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Pattern of Psychiatric Educational Participation Over One Year: A Descriptive Thematic Engagement Analysis

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Article history: Received 05 March 2026, Reviewed 12 April 2026, Accepted for publication 20 June 2026

ABSTRACT

Background: Delivering effective psychiatric care in low- and middle-income countries is challenged by shortages of mental health specialists, high patient-to-staff ratios, and limited access to structured professional training. Regular academic seminars within hospital departments provide an opportunity to strengthen clinical knowledge, encourage multidisciplinary collaboration, and address educational gaps. However, little is known about how participation in such educational activities varies across different psychiatric themes. This study examined patterns of psychiatric educational participation over one year in a Nigerian tertiary hospital.

Methods: A retrospective descriptive analysis was conducted of 32 weekly seminar presentations delivered at the Mental Health Department of a tertiary health facility, between May 2024 and May 2025. Data extracted from seminar schedules and attendance registers included presentation topics, thematic category, presenter cadre, total attendance, and student participation. Presentations were grouped into seven thematic areas. Descriptive statistics were used to summarize attendance trends and participation patterns.

Results: Mean attendance per session was 12.59 ± 8.30 (median 8; IQR 7.5–17). Addiction Psychiatry (31.2 ± 10.5) and Psychiatric Emergencies (20.5 ± 5.3) recorded the highest participation, while Developmental Psychology (8.5 ± 0.7) and Therapeutics (8.8 ± 2.2) had the lowest. Doctors delivered 50% of presentations, followed by psychiatric nurses (37.5%). Sessions with students showed markedly higher attendance, particularly during undergraduate and postgraduate clinical rotations.

Conclusion: Participation in psychiatric educational seminars varied by thematic relevance, with clinically urgent topics attracting the greatest engagement. Structured student rotations and multidisciplinary participation may enhance engagement and strengthen departmental mental health education programs.

Keywords: Psychiatric Education, Continuing Professional Development, Seminar Participation Patterns, Multidisciplinary Mental Health Training, Addiction psychiatry, Psychiatric Emergencies.

How to cite this article

Erubu AS, Oluwasanmi MM, Nguh MN, Swande ES, Olarotimi PF. Pattern of Psychiatric Educational Participation Over One Year: A Descriptive Thematic Engagement Analysis. The Nigerian Health Journal 2026; 26(2):685 – 691. https://doi.org/10.71637/tnhj.v26i2.1368

Print ISSN: 0189-9287 Online ISSN: 2992-345X

INTRODUCTION

Enhancing and maintaining optimal standards of psychiatric care depends on regular and structured professional learning, particularly in resource-poor healthcare settings where workforce shortages and limited access to structured training are common.[1] In Nigeria, the effectiveness of mental health care delivery is undermined by a scarcity of specialists such as psychiatrists, psychiatric nurses, clinical psychologists and occupational therapists; high patient-to-staff ratios; and limited formal medical educational programs.[2, 3] Weekly academic seminar presentations, however, are a practical approach to improving knowledge, strengthening multidisciplinary collaboration, and filling the gaps in mental health education.

While quality improvement models operationalized through Plan–Do–Study–Act (PDSA) cycles have been shown to promote educational program implementation, little is known about patterns of educational engagement during implementation, especially when considering how different educational topics in psychiatry influence participation interest from staff and students.[4]

Understanding patterns of participation during sessions based on thematic grouping is significant for identifying urgent educational needs within the workforce, informing curriculum design, and strengthening focused training programs, especially in Low- and Middle-Income Countries (LMICs).[5] Additionally, identifying which topics attracted high level of participation, interactive clinical discussion can provide insight into existing knowledge gaps, workforce demands, and multidisciplinary collaboration opportunities.

This study aimed to describe 12-month patterns of psychiatric educational participation among staff and students of mental health department of a Nigerian tertiary hospital using topics of presentation and attendance trend. By examining which topics and thematic categorization produced the most participation and which professional cadres contributed most to educational delivery, this study provides a practical and actionable first step towards refining the current educational program of the department and ensure that the Continuous Professional Development needs of its multidisciplinary staff is met.

METHODS

Study Setting: The study was conducted in the Mental Health Department of Afe Babalola Multi-System Hospital (AMSH), Ado-Ekiti, a private tertiary healthcare facility in Nigeria. The department provides specialist mental health services and routinely conducts weekly academic seminars as part of its Continuing Professional Development (CPD) activities. The department also receives undergraduate and postgraduate students from affiliated institutions for clinical postings and academic activities. These seminars serve as a platform for knowledge sharing and multidisciplinary learning among healthcare personnel and students attached to the department.

