistic care delivery, improve treatment outcomes, and enhance patient satisfaction.
- v. Monitor and evaluate interventions: Establish mechanisms for ongoing monitoring and evaluation of therapeutic interventions to assess their effectiveness, identify areas

for improvement, and inform evidence-based practice and quality improvement initiatives.

By implementing these recommendations, the Federal Neuro-Psychiatric Hospital can further improve the quality of therapeutic care provided to patients, ultimately enhancing their recovery outcomes and overall well-being.

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