

Rethinking the language of mental healthcare in Africa

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vercoming mental health challenges isn't just a matter of personal well-being but a crucial element in creating robust, peaceful and prosperous societies worldwide, including in Africa. This was underscored earlier this month on World Mental Health Day.

For generations, Africans have faced sustained adversities due to insecurity, humanitarian crises and colonial repression. Communities have had to cope with continued trauma stemming from genocides, insurgencies, terror attacks, political turmoil, socioeconomic disparities and religious and ethnic discrimination. Trauma in Africa is often [transgenerational](#), affecting the collective mental well-being.

According to the World Health Organization (WHO), in 2022, more than 280 million globally were living with depressive [disorders](#), and 85% of those in developing countries had no treatment for mental health issues. Given that most Africans suffering from anxiety, depression and post-traumatic stress have limited access to mental healthcare, these statistics should be treated with caution. Stigmas also hinder the complete representation of mental health issues.

According to a recent report exploring the United Nations' (UN) renewed approach to transitional [justice](#), mental healthcare and psychosocial support services are pivotal across Africa. They can bridge gaps in development, humanitarian efforts, violence prevention and post-conflict transformation. By providing these services, nations and communities can foster individual well-being and societal resilience, and find a path towards lasting peace.

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However, in the face of Africa's many development and governance problems, mental healthcare is underprioritised and underfunded. Most African states haven't achieved the WHO's Mental Health Action Plan goals, and despite 25% of African countries having [revised](#) or developed mental healthcare legislation, it is still the second-lowest-performing region.

A significant obstacle to providing mental health and psychosocial support services throughout Africa is the lack of financial support from governments and human resource deficiencies. On average, African ministries of health [allocate](#)

only about 90 US cents per person for mental health – up from US 10 cents reported by the UN Children’s Fund in 2016.

According to WHO, Africa has an [average](#) of 0.1 psychiatrists per 100,000 people. In some European [countries](#) and the US, expenditure is much higher, generally averaging several hundred to more than \$1,000 per capita annually.

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Another challenge in Africa (and elsewhere) is the abundance of gender-, religious- and culture-based stigmas that prevent individuals from seeking help or participating in psychosocial support workshops. [Stigmas](#) usually arise due to misinformation, ignorance and a lack of awareness of mental illness and trauma. Mental health is a socially constructed concept, so different cultural, religious and ethnic groups have various ways of conceptualising it and deciding which interventions are appropriate.

Due to a lack of [conversation](#), mental illness and trauma are often disapproved topics, so they attract stigmas. This discourages open discussions and efforts to address the issues, furthering stigmatisation.

Worldwide, people dealing with mental health issues encounter [discrimination](#), isolation and sometimes violence. Traditional notions about the origins of mental illnesses can sometimes result in detrimental actions like exorcisms or isolation rather than relying on evidence-based treatments. Eliminating stigma and fostering awareness can encourage individuals to seek help without worrying about negative consequences.

A UN report on integrating psychosocial support into peacebuilding says practitioners should reconsider the language used in Western, individualised and medical concepts of mental health.

Uganda provides useful insights into one country’s challenges. Stigma, poverty and drug abuse are highlighted as leading contributors to the country’s mental health problem. The historical backdrop of instability and slow economic development has rendered Ugandans, like those in other conflict-affected nations, more susceptible to mental health issues.

Traditionally in Uganda, mental health disorders were widely believed to be caused by external spiritual forces including satanic powers, curses and bewitchment. *Omulalu* is the term used to refer to someone with mental health challenges, literally translating as ‘mad’, ‘crazy’ or ‘insane’. Local beliefs around causation, strong local terminology and the resultant stigma partly explain why those with illnesses are hesitant to seek treatment.

Read more in Daily Maverick: [SA's new mental health plan and the problem of stigma](#)

The Ugandan health ministry [reported](#) that one in three Ugandans had a mental illness, which calls for immediate remedial action. There is an ongoing effort to review the Mental Health Act, which human rights groups and civil society organisations said was colonial and discriminatory. Improving funding for regional mental healthcare is an important step towards addressing the problem.

Measures to tackle stigmas include integrating mental health into primary healthcare and using community education to focus on terminologies, signs and symptoms. Uganda's Village Health Teams engage vulnerable communities and incorporate cultural strength and resilience into the assessment and training of caregivers. Other practitioners have developed handbooks for religious leaders on how to offer timely and informed psychosocial support and make faith spaces safe for those seeking help.

The role of language is crucial. The UN Development Programme [report](#) on integrating psychosocial support into peacebuilding says practitioners should reconsider the language used in Western, individualised and medical concepts of mental health. They should instead promote collective approaches that focus on communities or groups as beneficiaries. While some mental illnesses may need individualised treatment, group approaches are less affected by stigma. Practitioners can also reduce stigma by using language relevant to the local environment.

International, government and local-level stakeholders should jointly secure funding for research to understand the scale and complexities of Africa's mental health challenges. This will enable the delivery of suitable mental health assistance and help reduce stigma. **DM**

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