Study Design: This was a retrospective descriptive study of seminar presentations conducted within the department over a 12-month period. The study reviewed existing seminar records and attendance registers to describe patterns of participation across different psychiatric thematic areas.

Study Population: The study population comprised all academic seminar presentations delivered within the Mental Health Department between 22 May 2024 and 21 May 2025. Participants represented in the attendance records included doctors, psychiatric nurses, psychology interns, postgraduate students, and undergraduate students attending clinical rotations within the department.

Eligibility Criteria: Eligible records included all seminar presentations conducted within the Mental Health Department between 22 May 2024 and 21 May 2025 that had complete documentation of presentation topic, presenter, and attendance records. Seminar presentations conducted outside the study period, as well as presentations delivered by departmental staff outside the departmental seminar programme (e.g., Grand rounds and interdepartmental clinical presentations), were excluded from the analysis.

Sample Size and Sampling Methodology: The study employed total population sampling. All eligible seminar presentations conducted during the study period were included in the analysis. A total of 32 seminar presentations met the eligibility criteria.

Study Variables: The primary study variables included presentation topic, thematic category of presentation, presenter cadre, and total attendance per session. Additional variables assessed were the presence or absence of student attendees and, where applicable, the type of student attendees.

Study Instrument and Data Collection: Data were extracted using a structured data extraction form developed by the research team. The form was used to obtain information from departmental seminar

Print ISSN: 0189-9287 Online ISSN: 2992-345X

schedules and attendance registers. Variables extracted included presentation topic, presenter cadre, thematic category, attendance count, and student participation.

Thematic Categorization

Thematic categorization was conducted by a team comprising a consultant psychiatrist, a senior medical officer, and a psychiatric nurse. Presentation topics were independently reviewed and grouped according to their primary psychiatric focus. Final thematic classifications were reached through consensus discussion. Seven thematic categories were identified: Therapeutics in Psychiatry, Organic and Biological Psychiatry, Addiction Psychiatry, Mood and Behavioural Disorders, Psychiatric Emergencies, Community and Psychosocial Psychiatry, and Developmental Psychology.

Data Analysis: Data were entered into Microsoft Excel and analysed descriptively. Continuous variables were summarized using mean and standard deviation (SD) or median and interquartile range (IQR) where appropriate. Categorical variables were presented as frequencies and percentages.

Ethical Considerations: Ethical approval was obtained from the Ethics and Research Committee of the study institution (Ref. No: AMSH/REC/26/62/027). Confidentiality of all records was maintained throughout data extraction and analysis.

RESULTS

Overview

Thirty-two seminar presentations were delivered over a period of one year, with mean attendance of 12.59 ± 8.30 per session (Median (IQR): 8 (7.5–17)). Attendance appeared to increase over time, especially in sessions with students in attendance: undergraduate nursing students (mean= 39.0 ± 1.41), undergraduate pharmacy students (18.5 ± 0.84), and postgraduate nursing students (14.75 ± 0.96).

Patterns of Participation Over Thematic Groupings

Table 1 shows thematic categories of seminar topics agreed upon by multidisciplinary panel consensus, with topics listed under each theme. Themes with the highest mean attendance were Addiction Psychiatry (31.2 ± 10.5) followed by Psychiatric Emergencies (20.5 ± 5.3), while Developmental Psychology (8.5 ± 0.7) and Therapeutics (8.8 ± 2.2) had the lowest mean attendance. Figure 1 shows mean attendance per thematic cluster across 32 weekly seminars.

