The Palgrave Handbook of Mental Health Practice in Sub-Saharan Africa

Edited by
Kate E. Murray · Robert D. Schweitzer
Ashraf Kagee · Lily Kpobi

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Notes on Contributors

Mah Wasi Asombang holds a Doctor of Medicine (MD) degree from Our Lady of Fatima University, College of Medicine, Metro Manila, Philippines, and a Master of Science in Global Health, at Brighton & Sussex Medical (BSMS) University. She is a qualified general practitioner, a certified psychosocial counsellor, a global health researcher and a consultant. She has worked under the Zambian Ministry of Health as a Senior, and Junior resident medical officer, and previously as a research study coordinator and a clinical trialist at the Centre for Infectious Disease Research in Zambia (CIDRZ).

Altogether, she has had more than five years of clinical and health research experience in the Zambian Public and Private sectors. Currently, she is volunteering at the Zambian National Science, Technology, Engineering and Mathematics Foundation (ZNSF), where she spearheads the Operations Department as Chief Operations Officer (COO).

As an aspiring psychiatrist, she is passionate about empowering vulnerable populations, especially children and adolescents, behavioural science, advocating for mental health, human rights, mental health interventions, research and policy development, capacity building, the sustainability and delivery of quality mental health care especially in low- and middle-income settings where mental health service delivery remains a challenge.

Dora Awuah is a licensed Clinical Psychologist and a Registered Mental Health Nurse (RMN) with two decades of working experience in Ghana. She earned a Master of Philosophy in Clinical Psychology and a Bachelor of Arts in Psychology with Sociology, both from the University of Ghana. She is a scholar of the 2019 Australian Short Course Award in Mental Health and is a public mental health advocate. Aside from her clinical roles, Dora serves as

the executive director of the Dora Awuah Foundation and adopts innovative approaches to promote children and adolescents' mental health in communities, schools, and orphanages in collaboration with corporate and religious institutions.

Samuel Kwakye Boaten is a dedicated mental health nurse with over 13 years of working experience in this area. He is celebrated for his unwavering commitment to improving mental health care in both clinical and academic settings. He holds a Bachelor of Science in Mental Health Nursing, and he is currently pursuing a Clinical Nurse Specialist programme in Community Mental Health and Rehabilitation Nursing at Ghana College of Nurses and Midwives. Samuel is also an Alumnus of the Australia Africa Award Scholarship Programme. He brings a wealth of knowledge and experience to the forefront of mental health advocacy.

Throughout his career, Samuel has held many leadership roles such as the Head of the Mental Health Unit at Oda Government Hospital, Municipal Coordinator for Mental Health Services in Birim Central Municipality in the Eastern Region of Ghana, and the Acting Country Director for Clubhouse Ghana. Samuel has demonstrated compassion for individuals facing mental health challenges through advocacy programmes within his district. His clinical expertise extends across diverse settings, from inpatient psychiatric units to community-based mental health programmes. His commitment to providing patient-centred care has earned him the admiration and respect of both colleagues and patients.

In addition to his clinical work, Samuel shares his professional experience in Chap. 9 and explores the role of belief systems and attitudes towards mental health care, with a specific focus on the Ghanaian context. As an accomplished mental health nurse, Samuel stands as a beacon of inspiration in the quest for improved mental health care. His work not only transforms the lives of individuals seeking support but also contributes to the broader conversation about mental health within the African context.

Daleen Casteleijn is a Professor and occupational therapy educator at the University of Pretoria and the University of the Witwatersrand in South Africa, as well as a Visiting Professor at the University of Northampton; she specialises in mental health and facilitating activity participation among individuals with mental illnesses across diverse settings. Her research encompasses the development of outcome measures to monitor changes in activity participation and the examination of the impact of occupational therapy interventions on this domain. With expertise in healthcare instrument development,

she has conducted multiple studies exploring the psychometric properties of various healthcare assessments.

Notably, she has patented the Activity Participation Outcome Measure, grounded in the Vona du Toit Model of Creative Ability, which is widely utilised nationally and internationally to assess changes following occupational therapy interventions across different patient populations. Additionally, she has published widely in both national and international journals, serves on the editorial committee of the *British Journal of Occupational Therapy*, acts as a reviewer for international occupational therapy journals, chairs the Vona and Marie du Toit Foundation, and regularly delivers presentations and training on the Vona du Toit Model of Creative Ability.

