MENTAL DISORDER: MENTAL HEALTH REMAINS AN INVISIBLE PROBLEM IN AFRICA

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ABSTRACT

The pendulum of history swings, and like other pendulum, it does not move in only one direction. Over the course of the centuries and in different societies, mental disorders have been attributed to natural factors or forces – for example, to imbalance within our bodies – or, alternatively, to supernatural ones, such as possession by demons or gods and others. It is perhaps not easy to define mental health because there is a wide spectrum of mental disorders that has to be considered. Two, the link to societal well-being has to be acknowledged since being out of sync with one's entourage is generally miserable and stressful. Based on these factors, the World Health Organization (WHO) related mental health to the "promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders". In 2005, the WHO endorsed mental health as a universal human right. Human right indeed and yet to be implemented or put into action in most African countries. As a result, mental disorders, mental health, and mental health treatment continues to be invisible in the continent of Africa. This article is focused on how people with mental health are treated, and ignored by Africans.   I hope this paper will serve as a wakeup call and also to the enlightenment the interested of the hidden problem of mental disorders in Africa.

INTRODUCTION

When I was nineteen, I had one of the most frightening experiences of my life. I was working at the Post Office, Marina Lagos after my high school education where I struck up an acquaintance with Dele, one of the full-time employees. Dele was a resent transferred employee from Abeokuta and since I was very interested in learning the local Language, we began taking breaks and occasional lunches together. I thought we were becoming good friends – but suddenly Dele changed. He avoided my company and soon stopped talking to me altogether unless our jobs required it. Even worse, I could see him staring at me from across the room in a very cold and unfriendly way; and when I passed his desk, he would glance at me and then begin muttering angrily under his breath. I couldn't figure out what was wrong, so I asked Dele if I offended him in some ways. "You know what you have done!" he grumbled between clenched teeth; and he wouldn't say another word. When I asked other employees what was wrong, they told Dele was sure that I was trying to steal his girlfriend, Toyin, and that I have been saying nasty things about him to the boss. These ideas were completely false: Toyin didn't like him and was definitely not his girlfriend, and was going steady and was not interested in another romance. Also, I knew for a fact that I had never said anything negative about him to anyone. The situation grew more and tense until one day Dele actually followed me home on the bus. He kept fingering some heavy object in his pocket, and I was sure it was a gun. When I got off the bus, I turned to face him, hoping that the crowd would prevent him from doing anything violent. Luckily, a police officer was standing close by on the platform, so Dele never got off the bus. Next day, he was not at work and I learned that he had been arrested for assaulting a neighbor; I never saw him again.

At the time these events took place (many years ago), I was interested in biology and I've often wondered whether that closed brush with violence - and with a person showing signs of serious mental illness- influenced my decision to become a clinical psychologist. I'll never know for sure, but one thing is clear: such problems are as fascinating as they are disturbing. At this point, I should note that several different terms have been used to describe problems such as the ones shown by Dele; terms such as abnormal behavior, mental illness, and psychopathology, to mention just few.

That been said, most psychologists do agree that mental disorders include the following features. First, they involve patterns of behavior or thought that are judged to be unusual or typical in the society. People with these disorders don't behave or think like most others, and these differences are often apparent to the people around them. Second, such disorders usually generate distress- negative feelings and reactions in the persons who experience them. Third, mental disorders are maladaptive –they interfere with individuals' ability to function normally and meet the demands of daily life. Combining these points, we can define mental disorders as disturbances of an individual's behavioral or psychological functioning that are not culturally accepted and that lead to psychological distress, behavioral disability, and /or impaired overall functioning (Nietzel et al., 1998)

A **mental** disorder, also called a **mental illness** or **psychiatric disorder** is a mental or behavioral pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life (disability), and which is not developmentally or socially normative. Mental disorders are generally defined by a combination of how a person feels, acts, thinks, or perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context. Mental disorder is one aspect of mental health, (Jenkins, R., McCulloch, A., 2002).

The causes of mental disorders are varied and in some cases unclear, and theories may incorporate findings from a range of fields. Services are based in psychiatric hospital or in the community, and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Clinical treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options, as are social interventions, peer support and self-help. In a minority of cases, there might be involuntary detention or voluntary treatment, where legislation allows.