Table 1. Thematic Categorization of Seminar Topics

S/N	Thematic Category	Seminar Topics
1	Therapeutics in Psychiatry	Electroconvulsive Therapy in Psychiatry; Practical demonstration of guide to usage of Thymatron IV; Overview on side effects of antipsychotics; Identification and care of patients with extrapyramidal side effects
2	Organic & Biological Psychiatry	Dementia; Management of organic mental disorders; Nursing care for patients with acute confusional state; sleep disorders and management
3	Addiction Psychiatry	Neurobiology of alcohol addiction; Treatment goals in substance use disorders; Nursing challenges in drug use care; Principles of motivational interviewing; Relapse prevention; Substance abuse prevention in Nigeria; Nursing diagnosis and care in substance abuse
4	Mood & Behavioural Disorders	Identification and management of adolescent depression; Depression in the elderly (prevention, identification and treatment); eating disorders and biopsychosocial approaches; Nursing care in eating disorders; Bipolar affective disorder (genetic predisposition and treatment challenges); Care of acutely disturbed patients with bipolar disorder
5	Psychiatric Emergencies	Risk assessment and management in psychiatry; Management of the violent patient; Nursing de-escalation procedures in mental health wards; Nursing care for patients with suicidal behaviour
6	Community & Psychosocial Psychiatry	Mental health promotion strategies in Nigeria; Improving interpersonal relationships in mental health settings; Role of nurses in interpersonal relationships; Role of counselling in nursing care; Respite care for the elderly
7	Developmental Psychology	Parenting styles and child outcomes; Moral development theory and development of ethical reasoning

Seminar topics grouped according to their primary psychiatric focus.

Print ISSN: 0189-9287 Online ISSN: 2992-345X

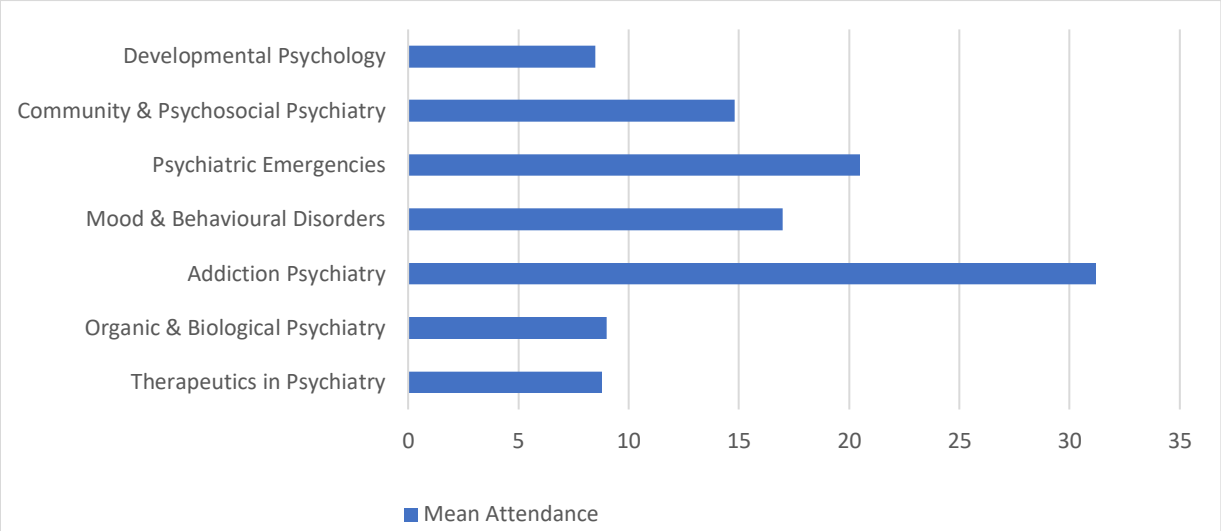

Figure 1: Mean attendance per thematic cluster

Multidisciplinary Pattern of Participation by Staff

Doctors delivered 16 (50.0%) of the sessions, psychiatric nurses 12 (37.5%), Psychology intern 2 (6.3%), Post graduate nursing students 2 (6.3%). Seminar sessions by post graduate nursing students, psychiatric nurses, and doctors were all central to large participation and engagement with mean attendance of 14.75 ± 0.96, 13.17 ± 9.12, and 12.31 ± 9.15 respectively. Figure 2 illustrates the highest attendance recorded during seminar sessions delivered by each multidisciplinary cadre.