Jana K. Denkinger is a German psychologist and psychotherapist. She is trained in cognitive behavior therapy (CBT) for adults and children. In her research, Jana Denkinger focuses on refugee mental health and the psychological effects of traumatic experiences. In 2019, Jana Denkinger joined the Australia Awards programme as a guest lecturer and, in this role, assisted Eugenia Xatse in the writing process of the chapter.

Hoda K. Hassan is a global health practitioner with expertise in health policy analysis, health systems strengthening, and public health programming. She holds an MPH from the University of Sheffield, UK, and is a registered pharmacist in Egypt. Hoda has focused on health systems strengthening and provided several consultations for regional and national public health agencies including the Eastern Mediterranean Regional Office for the World Health Organization, particularly, strengthening health financing systems. She adopts a systems-thinking lens to policy analysis. Hoda is passionate about bridging health policy and social sciences and aspires to contribute to the development of effective, equitable, and sustainable policies. She believes that the root causes of inequalities lie with the social determinants of health that surround an individual; thus, her research focuses on how the social, economic, and mental health determinants of individuals determine their health outcomes. She employs the social determinants of health approach to build resilience and promote mental well-being as different communities or populations have different experiences of social determinants of mental health. In her current role, she is developing a risk communication and community engagement strategy for vulnerable populations impacted by COVID-19 which considers behavioural sciences with a focus on the mental health of affected communities, in particular women. Hoda advocates for community empowerment to ensure optimum response to public health challenges.

James January is a distinguished public mental health practitioner with extensive experience in academia, research, and clinical psychology. Currently, Dr January serves as a Senior Lecturer in the Department of Psychiatry & Mental Health at Kamuzu University of Health Sciences, Malawi. Dr January's professional journey is marked by a rich tapestry of experiences, including teaching and clinical roles both in Zimbabwe and abroad. Dr January's commitment to lifelong learning is evident in his participation in numerous short courses, covering areas such as global mental health, epidemiology, and programme evaluation. Dr January integrates research, teaching, and practice to address the complex challenges faced by communities in Africa and beyond.

Denis Mbako Jato is holder of a Master of Public Health [International] from the University of Leeds in the UK, and a BSc Hons in Biochemistry with a Minor in Medical Laboratory Technology from the University of Buea, Cameroon. He is currently a PhD candidate in the School of Public Health and Social Work, Faculty of Health, Queensland University of Technology, Brisbane, Australia. He also holds diplomas in Project Planning and Management, Development Evaluation, and Human Resource Management and certificates in Mental Health in a Public Health Context, Sustainable Development Studies, Introduction to Global Health, Management of Multiple Projects, and Toxicology Studies amongst others.

Denis worked as a Public Health Specialist, with the Integrated Health for All Foundation, Cameroon, specialised in counselling and psychotherapy, with extensive experience in working in local communities. He equally worked as Principal of St Joseph Foundation Anglo-Saxon High School, Yaounde, Cameroon, where he equally served as counsellor and psychotherapist, addressing mental health problems among students who are orphans, victims of family violence (GBV and IPV) armed conflicts, sexual as well as substance abuse. In addition, Denis served as a peer educator on sexual and reproductive health, focusing on the prevention of Sexually Transmitted Infections (STDs), and management of menstruation in a school setting through the "One Girl, One Free Pad Project" among adolescent students in secondary school. Denis is passionate about promoting mental health in Africa and has published thirteen peer-reviewed scientific articles and one book chapter. In addition, Denis volunteered to manage community development projects and is a member of the International Programme for Development Evaluation and Training (IPDET), coordinated by the World Bank Group and other professional organisations.

