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EDITORIAL

Mental health in Africa: Findings from the Mental Health and Poverty Project

This issue of the *International Review of Psychiatry* draws attention to the neglected priority of mental health in Africa. While substantial resources have been mobilized by the international donor community to provide support for HIV/AIDS, tuberculosis and malaria on the African continent, the growing burden of mental, neurological and substance abuse disorders remains largely ignored. This is reflected in the priorities of African ministries of health. The majority of African countries (70%) spend less than 1% of their meagre health budgets on mental health (WHO, 2005a), and most of those budgets are consumed in large, colonial-era custodial psychiatric institutions, contrary to growing evidence for cost-effective community-based interventions (Patel et al., 2007).

Against this disturbing trend, in 2005 the Department for International Development (DfID) funded a large research programme consortium (RPC) to address mental health in Africa over a 5-year period. This consortium, the Mental Health and Poverty Project (MHaPP), set out to examine mental health policy development and implementation in Ghana, South Africa, Uganda and Zambia (Flisher et al., 2007). In doing so, it hoped to build the evidence base for policy level interventions that could address the vicious cycle of poverty and mental ill-health evident in many low- and middle-income countries (LMICs) (Lund et al., 2010).

In this issue we are happy to report some of the findings from MHaPP, pertaining to a diverse range of themes. These include depleted human resources and mental health systems in Zambia; opportunities for drawing on local resources, such as traditional healers in Ghana; human rights and mental health in Uganda; perceptions of the causes of women's mental illness in Ghana; the integration of mental health into primary health care in Ghana, South Africa and Uganda; the involvement of mental health service users in policy development in South Africa; the extent of inter-sectoral collaboration for mental health in South Africa; and the links between mental

health and the United Nations' Millenium Development Goals (MDGs) in sub-Saharan Africa. Most of the studies gathered data through semi-structured interviews and focus group discussions with a wide range of stakeholders in the study countries, and some also made use of the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) version 2.1 (WHO, 2005b) and secondary data analysis.

In a study of Zambian mental health services, Alice Sikwese and her colleagues report on the shocking depletion of human resources for mental health care in Zambia. There are currently three psychiatrists for a population of approximately 12,000,000 people, and these specialists are based largely in the country's only psychiatric hospital. Of great concern is that there are currently no training programmes for psychiatrists or psychologists in Zambia, and very limited training of general nurses and clinical officers in mental health.

Kenneth Ae-Ngibise and his colleagues explore the potential for collaboration between traditional healers and public sector mental health services in Ghana. Traditional healers are widely used in Ghana, due to the congruence between local beliefs regarding the causes of mental illness and the explanations provided by traditional and faith healers, the psychosocial support afforded by such healers, as well as their availability, accessibility and affordability. Although appealing in principle, collaboration may be difficult due to human rights and safety concerns, scepticism by traditional healers regarding the effectiveness of 'conventional' treatments, and traditional healer solidarity. Nevertheless Ae-Ngibise et al. argue that collaboration may be possible, for example in the form of cross-referrals, provided both formal and traditional service providers are open to engagement and learning from each other.

In the same theme of mobilizing sectors beyond the health sector to address mental health, Sarah Skeen and her colleagues document the extent of

548   *Editorial*

inter-sectoral collaboration for mental health in South Africa. Drawing on the suggestions of over 100 stakeholders, the authors outline roles and responsibilities for a range of key sectors including health, education, labour, social development, police services, correctional services, justice, housing, local government and transport. They stress the key role of high level political commitment and leadership by the health sector in this process.

Using a human rights framework, Sara Cooper and colleagues examine the current mental health system in Uganda. Although a draft mental health policy has been developed, which is in line with international human rights standards, the current legislation provides scant protection for human rights. The authors report several forms of human rights violations against the mentally ill in Uganda, from emotional and physical abuse, to neglect through inequitable mental health services, to exclusion from the mainstream of Ugandan society through endemic stigma and discrimination. The study calls for a range of measures to protect and promote human rights among the mentally ill, as ethical and public health imperatives.

In a study linked to the theme of stigma and human rights, Angela Ofori-Atta and colleagues report on common understandings of women's mental illness in Ghana. Drawing from interviews with 120 key stakeholders in the country, the study reveals that mental illness is attributed to a variety of causes. These can be clustered under three broad categories: women's inherent vulnerability, witchcraft, and gender disadvantage. The authors argue that there is an urgent need to recognize the way in which women's subordinate social and economic position contributes to their mental distress. The study provides valuable proposals regarding the manner in which policy can better recognize, accommodate and address the mental health needs of women in Ghana and other low-income African countries.

