OPINION EDITORIAL

Dire Need for Mental Health Education and Awareness in Uganda

Shelby Ann Rabb, Western University

THE PROBLEM

Mental health is widely neglected across the globe, and particularly so in low-income countries where funding and resourcing is scarce. In Uganda's culture, mental health is often overlooked due to spread of false information, and lack of education about mental health and the different types of disorders. The stigmatization of mental health is a barrier for individuals who are suffering to access the proper medical attention and social support needed from their community, family, and friends.

Uganda contributes less than 1% of its healthcare budget to mental healthcare, compared with countries such as the UK that contribute upwards of 10% [1]. Mental illness affects over one-third of the population in Uganda and less than half of those individuals seek treatment [2]. There is a lack of mental health personnel, services and treatments including psychiatrists, psychosocial interventions, psychotropic drugs, and psychotherapies [2], and overall the system is unable to meet current and growing demands for care [1]. There is an intricate link between the incidence of mental disorders and chronic poverty in Uganda, in which a vicious cycle of exclusion, poor access to services, low productivity, decreased livelihoods, and depleted assets exist [3]. There is also evidence that affected individuals and their families fail to become economically active [3]. Due to the high burden of diseases such as tuberculous, malaria, and HIV/AIDS, individuals also face emotional problems when coping with the physical and mental burden of these diseases. Medical staff are overwhelmed with the influx of these diseases and spend little time inquiring about the possible underlying emotional problems [1]. Further, mental health treatment in Uganda is limited as there is only one hospital in the country, known as the Mental Health National Referring Hospital in Butabika, that receives funding for mental health; however, the funding is still inadequate and the hospital does not have enough resources to support all the individuals with mental illnesses that need it [1,4].

An inquiry into why individuals with mental health problems do not seek support in Uganda discovered that seeking help is not only an individual action, but a social one, which must involve members of the individual's social circle [4]. Opposing views between spouses and other family members greatly influenced the help-seeking process. It was found that religious beliefs have a strong hold on views of help-seeking for mental health [4]. Notably, Christians tended to not believe that traditional healers are a means for treating mental illness [4]. In Uganda, some may believe that individuals who show signs of mental illness are bewitched or cursed by spirits resulting in these individuals being excluded from communities and being isolated [2]. This further contributes to stigma, as other individuals fear that they may also become ill if they come into contact with them [2]. Traditional healers are thought by some to be able to remove the curse from these individuals, but some medications they provide may cause physical harm and are not effective [2]. There have been reports that as many as 80% of those within Uganda's mental health hospitals had at some

point received service from a traditional healer, delaying their medical care and exposed them to potentially harmful or coercive practices [1].

The National Mental Health Hospital at Butabika is struggling with discarded patients who are stigmatized in their communities and end up back at the facility [5]. Stigma also prevents individuals from obtaining employment, claiming state assistance, and accessing credit for equipment, land, or livestock [1]. This can also contribute to the delay in treatment because if one is unable to afford transportation or medication due to lack of employment, they will not be able to seek medical attention [1]. The employment of other members of the family may also be disrupted in order for them to care for the needs of the mentally ill individual [1,2]. Therefore, mental illness is a growing problem not just for the health of individuals and their families, but also for the economy.

THE SOLUTION

It was noted in a study done by Petersen and colleagues that in Uganda there is a limited application of task shifting for identification and referral of mental illness [6]. There are only around 30 practicing psychiatrists and 230 mental health nurses in Uganda, which has a population of approximately 41 million people [7,8]. Therefore, with such a limited number of specialists it is important to task shift the identification process to nurses, doctors, and community health workers. Further, educating individuals who have a powerful influence in the communities can help de-stigmatize mental health. The study by Petersen and colleagues also noted that training community health workers in the village health teams was promising in improving identification and referral of people with mental illness [6]. The study also recognized that it wasn't enough to just train the health workers at the health facilities, but to also train the community health workers as they are the ones that go into the communities [6].

It is mentioned by Copper and colleagues that there is a lack of educational programs and interventions at the community level for those who are mentally ill, despite research that has clearly shown how successful these outreach programs can be [5]. Thus there should be renewed efforts to educate individuals about mental health and illness to de-stigmatize mental health illness, provide universal treatment, and to empower individuals who are suffering.

In the study by Okello and Neema, it was shown that more discussion with patients resulted in patients providing explanations that included psychosocial dimensions of their illness that were linked to their social circumstances [4]. It was discovered that the doctors were only treating their physical symptoms and did not investigate the possible underlying psychological distress [4]. The study suggested that primary care providers need to receive training on how to recognize emotional problems and treat them appropriately [4]. To this end, healthcare workers need to be equipped to extract this information from patients, specifically that of the relationship between the somatic symptoms and emotional problems in order to effectively help them [4]. This, in turn, will treat the somatic symptoms in those patients whose physical ailments are often caused by emotional problems. This strategy will further help in alleviating the strain on the scarce health resources considering that these individuals who receive the correct treatment for their ailments, may not need to revisit the health clinics multiple times for the same unresolved conditions. This strategy is supported by a study by Petersen and colleagues which mentions that support in the form of knowledge and skills, is preferred over physical treatment alone [6].

Ultimately, the goal should be to create and implement an education program that will efficiently and effectively teach individuals about mental health and how mental illness is a medical condition that needs treatment, which will help to de-stigmatize mental health patients and provide individuals with the support they need.

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