Stigma and discrimination can add to the suffering and disability associated with mental disorders (or with being diagnosed or judged as having a mental disorder), leading to various social movements attempting to increase understanding and challenge social exclusion. In October, 2012, Human Right Watch released a damning report which documented the inhuman treatment of GhanianS, sufferers of mental illnesses. In a country where an estimated three million people live with mental disabilities, the report described the overcrowded and unsanitary conditions of three public psychiatric hospitals. The report also sheds light on so-called spiritual healing centers, presided by independent faith healers. Nearly all patients in the eight centers inspected were chained to trees by their ankles and left to, urinate, defecate and bathe in that same spot. Some of the patients have been chained as much as five months and some were less than ten years old, (HRW, 2011).

According to Human Right report, 2011, South Sudan, Africa's newest state, has no mental health facilities. To deal with South Sudanese people who suffer from mental illness, its

government resorts to putting them in jail. From mid-2011 to mid-2012, 90 South Sudanese were in prison only because they appeared to have mental disabilities. The relatively more stable Uganda has in some cases adopted the same strategy. The Uganda government is still keeping behind bars people not found guilty of charges place against them on the grounds of insanity. Prevention is now appearing in some mental health strategies (A 2008 report compiled by the WHO).

The main barrier to preventing these violations is the stigma attached to mental disorders in most of Africa countries. A survey conducted at Ekpoma and Irrua in Edo State, Nigeria qualitatively illustrated this stigmatism. 250 people interviewed acknowledged that their primary response to mental illness was fear, avoidance, and anger. In a public survey conducted in South Africa showed that most South Africans attributed mental illness to stress or lack of willpower rather than medical disorders. The stigma attached to mental illness sadly dissuades people from seeking treatment, leaving them alone and helpless with a limited hope of recovery. To bring down this barrier, governments, health institutes and professionals should not only work to change public attitudes but should also advocate the rights of people with mental disorders.

Until African states face the underlying problem of poverty and social stigma, they cannot address the issues of mental health, (Article: September 2011, Anthea Gordon). The way different languages in various African States are used to conceptualize mental illness is essential to its understanding and treatment. For example, in Ekpoma, a University City in Edo State, Nigeria, there is no Esan (the local language) equivalent for the English term "counselling". Instead, a discussion among local health workers leads to a range of alternative expressions, from "oror gbelokhegbe" (to guide someone to reach a conclusion). "Ehalen to men" (to assist a person realize his problem, to solve it and accept it), and "Mie pka le" (to support). A study in Nigeria (Interview) sets out to assess level of depression in a community, only to realize the term "depression" is not culturally appropriate; instead the term "ovbaho- emo egbole"-hating oneself/pity oneself are used.

A lack of mental health policy, as well as social stigma have meant that in most part of Africa, mental illness is a hidden issue. Without developing a language to discuss the problem, avenues to treatment and understanding of the phenomena in an African context remain seriously under the carpet.

No Health without Mental Health

In most African countries, mental health is seen as a peripheral and isolated issue. With other immediate physical health pressures, such as improving infant mortality and reducing AIDS rates, mental health does not necessarily rank as a priority (Punch daily news, Nov. 2006). However, this approach is deeply misguided. 14% of the global burden of this disease is attributed to mental illness – which includes a broad spectrum of diagnoses from common mental illnesses such as anxiety and substance abuse, to severe illnesses like psychosis. Mental health well-being is closely associated to several Millennium Development Goals, with areas as broad as education, mental health, HIV and poverty all entwined with the problem of mental illness.

Dr. Jude Umbodile, Professor and chairperson at the Department of Behavioral Sciences at Fisk University, Nashville, (2009) wrote that "mental health is a deeply stigmatized area in most if not all of Africa." An investigation in Nigeria showed that the participant's primary

response to a person with a perceived mental illness was fear, followed by avoidance and anger. This suggests a lack of education about the reality of mental illness. More seriously than this, sufferers of mental illness are vulnerable to <u>human rights</u> violations, to physical and emotional abuse and from discrimination both from health workers and the wider community (WHO report 2009).