The delivery of appropriate, affordable and evidence-based mental health interventions through primary health care (PHC) is crucial to realize the recommendations set out in the landmark 2001 World Health Report (WHO, 2001). In their article, Arvin Bhana and his colleagues assess the extent to which the recommendations of the World Health Report have been attained in three of the MHaPP study countries: Ghana, South Africa and Uganda. They conclude that significant challenges remain in integrating mental health into PHC. These include poor or uneven implementation of policy, inadequate access to essential drugs, lack of training for general health providers and insufficient support from mental health specialists.

Sharon Kleintjes and colleagues explore the possibilities for the involvement of mental health service users in mental health policy in South Africa. Drawing on interviews with 96 stakeholders throughout the country, the authors highlight the manner in which service users have remained marginalized from policy processes, despite the advent of a democratic dispensation in 1994. Based on stakeholders' proposals, Kleintjes et al. set out a number of strategies for enhancing user participation, including social action directed at reducing stigma, advocating for acceptance of users' rights to participate in decision making, crafting a supportive regulatory framework to promote participation, and equipping providers and policy makers to support inclusion.

Finally, Sarah Skeen and her colleagues make a compelling case for the link between mental health and the MDGs. Drawing on a range of secondary data, the authors argue that not only will limited progress in achieving the MDGs have a significant impact on mental health, but it will be impossible to achieve some of these aspirations in the absence of addressing mental health concerns. Systematically documenting evidence for the link between mental health and MDGs 1, 2, 3, 4, 6 and 7, Skeen et al. recommend specific steps that need to be taken to include mental health on the international development agenda. These include increasing the profile of mental health as a human development issue; developing our knowledge about the links between mental health and the dimensions of human development outlined in the MDGs; examining the extent to which development projects impact upon population mental health; and including mental health in international development targets beyond 2015.

Many of the studies in this special issue draw attention to the scandal of human rights abuses and neglect that appear to be the hallmark of mental health care in Africa. Contrary to previous studies which have reported that the stigma of mental illness is less severe in 'non-western' societies (Fabrega, 1991), the reality depicted by this research portrays a far more disturbing picture of widespread stigma and discrimination, particularly against women living with mental illness. This presents a challenge, not only to African countries, but also to those involved in providing health and development aid to the continent. People living in poverty with mental illness suffer extreme forms of exclusion and marginalization, and their inclusion in international development initiatives is crucial. To borrow from the writings of Amartya Sen (Sen, 1999), mental health is both a means to, and an end of development, without which the freedom promised by development will remain elusive. We can no longer afford to ignore mental health as a building block of population health, and of social and economic development.

The findings of these studies have formed the basis of a series of interventions which have been conducted in the second phase of MHaPP. Working in partnership with ministries of health, the interventions have included the development of national mental health policies in Uganda and South Africa; the reform of mental health legislation in Ghana, Uganda and Zambia; the development of strategic plans in the Northern Cape, South Africa and Uganda; the development of mental health information systems in Ghana and South Africa; and district demonstration projects for integrating mental health into PHC in all four countries. The lessons learnt from these experiences have been written up as case studies, which are available on the MHaPP website (www.psychiatry.uct.ac.za/mhapp) and will be published in peer-reviewed journals.

One of the major objectives of MHaPP was to build capacity for mental health research in the four study countries. This has been partly realized through the publication of this special issue: many of the lead authors in this issue are publishing for the first time as lead authors in peer-reviewed publications. The range and quality of the work presented here is encouraging for further development of mental health policy and services research in Africa. I would like to particularly acknowledge Sara Cooper, who played a key role in providing writing and editorial support to all the country teams.

To conclude, I would like to pay tribute to Professor Alan J. Flisher who was the Director of MHaPP from its inception until his untimely death from leukaemia in April 2010. His vision for MHaPP, and his role in providing mentorship, supervision and support to many within the consortium, has been pivotal. We dedicate this issue to his memory.

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References

Fabrega, H. (1991). Psychiatric stigma in non-western societies. *Comprehensive Psychiatry*, *32*, 534–551.

Flisher, A. J., Lund, C., Funk, M., Banda, M., Bhana, A., Doku, V., . . . , Green, A. (2007). Mental health policy development and implementation in four African countries. *Journal of Health Psychology*, *12*, 505–516.

Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., . . . , Patel, V. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Social Science & Medicine*, *71*, 517–528.

Patel, V., Araya, R., Chatterjee, S., Chisholm, D., Cohen, A., De Silva, M., . . . , Ommeren, M. (2007). Treatment and prevention of mental disorders in low-income and middle-income countries. *Lancet*, *370*, 991–1005.

Sen, A. (1999). *Development as freedom*. Oxford: Oxford University Press.

WHO (2001). *Mental health: New understanding, new hope*. Geneva: World Health Organization.

WHO (2005a). *Atlas: Mental health resources in the world*. Geneva: World Health Organization.

WHO (2005b). *WHO Assessment Instrument for Mental Health Systems (AIMS)*, version 2.1. Geneva: World Health Organization.