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Critical Review Article

Mental Illness: Global African and Ethiopian Perspectives

Liranso G Selamu[1]* and Mohan S Singhe[2]

[1]PhD Scholar: Mangalore University, India
[2]Assistant Professor: Mangalore University, India

***Corresponding Author**: Liranso G Selamu, PhD scholar, Mangalore University, India.*

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Abstract

Globally, 450 million people suffer from mental illness according to estimates given in WHO report. Its burden is attributed to those affected being found in low-income countries which include a broad spectrum and common mental illnesses like anxiety and substance abuse, to severe illnesses like psychosis. The burden of depression is particularly significant all disabilities. On the other vein, African region recognizes the importance of mental illness a few years ago. The Region's priorities are sickle cell disease, oral and eye diseases, mental disorders, and the consequences of violence and unintentional injuries. Furthermore, the high prevalence of communicable diseases, such as malaria, tuberculosis and acquired immunodeficiency syndrome are closely associated with mental illness. In Ethiopia, mental illness is the leading non-communicable disorder and indeed, in a predominantly rural area of the country. This article looks at the global, African, and Ethiopian contexts of mental illness as well as the current approaches of caring, and it provides some suggestions on how best to address this very sensitive issues from global viewpoints to the grassroots level.

Keywords: *Mental Illness; Mental Health; Africa; Ethiopia; Perspectives*

Global Perspective

Mental illnesses are not restricted to any specific group of people, cultures, and regions that are found in people of all regions, all countries, and all societies. Mental illness is present at any point in time in the world. According to WHO [1] one-fifth of teenagers under the age of 18 years suffer from developmental, emotional or behavioral problems one in eight has a mental disorder; among disadvantaged children, the rate is one in five. Five of the ten leading causes of disability worldwide are depression, alcohol use, schizophrenia and compulsive disorder.

Kramer T and Garralda [2], indicated that primary health care professionals are best placed to adopt holistic and ecological approaches to care which acknowledge the frequent coexistence and close relationship between physical and mental ill health and ensure the engagement and empowerment of available resources within families, schools, and communities. Mental health professionals can establish trusting and long-term relationships with clients and prevent mental health problems by promoting healthy lifestyles, providing anticipatory guidance and offering timely interventions for common behavioral, emotional and social problems.

In many developing nations, standards for ethical conduct of research and treatment are inadequate or lacking. Addressing inequalities and unmet mental health needs, especially in the developing nations, will require the establishment and strengthened ethical standards in research and treatment of people with mental health problems. Goodman [3] observes that ethics is essential for building trust in developing world ethics and trust are required for a successful research program of communities depends on more and better research; and that such research is necessary for reducing disparities. Indeed, repeated demonstrations of integrity by economically established countries towards all people affected by mental illness and its burden throughout the world is a precondition for ethically sound and humane healthcare. On the other hand, mental health inequalities have contributed to profound suffering and death worldwide largely

because people cannot access the treatment they need. Estimates for untreated serious mental disorders in developing countries range from 75% to 85% [1].

African Perspective

Mental illness is considered a silent epidemic throughout Africa due to substantial financial and systemic challenges. The infrastructure, psychosocial and socioeconomic contributors to the global mental health disparities in Africa, which include: low priority or lack of clear mental health policy; poor health infrastructure and lack of funding; insufficient number of trained specialists; poor legal protection and lack of equity; lack of evidence-based and culturally aligned assessment and treatment; stigma, discrimination and human rights abuses; and social, environmental and economic vulnerability. The bio-psychosocial model of clinical and research practice in psychiatry to focus on the socio-cultural and religious factors that are the basis of many traditional explanatory models of mental illness in Africa and are also important determinants of illness, health, and wellbeing [4].

Likewise, mental disorders are associated with marginalization, social vulnerability and a range of social problems, such as homelessness, imprisonment and drug use [5-7]. There is substantial evidence that mental health is an essential component of overall health and linked to progress on other indicators such as the U.N. Millennium Development Goals [8]. The eight MDGs are by 2015 to: eradicate extreme hunger and poverty; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; Combat HIV/AIDS, malaria, and other diseases; ensure environmental sustainability; develop a global partnership for development [9]. While, arguably, all of the goals are at least indirectly related to health, researchers [10,11] have highlighted the link between mental health and specific MDGs.