Poverty and Mental Health

According to Vikram Patel, a Global Mental Health Expert and Professor at the London School of Hygiene and Tropical Medicine, there is no question that several forms of social disadvantage make people more vulnerable to a range of mental health problems. Mental illness and poverty exist in a "bi-directional relationship", he said. Click Lund, Professor and researcher at the Department for Psychiatry and Mental Health, agreed. He wrote that poverty and mental health are "completely intertwined"; so people living in poverty are more vulnerable to mental illness, while those with pre-existing mental illnesses are more likely to become trapped in poverty due to decreased capacity in everyday functions.

Post-conflict Sierra Leone established child-soldier rehabilitation project which provided counselling and support to children traumatized by war, and the prevalence of gender-based violence in the Congo has resulted in the establishment of "listening house" where women could talk through their experiences in a safe environment. However, Professor Patel suggested that though war, violence and insecurity lead to an increased risk of mental health problem, the strength of the community with practical as well as psychological support could mitigate the effects of instability.

Traditional Solutions

Traditional healers/solution could not be overlooked in African (Eromosele, O., Presentation on African Herb 1999). Traditional healers provide some support, with a range of treatments including the enactment of rituals which try to maintain the well-being of a whole community. However, their role in healthcare is controversial. Their methods differ from conventional western approaches based on psychiatric science. This has provoked considerate debate about the cultural appropriateness of imposing western ideas about mental illness on African, and provoked challenges from western psychiatrists to the medical success and accountability of healers.

Vikram Patel is positive about the cooperation between traditional and conventional health workers. He says that "traditional medicine already exist alongside biomedical treatment, and complementary healers should be working in a mutually respectful relationship with other health workers as part of the health system, sharing a common goal for helping people address their mental health problems." Dr. Hobfall added, "West also has much to learn from Africa in terms of collective spirit and collective support. Often we should be looking at the most healthy communities and families in any culture and model care after them."

Importantly, the approaches of traditional healers hint at the differing conceptions of mental health throughout Africa. This is in turn indicative of a cultural diversity which requires an equally diverse and sensitive response. The stigmatization of mental illness is difficult to address, but can only be changed through increased awareness, greater prioritization of treatment and enhanced support and education. Alongside the complex nature of mental illnesses themselves and their interaction with social situations, there is a need for "multi-

sectorial development efforts", which means there is a quick-fix solution for the problem of mental health treatment in Africa.

Filling the Mental Health Treatment Gap

Faced with the scale of the mental health treatment gap, most developing countries dedicate less than 2% of government budgets to mental health care-the provision of services needs major development, (WHO, 2008 report). According to a study by the Grand Challenges in Global Mental Health initiative, the biggest barrier to global mental healthcare is the lack of an evidence based set of primary preventive intervention methods.

Starting to address the research gap is the University of Cape Town's recent Mental Health and Policy Project (MHAPP), which ran from 2005 to 2010. This aimed to "develop, integrate and evaluate mental health policy" in Uganda, South Africa and Ghana. However, Click Lund, Project Coordinator for MHAPP, explains that once polices are developed they will remain a "largely hypothetical concept" until important "intervention research" is completed to discover how best to translate them into practice. This is 2013 and the Project, MHAPP is yet to be implemented.

CONCLUSION

Without engaging government and integrating mental health treatment into pre-existing Primary Health Care, little change will occur. In order for integration to succeed, however, attitudes towards mental illness need to be transformed. Practices such as using community health workers and peer-based support to treat less severe mental illnesses offer pragmatic solutions to improving on the significant lack of trained psychiatric specialists. A cross-cultural approach which takes into account the requirements of individual communities is essential. It should also incorporate both local practices and local languages used to express individual mental health needs. All this is only achievable if mental illness in Africa is promoted as a major health and social priority. The absence of the issue of mental illness from the Millennium Development Goals, the lack of mental health champions in Africa and the lack of a consistent and coherent message about mental ill-health have ensured it has remained untreated.

Slowly, the scale of the challenged posed by mental ill-health is being acknowledged. The World Health Organization (WHO) recently published the MHGAP Intervention Guide for improving treatment, while in South Africa the upcoming conference Africa Footprint in Global Mental Health 2011 points toward the beginning of a public discussion. Yet this discussion needs to move beyond health specialists and into African governments, communities and the wider global media, so that hopefully, the mental health treatment gap can be filled

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