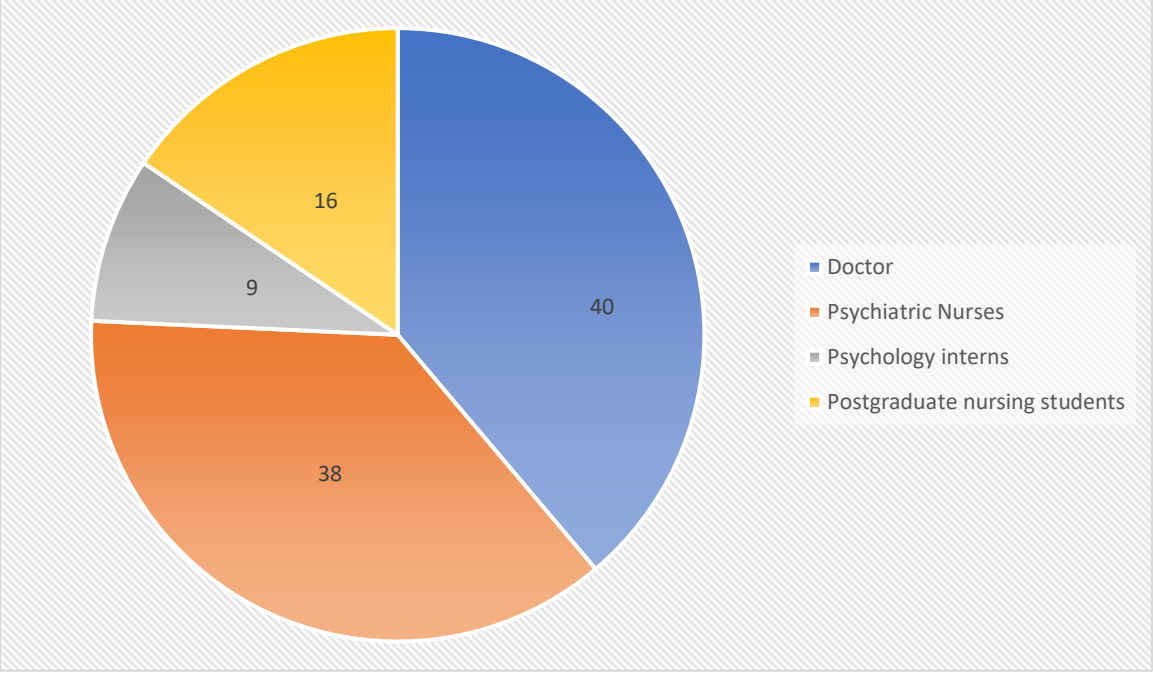

Figure 2: Highest attendance recorded during seminar sessions delivered by each multidisciplinary cadre.

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Table 2 shows thematic pattern of seminar presentation within multidisciplinary team.

Table 2: Thematic Pattern of Seminar Presentation Within Multidisciplinary Team

Theme	Number of Sessions	% of Total Sessions	Cadre Distribution				Cumulative Attendance
			D	N	S	P	
Therapeutics in Psychiatry	4	12.5	3	1	0	0	35
Organic & Biological Psychiatry	4	12.5	3	1	0	0	36
Addiction Psychiatry	7	21.9	3	3	1	0	218
Mood & Behavioural Disorders	6	18.8	4	2	0	0	102
Psychiatric Emergencies	4	12.5	2	2	0	0	82
Community & Psychosocial Psychiatry	5	15.6	1	3	1	0	74
Developmental Psychology	2	6.3	0	0	0	2	17

*D = Doctors, N = Nurses (Psychiatric), S = Students (Postgraduate), P= Psychology interns

Pattern of Students Participation

Of 32 seminar presentations, 12 (37.5%) had students in attendance with average attendance of 20.67 ± 8.78. Of all students' attendance, pharmacy students recorded the highest frequency of participation, 6 (18.8%) with mean attendance of 18.5 ± 0.84, followed by postgraduate nursing students 4 (12.5%) with mean attendance of 14.75 ± 0.83, while only 2 (6.3%) seminars were attended by undergraduate nursing students with mean attendance of 39.0 ± 1.41.

DISCUSSION

This study examined patterns of psychiatric educational participation over one year at the Mental Health Department of a tertiary health facility in Nigeria. Our findings demonstrate variation in attendance across thematic areas and participant groups, providing insight into the department's educational priorities.

