

Transforming Mental Health Care in Africa: Challenges, Innovations, and Policy Recommendations

Mental Health Experts delve into the complexities around mental health in Africa, examining challenges, innovations, and policy recommendations with potential to shape Africa's mental health care future.

Introduction

Mental health as defined by the World Health Organization (WHO) entails a state of well-being where an individual can fulfill their potential, effectively manage daily stressors, cultivate strong, supportive relationships, make purposeful decisions, work productively, and contribute positively to their community². Mental health exists on a continuum: at one end lies optimal mental well-being, and at the other, severe mental disorders. The impact of suboptimal mental health, even in the absence of explicit mental disorders, is a subject that remains unaddressed².

Africa faces various triggers of mental health problems, including chronic diseases like HIV/AIDS, domestic and political violence, civil wars, widespread poverty, and the aftermath of colonization³⁻⁶. These factors lead to common mental health problems such as depression, anxiety, suicide, alcohol and drug abuse, which prevent Africans from reaching their full potential, being productive, and contributing to community development².

In Africa, culturally sensitive mental health care is crucial. It involves respecting and understanding diverse cultural beliefs, values, and attitudes, and adapting interventions accordingly. This approach significantly influences our perception and experience of mental health, and can greatly impact treatment outcomes⁷. Certain cultural practices may intensify mental health issues, necessitating collaboration with cultural leaders to modify these practices, ensuring both cultural preservation and mental health promotion⁸. Understanding cultural nuances is key to delivering effective, sensitive care. Given the continent's cultural

diversity, mental health care must be customized, not simply adopting models from elsewhere. This article delves into these complexities, examining challenges, innovations, and policy recommendations with potential to shape Africa's mental health care future.

Challenges in African Mental Health Care

The lack of political will to invest in mental health care is a significant challenge. According to WHO, poor access to mental health care in many African countries is due to low government investment, with African governments allocating less than 50 US cents per capita to mental health, well below the recommended US\$ 2 per capita for low-income countries⁹. This underinvestment leads to a lack of data, which contributes to an under appreciation of the disease burden in countries across the continent.

The colonization of our health systems by western researchers⁸, who often prioritize their own research programs and interventions over supporting home-grown solutions, has not only undermined the efficacy of local interventions, but also failed to appreciate the unique cultural contexts within Africa that promote and reserve our mental health⁹.

The link between physical and mental health, especially in relation to illnesses like COVID-19 and HIV/AIDS, has been largely overlooked. It is known that one in three individuals living with HIV in Sub-Saharan Africa experiences significant depression symptoms, impacting treatment adherence¹⁴. Yet, comprehensive HIV/AIDS programs have been implemented for over four decades without a mental health component. It wasn't until 2015 that WHO updated its HIV care guidelines to include depression management among people living with HIV in Africa¹⁵. Moreover, the UNAIDS Programme Coordinating Board only addressed "Mental Health and HIV/AIDS" for the first time in 2018¹⁶.

Increased reports of anxiety, depression, and insomnia were reported during the COVID-19 pandemic¹⁷. Indeed, a recent systematic review of African studies that documented mental health issues during the pandemic reported that more African adults suffered from depression rather than anxiety and insomnia during COVID-19 compared to adult populations in other countries/regions¹⁸. The COVID-19 pandemic has no doubt accelerated the efforts to integrate mental health into chronic disease services in some African countries¹⁹.

Etheldreda Nakimuli Mpungu PhD¹; Catherine Abbo PhD¹; John B Nachega, PhD^{2,3,4}; Ed J, Mills, PhD⁵; Seggane Musisi FRCP(C)¹

Affiliations

¹Department of Psychiatry, College of Health Sciences, Makerere University, Kampala, Uganda

²Department of Epidemiology, Pittsburgh Graduate School of Public Health, University of Pittsburgh, United States

³Stellenbosch Center for Infectious Disease, Department of Medicine, Stellenbosch University, South Africa

⁴Department of International Health, Bloomberg's School of Public Health, Johns Hopkins University, USA

⁵Department of Clinical Epidemiology & Biostatistics, McMaster University, Hamilton, ON, Canada



A healthworker assessing a patient's mood. Courtesy of UNHCR-Rocco Nuri

Innovations in African Mental Health Care

Innovations in mental health care in Africa have been pivotal in addressing the unique challenges faced by the continent²⁰. One such innovation—the WHO-recognized SEEKGSP initiative, a culturally sensitive group support psychotherapy (GSP) program, has been instrumental in addressing Africa's unique mental health challenges. It effectively treats mild to moderate depression, reduces stigma, improves income, enhances social connections and emotional support, and increases positive coping skills^{21,22}.

The GSP program, designed to empower individuals emotionally, socially, and economically, consists of eight gender-specific weekly sessions. Topics include depression and HIV, problem-solving skills, skills for coping with stigma and discrimination, and livelihood skills. Each session is reinforced with practical assignments²³. The GSP program uniquely reduces mental health stigma and boosts income generation²⁴. It fosters community among individuals with similar mental health struggles, enhancing social connections and support, contributing to its success.

The program has shown significant potential for dissemination and integration into existing HIV service delivery platforms. The effectiveness of GSP in treating depression has been demonstrated in two trials^{21,25}. Our latest research uncovers groundbreaking evidence demonstrating that GSP can improve not only mental health but also physical health outcomes among people living with HIV. Our study shines a spotlight on the integral connection between the mind and the body, challenging us to rethink the conventional paradigms of medical care, particularly for those living with chronic conditions like HIV²². Depression, a widespread issue in this demographic, is known to impair treatment adherence, thereby exacerbating the illness and diminishing the

quality of life. The crux of the trials was not only to treat depression but also to examine its downstream effects on HIV outcomes.

