



Mental health services in Ethiopia: Emerging public health Issue

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Objectives: Examine the mental health issues in Ethiopia in relation to services offered in this direction.

Study Design: Retrospective.

Methods: Results of the 2005 Ethiopian Demographic and Health Survey and other secondary data sources were explored to understand the dimensions of mental health issues.

Results: The average prevalence of mental disorders in Ethiopia was 18% for adults and 15% for children. People are now more than ever aware of the importance of mental health. Families now do not need much agitation to seek medical help for their mentally ill members. Unfortunately, mental health services are available only in Addis Ababa, the capital city of Ethiopia. By consequence, a large number of adolescents are homeless and live on the street. Low status of women in Ethiopia underpins and often directly undermines utilization of reproductive health services. Even though policy makers or research managers are giving more importance to reproductive health issues, mental health services are emerging issues which determine the development goals of the country.

Conclusion: A critical requirement for mental health promotion is to have information, increase mental health services, trained skilled workers, education and self-confidence to access available services. The key policy actions needed.

Mental health is one of the most disadvantaged health programmes 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.¹ Nearly 500 million people alive today suffer from mental disorders, according to estimates from World Mental Health Day 2009.¹ Twenty percent of people are affected by a mental disorder at some stage during their life. Mental health promotion research is critical in this scenario. It is not difficult to understand why the prevention of mental disorders and the promotion of mental health are of immense interest, not only among researchers but also among policy makers.²

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.

Following identification of the most prevalent diseases and those which have the greatest impact on mental health, it will be possible to target specific areas and suggest methods for healthcare improvement, ranging from increasing drug distribution to organizing awareness campaigns. However, prior to this, there is a need for assessment of the current system of mental healthcare distribution within Ethiopia. Knowing who delivers mental healthcare services to whom, and what resources the country currently employs is of 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 healthcare, a government can expect a 1.2 dollar return on its investment.³ Ethiopia is a poor country that does not have any rigorous national mental health policy, programme, laws or legislation.⁴ Accordingly, this article aims to give an update of the information available on the extent of mental health problems in Ethiopia compared with the rest of the world, and to review the evolution of mental health services in the study area. Plans and interventions pertaining to mental health problems and promotions in the Ethiopian context are high- lighted in order to indicate policy options. The real wealth of a nation is its people. Therefore, the purpose of development is to create an enabling environment for people to enjoy long, healthy and creative lives.⁴

However, this simple but powerful truth is too often forgotten in the pursuit of material and financial wealth.⁵ It is the author's contention that mental health is an implicit component of this definition. There is good evidence that poor mental health will compromise longevity, general health and creativity.⁶ A good example of an indicator that shows such variation is longevity, an indicator of overall health. At the outset, it must be acknowledged that, to the author's knowledge, there are no experimental studies from low- or middle- income countries that demonstrate the impact of any intervention on the promotion of mental health in its broadest sense. In Ethiopia, there is no data set in connection with mental health disorders or mental health promotion, but data sources related to poor health scenarios are accessible. Demographic patterns reveal that women of reproductive age (15e49 years) constitute 23% of the total population, while 44% of the population is aged <15 years.⁷ This skewed age structure towards the young indicates the high potential for accelerated population growth and heavy demand for all types of health services, including interventions for reproductive health. However, access to health services remains limited.⁸ In Ethiopia, various prevailing conditions (e.g. culture, civil war, natural adverse conditions, policies, etc.) have been hampering such progress. Although worldwide and local studies have indicated the presence of mental disorders in Ethiopia to the same extent as in developed countries, the unique characteristics of many disorders in Ethiopia, and their similarities with and discrepancies from disorders in

developed countries with respect to personal, geosocial and other epidemiological and clinical variables, are not known.⁹

Nowadays, the public are more aware than ever of the importance of mental health issues. Families do not need much prompting to seek medical help for mentally ill relatives. The problem is still the gap between awareness and effectiveness. Although the Government has now realized the significance of the impact of mental disorders in the overall development process, the national economy seems too limited to bring about the desired expansion work. Being the second most populous country in Africa and with a high birth rate, health problems are expected to increase in the future unless the healthcare system receives technical and financial support. Without the assistance of donors, it will be impossible to bring about a systematic incorporation of mental health in the ongoing Health Sector Development Programme. Growing awareness of the epidemiology of mental disorders and mental-health-related problems, and of their large financial and social burden on society has urged governments and non-governmental organizations to develop and implement effective preventive measures. Growing numbers of preventive programmes and strategies have urged policy makers, health managers and programme providers to select 'best practices', which requires objective standards for comparison.¹⁰ Given the existing diversity in efficacy and effectiveness of prevention programmes, consumers have to be informed about the best available preventive services and be alerted to possible adverse effects.

Evaluations of the outcomes of preventive interventions and mental health promotion are subject to a diversity of possible biases, leading to incorrect conclusions. Solid evidence and standards for evidence are needed to prevent such incorrect conclusions. As resources for preventive interventions are scarce, evidence of the programme's outcomes will lead to more efficient use of resources. Mental health promotion, like other sectors of health promotion, requires intersectional action, participation and investment by sectors outside mental health.⁹ Sustainable investments can only be expected when such partners can be confident that these will generate outcomes that are relevant to their interests (e.g. social or economic benefits). Over recent decades, there has been considerable progress in developing concepts and research methodology in the prevention and promotion field. There is evidence that prevention and promotion programmes in the field of mental health can be efficacious. In the light of these advances, there is increasing interest among researchers, governments and policy makers to increase the availability of effective evidence-based programmes. However, there are a number of limitations. Due to large differences in the efficacy of programmes, researchers stress the need for regular evaluation of outcomes. Some effective programmes have limits to reach the target population and the effect sizes are moderate. Most preventive and promotional interventions still need to be tested for efficacy in population and cultural groups that are different from those in which the strategies are generally

applied. The strategy of finding convincing evidence varies depending on the needs to be proven.

Further in-depth research is strongly recommended for a better understanding of mental health promotion in Ethiopia. It is acknowledged that the interventions most likely to promote mental health are those that are set up with no specific mental health goal, such as interventions aimed at empowerment of specific groups in the population. Thus, the author believes that the best action for promotion of mental health in Ethiopia will come not from evidence-based programmes, but from the acknowledgement that human development and mental health are inextricably linked. The strategies most likely to promote mental health are likely to be those found within existing human development initiatives that combat the core social and economic inequities that are ultimately the basis of much human suffering today. In this context, it is proposed that there is a need for more studies with qualitative and quantitative analysis of mental health promotion. Responsible officials, policy makers, women's groups, religious organizations, local communities, researchers and academicians can also work together to ensure that mental health services and information are available.

This way, countless tragedies can be prevented, and countless children will be given a better chance in life. Although health promotion and prevention of illness have strong acceptance within public health, they have often failed to incorporate mental health components within their framework. This lack of emphasis on mental health is surprising given the evidence of strong linkages between mental and physical health. Policy makers and practitioners need greater understanding of the links between mental well-being and physical health in order to implement programmes effectively.

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