The global burden of substance use disorders, suicide (including self-harm), and interpersonal violence remains substantial as these conditions have increasingly led to poor mental health outcome and increased mortality rates.[6] It is therefore noteworthy that thematic groupings 3 and 5 which address these clinically challenging areas i.e. substance use disorders, suicide and interpersonal violence attracted the highest average attendance. This pattern is consistent with previous study which reported that Continuing Professional Development (CPD) is better attended when content aligns with everyday clinical challenges.[7] Impact of such CPD has also been shown to move in the direction of attendance.[7]

In contrast, topics clustered within Developmental Psychology and Therapeutics in Psychiatry recorded lower attendance than Addiction Psychiatry and Psychiatric Emergencies. One possible explanation is the absence of students on clinical rotation during several sessions within these thematic areas. However, as this study did not formally assess participants' perceptions of topic relevance or educational priorities, the reasons for lower attendance cannot be determined from the available data. A previous study has nevertheless demonstrated that using case scenarios and an approach that focused more on associated problems may improve participation and perceived relevance.[8]

The multidisciplinary distribution of presenters reflects a collaborative academic structure within the department. To strengthen CPD and enhance its impact on staff and patient care, interprofessional education is a key driver, promoting more effective multidisciplinary teamwork and ultimately improving mental health services.[9] Moreso, comparable mean attendance across presentations led by doctors, psychiatric nurses, and post graduate nursing students suggests that participation was not strongly influenced by presenter cadre, indicating a multidisciplinary approach to workplace education within the department.

Furthermore, sessions with university students in attendance recorded significantly higher participation, suggesting that students' clinical academic rotations may influence seminar attendance. Kasai et al. reported that when students on clinical rotation participate in structured academic presentations such as academic seminars, their professional development is enhanced through improved clinical learning and supported self-efficacy.[10]

Strengths and Limitations of the Study

The major strength of this study is the multidisciplinary participation of staff in seminar delivery, reflecting routine collaborative educational practice within the department. The inclusion of all eligible seminar sessions

Print ISSN: 0189-9287 Online ISSN: 2992-345X

over a 12-month period also provides a complete description of routine CPD activities.

However, this study is notably limited by its single-centre, retrospective design and the relatively small number of seminar sessions, which may restrict generalisability and limit the robustness of observed trends. Also, reliance on routine attendance records may introduce documentation bias.

Implications of the Findings

The findings of our study suggest that participation in psychiatric CPD activities is shaped by the perceived relevance and clinical urgency of seminar topics, with higher attendance observed for themes addressing common and high-burden mental health conditions. This pattern highlights the value of aligning CPD content with the day-to-day clinical demands of mental health professionals, particularly when planning educational activities aimed at strengthening workforce capacity.[11] In resource-constrained settings like Nigeria, where opportunities for formal training may be limited, departmental seminars can provide a practical avenue for ongoing professional development and knowledge exchange.[12] From a policy perspective, integrating multidisciplinary seminar programmes within institutional CPD frameworks may improve sustained professional learning and interprofessional collaboration and practice within mental health services.[7]

Recommendations

To strengthen and ensure balanced psychiatric topic coverage for CPD, the mental health department should develop an annual seminar plan informed by regular training needs assessments of professional staff. In addition, the routine use of simple feedback tools and systematic attendance tracking may help identify emerging learning needs and guide future seminar planning. Further studies may extend this work by examining patterns of educational participation across multiple departments and incorporating inferential statistical analyses to determine whether observed differences in participation are statistically significant.

CONCLUSION

Over the 12-month period analysed, relationships between attendance numbers at CPD presentations and thematic patterns were explored, with clinically urgent topics drawing the highest attendance. Student participation significantly increased attendance, highlighting the value of structured clinical academic rotations. Matching topics to learning needs, ensuring balance across core subject areas and sustaining multidisciplinary collaboration may further enhance the effectiveness and consistency of departmental educational activities.

Declarations

Authors' contribution: Conceptualization and design (ASE, MNN, MMO, PFO, ESS), Data acquisition, analysis and interpretation of data (ASE, MNN, MMO), Manuscript drafting and revising (ASE, MNN, MMO, PFO, ESS), Final approval for publishing (ASE, MNN, MMO, PFO, ESS)

Acknowledgments: The authors would like to acknowledge the commitment and tireless contributions of members of staff of the Mental health Department of Afe Babalola Multi-System Hospital (AMSH), Ado-Ekiti in sustaining the department's CPD activity.

Disclosure in AI use: The authors declare that artificial intelligence (AI) tools were used solely for minor language editing and to improve the clarity of some sentences in the manuscript. No AI tools were used in the generation of scientific content, data analysis, or interpretation of results. The authors take full responsibility for the content of this study.

Funding information

The authors received no financial support for writing and publication of this article.

Conflict of Interests

The authors declare no financial or personal relationships that may have inappropriately influenced the writing of this article.

Data Availability

The compilation of seminar presentations is available online.[13]

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Print ISSN: 0189-9287 Online ISSN: 2992-345X