GSP was not just effective against depression but also significantly improved antiretroviral therapy (ART) adherence, leading to better viral suppression. The beneficial effects of GSP on viral suppression were mediated by a reduction in depression followed by improvement in ART adherence. Additionally, we observed a significant reduction in recurrent infections among participants engaged in GSP. This effect was mediated through a sequential reduction in stigma and depression²⁴. By providing an environment that allowed open communication and mutual support, GSP effectively alleviated the stigma associated with HIV, which in turn reduced depression and improved physical health outcomes. Our findings highlight the vital role of comprehensive mental health care in HIV management, improving disease control by addressing conditions like depression. The success of GSP emphasizes the need for integrating mental health interventions in standard HIV care protocols, enhancing treatment outcomes by reducing depression and stigma. Indeed, a supportive stigma-free environment is crucial for individuals with HIV, particularly in Africa where stigma impedes HIV treatment access and adherence.

The WHO Mental Health Gap Action Programme (mhGAP) and the 2013-2020 Comprehensive Mental Health Action Plan have catalyzed mental health research in Sub-Saharan Africa, aiming to close treatment gaps in low-resource settings through increased funding and human resources²⁶. Notable WHO-endorsed African mental health initiatives include Ethiopia's Erq Ma'ed, a social enterprise using talk radio and counseling to enhance mental health, offering free support to over 2000 people annually²⁷. In Zimbabwe, the Friendship Bench

provides individual problem-solving therapy by trained grandmothers in discreet primary care clinic locations²⁸.

These local solutions are transforming Africa's mental health landscape. They emphasize the mind-body connection, advocating for holistic healthcare. Addressing mental health disorders is not optional but an integral part of effective HIV services. The GSP program exemplifies how culturally sensitive interventions can revolutionize African mental health care. It provides hope for Africans facing mental health challenges and highlights the need for policy and practice reforms.

Policy Recommendations:

We propose policies to support the implementation of innovative mental health interventions like the GSP based on WHO recommendations. Promoting mental health literacy would foster better understanding and utilization of local interventions like the GSP program. However, it requires nationwide educational campaigns to dispel myths and reduce stigma around mental health disorders, providing comprehensive information on symptom recognition and help-seeking routes. The Mental Health Leadership and Advocacy Program (mhLAP) in Anglophone West Africa exemplifies such initiatives²⁹.

Integrating mental health services into primary care provides an excellent platform for implementing home grown interventions. Primary care settings often serve as the first point of contact for individuals seeking help for mental health issues. If GSP is offered as a treatment option in these settings, it can reach more people and have a broader impact. This will ensure that mental health disorders are detected early and treated promptly. It will also make mental health care more accessible and reduce the stigma associated with seeking mental health treatment.

Investment in mental health research is crucial. Evidence supports psychological interventions as the first-line treatment for common mental health problems in Sub-Saharan Africa³¹. Antidepressants have shown no advantage over placebo in Africa, and significant challenges exist for their use³¹. Factors influencing intervention effectiveness include client load per intervention deliverer, number of active ingredients, and contextual influences. Interventions with significant effects often have a lower client load and a higher number of active ingredients³¹. Stakeholder buy-in also affects intervention effects, with community sensitization and involvement in intervention design increasing adherence. However, most studies are preliminary, and the effectiveness of these treatments is not definitive. Increased funding from African governments and philanthropists can ensure definitive trials are conducted to determine intervention effectiveness, leading to improvements and wider adoption.

To improve mental health services' accessibility, policies should increase public services funding, subsidize private services, and introduce tele-psychotherapy³². Digital interventions can address biases towards seeking mental health and workforce shortages, reducing cost and time burdens³³. Ongoing efforts are promising³⁴. An electronic screening tool in

Namibia successfully detected harmful alcohol use in HIV patients on antiretroviral medication³⁵. In Uganda, Makerere University is evaluating the effectiveness of psychotherapy using mobile phones among urban youth³⁶. Continued evaluations are needed to establish the clinical significance of digital interventions for specific mental health disorders in Sub-Saharan Africa.

Implementing mental health promotion and prevention programs can effectively address mental health disorders. This could involve school-based programs teaching coping skills to children and adolescents, workplace programs promoting work-life balance, and community programs supporting individuals at risk of mental health disorders. Policies should guide cultural leaders in reevaluating practices potentially harmful to community mental health, such as promoting violence towards women or endorsing child marriages^{37,38}. Policies mandating cultural leaders to revise such practices can contribute to a healthier community.

There's a need for policies supporting thorough evaluation of school-based interventions to gather evidence on their effectiveness and mechanisms of action³⁹. These approaches require a proactive approach to mental health, prioritizing prevention and health promotion, while also respecting cultural contexts and fostering positive change from within. Policies ensuring equitable and accessible mental health services for all, irrespective of race, ethnicity, socioeconomic status, or location, are crucial. Addressing socioeconomic disparities through policy changes can alleviate mental health stressors.

Interventions like group support psychotherapy can combat poverty, income inequality, and social exclusion, fostering a supportive mental wellbeing environment. Insurance reforms, such as mandated mental health coverage, parity with physical health coverage, and expanded public insurance programs, are vital for accessible, affordable mental health services. These reforms can eliminate financial barriers to mental health care and promote service provision in non-traditional settings like community centers and schools. Research indicates that strong mental health laws during childhood and adolescence can reduce adult mental health visitations, easing the burden on payors and consumers. Implementing these policies can support innovative African mental health interventions, leading to improved individual and community mental health outcomes⁴⁰.

Conclusion

The need for culturally appropriate, inclusive treatments that ensure equitable access within existing health systems is emphasized. The Movement for Global Mental Health should prioritize fairness, supporting local, gender-inclusive therapies rooted in African norms and traditions, crucial for maintaining African mental health.

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