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Why Mental Health Care in Africa needs the Spotlight!

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Short Review

Mental health refers to state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn, work, and to contribute to their communities [1]. Mental illness consists of diagnosable mental conditions, that are categorized by irregularities in thought processes, feelings and behaviours. Over 970 million people worldwide suffer from a mental health disorder; anxiety and depression being the most prevalent [1]. Half of the global mental disorders begin at age 14 with non-specific psychosocial disturbances that can significantly progress to any form of mental health disorder accounting for 45% of the global disease burden in ages 0-25 years [2]. Additionally, the COVID-19 pandemic has increased the burden of mental health disorders due to the psychosocial effects [3,4]. The inclusion of mental health in global health policy has gained momentum in recent years [5]. But, despite this commendable interest, there are still considerable gaps in investment, access, the viability of mental health interventions and collaborative efforts among mental health experts [6].

Africa with its high HIV burden compounded by the CO-VID-19 pandemic and limited resources, has neglected mental health to focus on other issues including communicable diseases, noncommunicable diseases like hypertension and diabetes, socioeconomic stressors (poverty, conflict, war, religious beliefs and dependency), and poor awareness [7,8]. Suicide, a consequence of mental illness, is reported to occur in six African countries out of the ten nations with highest rates of suicide in the world. There are typically 20 suicide attempts in Africa for every suicide that succeeds [9]. Since the COVID-19 pandemic, the prevalence of common mental disorders such as anxiety and depression has increased in Africa [10]. Furthermore, projected socio-demographic realities with the potential to exacerbate the region's mental-health burden include the continent's population which is expected to double over the next three decades, putting even more strain on the region's young people, who are already struggling to succeed in fiercely competitive job markets [11]. Consequently, young people in Africa may experience psychological issues because of their failure to achieve their goals, and some could turn to suicidal attempts or substance abuse to cope [12]. Furthermore, because mental and physical health are linked, mental illness can impair ability to manage chronic and infectious diseases [7]. Thus, addressing the burden of mental illness in Africa requires identifying treatment barriers and creating mitigation plans [7,12,13].

There is a significant disparity in Africa between the number of people who require mental health care and those who can obtain it [14]. Recent statistics report 14 outpatient visits to the health facilities annually per 100,000 people. In countries such as South Africa, Kenya, Nigeria, and Ethiopia, 75% to 95% of people with mental disorders are unable to access mental health services. [14] Cost of medical care, limited access, and lack of knowledge of the best mental health provider to seek have all been linked to inadequate linkage to care [12,13]. With regards to the health system, several indicators point to an already fragile African mental health system that has been further weakened by the impact of COVID-19 [15] and a dearth of research into mental health problems compared to developed regions like China [12]; an inadequate specialized mental health workforce compared to the population who needs the services – in 2014, there were 1.4 mental health expert per 100,000 population [12] and 1 psychiatrist for every 500,000 population in 2022 [16]. Low implementation and adoption of mental health policy is another issue, for example, less than half of all sub-Saharan African countries have an official adopted mental health policy; less than 1% of healthcare spending in the region is dedicated to mental health; and integration of mental health into primary care is either non-existent or in the pilot-implementation stage [17]. Complicating this poor health systems

state is widespread ignorance around the nature and dynamics of mental health problems by the general population triggered by preponderance of supernatural and extra-terrestrial views about the causation of mental disorders and a consequent preference for unproven, but cultural, religious and traditional endearing, alternative mental health services [18,19]. Stigma is also rife, fueled by stereotypes of mental illness as forms of affliction by malevolent spirits or a retribution for wicked acts. Thus, poor mental health literacy and associated stigma contributes to the few available mental health resources in the region being underutilized [13].

Consequently, there is a compelling need for continued discussion about how to strengthen the Africa's mental-health system and utilization. As an urgent call for action in Africa, we suggest that policy makers and stakeholder prioritise the mental health field taking into consideration provision of increased-services for screening, diagnosis, management, mental health support, reduction of stigma attached to mental illnesses, prevention strategies to avoid mental disorders, mental health education, a patient-focused, restorative rehabilitation that incorporates both mental and physical medical treatment and task shifting, especially in the primary healthcare settings.

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