A number of challenges have been identified as significant contributors to the problem of mental health care disparities. Some challenges are related to the economic and development inequalities that are common to low and middle-income countries, while others are more specific to the social and cultural contexts in Africa. Multiple individual and community level factors, such as resource, psychosocial, socioeconomic, and infrastructure problems. These challenges present as interrelated policy-making, institutional, legislative, community and professional problems. For example, one of the most significant problems, the lack of mental health policy, is both an infrastructure and planning problem; poor legal protection and lack of equity for people with mental illness are also caused by a lack of effective legislation; solutions to psychosocial problems would be improved with better epidemiological studies and culturally sensitive research; and stigma, discrimination, and human rights abuses should also be addressed with laws and policies to enhance community-based interventions. Finally, all of these problems require comprehensive approaches and multi-level solutions in order to decrease the morbidity, disability and life disruption that can result from mental disorders and to improve individuals' well-being throughout the continent [4].

Ethiopian Perspective

In Ethiopia, mental illness is the leading non-communicable disorder in terms of burden. Indeed, in a predominantly rural area of Ethiopia, mental illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS. These startling statistics show that mental illnesses have been overlooked as a major health priority in the country and underscore the need for public health programs targeting mental illnesses. Ethiopia is fortunate to have a wealth of robust information about the burden of mental illness and substance abuse within the country [12].

Appunni [13] indicated that there is a need for assessment of the current system of mental healthcare distribution within Ethiopia. Knowing who delivers mental health care services to whom, and what resources the country currently employs is utmost importance in assessing the quality and capacity of the mental healthcare sector. Often, only a small proportion of a country's national healthcare budget is allocated to mental health, despite the fact that for every dollar invested in mental health care, a government can expect a 1.2 return on its investment. Moreover, Appunni indicated that mental health is one of the most disadvantaged health programs in Ethiopia, both in terms of basic amenities and skilled manpower. The average prevalence of mental disorders in Ethiopia is 18% for adults and 15% for children. The burden of mental health is especially heavy for parents of chronically ill young people. Greater attention needs to be given to

prevention and promotion at the level of policy formulation, legislation, decision-making, resource allocation and the overall healthcare system to reduce the burden of mental disorders.

According to Yeshawork [14] lack of widely accessible venues for scientific debate on mental health issues impacting Ethiopians, initiated and written by Ethiopian professionals' in the country. In Ethiopia, very few journals exist with the potential of creating such an avenue for psychological debate, although it has not been utilized for this to date. To sum up, Ethiopia's recent Mental Health Strategy aims to develop mental health services that are decentralized and integrated at the primary health care level. WHO, in collaboration and support of the European Union has been supporting the Ministry of Health to scale up mental health services and successfully implement the WHO Mental Health Gap Action Program, which aims to scale up care for people suffering from mental, neurological and substance use disorders, in selected sites since 2011. It is estimated that the program has helped about 3,500 of Ethiopians suffering from mental, neurological and substance use disorders [15-17].

Conclusion

In conclusion, health reform agendas in the developed and developing nations need to provide legal protection, services, and human rights to people living with mental disorders. Policies must protect people with mental disorders from abuse, neglect, and discrimination, and afford them the care they need. Justice requires that people with mental illness receive the same societal and legal protection given to other people with physical health conditions. In order for the real care of people with mental health problems to be scientifically and effectively implemented, attitudes towards the required conditions should be transformed. Practicing such a community mental health caregiving and holistic support to treat less and severe mental illness offering scientific, effective, and sustainable solutions and conducting further scientific research to improve the significant lack of mental health care practices and wellbeing of the people. This article proposes three recommendations to reduce mental illness prevalence and realizing the mental health promotion. Firstly, conducting further research, and compressive policy development at the global level; secondly, establishing an African mental health system and forecasting demand for mental health; and finally, securing and developing mental health professionals in grassroots levels.

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