Ashraf Kagee is Distinguished Professor of Psychology at Stellenbosch University, co-Director of the Alan Flisher Centre for Public Mental Health, and a member of the Academy of Science of South Africa. His work is located at the nexus of psychology and public health. His research has focused on common mental disorders among persons living with HIV and the psychological and structural factors influencing adherence to antiretroviral therapy (ART). Professor Kagee has been awarded research grants from the South African Medical Research Council, the National Research Foundation, the British Academy, the Guggenheim Foundation. He has also been a co-investigator on several studies funded by the National Institutes of Health. From 2012 to 2017 he served on a working group of the World Health Organization tasked with developing diagnostic guidelines for stress-related disorders for the forthcoming edition of the International Classification of Diseases. He is a member of the Board of Trustees of the Trauma Centre for Survivors of Violence and Torture in Cape Town and has done capacity building work at the Gaza Community Mental Health Centre in Gaza, Palestine.

Stella Khumalo-Punungwe is a seasoned mental health practitioner in Zimbabwe and brings a unique blend of expertise and passion to her work. With a background in nursing, specializing in psychiatric nursing, and PhD in Public Mental Health, master's degree in mental health nursing qualifications, she has dedicated her career to improving the lives of individuals with mental health challenges. Dr Khumalo-Punungwe's international exposure through the Australia Awards Africa—Short Course Award broadened her horizons and inspired her to initiate impactful community-based projects. As the founder of the Queen of Peace Institute for Community Mental Health Innovations & Rehabilitation, she spearheads initiatives focused on economic and psychological empowerment and community integration for mental health users in Zimbabwe's Midlands Province. Stella is actively involved in research, focusing on critical issues such as the relationship between child sexual abuse and the development of conduct disorders. Her dedication to advancing knowledge in the field underscores her commitment to improving mental health outcomes in Zimbabwe and beyond.

Lily Kpobi is a Research Fellow at the Regional Institute for Population Studies, University of Ghana. She has a background in psychology and public mental health having studied at the University of Ghana and Stellenbosch University. Her research interests include examining cultural and religious perspectives on health, wellbeing, and psychosocial disability. Dr Kpobi has been involved in various studies which looked at understanding indigenous

mental health systems, identifying collaboration pathways between health sectors, and using arts-based methods for mental health advocacy and research. She is passionate about the inclusion of people with lived experience as experts by experience in participatory peer research and recently helped to establish a disability-inclusive network of persons with lived experience, artists, researchers and other stakeholders in Ghana and Indonesia.

Maureen Maduagwu is a Public Health Specialist Physician. She holds her first degree in Medicine and Surgery from the University of Port Harcourt, Nigeria. She also has a Master's Degree in Public Health from the University of Aberdeen, UK. As a recipient of the Australia Awards scholarship in 2019, she also completed the Australia Awards short course: "Mental Health in a Public Health Context" from Queensland University of Technology in Australia. Maureen is presently a Principal Medical Officer at the Rivers State University Health Services Department, Nigeria, where she is Clinic Head for the Sakpenwa Campus of the university. She is also the focal person for the university's students' health insurance scheme and a member of the Quality Assurance Committee of the university. She volunteers as a facilitator for medical projects with Rainbow Watch Development Centre, a community-focused non-governmental organization that promotes social justice and human rights. Her mental health practice focuses on mental health issues relating to young people in the university setting (mental stress and coping skills, trauma counselling, drug and substance abuse, sexual and reproductive health and rights), as well as other vulnerable groups like women and HIV-orphaned children. Her core research area is health systems management, particularly equity in healthcare distribution.

Brian Maila holds a Bachelor of Science in Human Biology, Bachelor of Medicine, and Surgery, as well as a Master of Medicine in Psychiatry from the University of Zambia. During his Master's training, he was awarded a scholarship by the Australian government to attend a short course Mental Health in a Public Health Context at Queensland University of Technology and the Alan J. Flisher Centre for Public Mental Health in Cape Town. This training sparked his interest in Addiction, particularly in the Medication for opioid use disorder programme at Biala Community Health Centre in Brisbane. He went on to pursue further training in addiction. Brian is a 2021–2022 alumnus of the Hubert H. Humphrey Fellowship Program at Virginia Commonwealth University, where he focused on Substance Abuse Education, Prevention, Treatment, Research, and Policy. He is currently enrolled in a joint international programme in addiction studies at Virginia Commonwealth

University, Kings College London, and the University of Adelaide, and has recently commenced his doctoral studies in a Joint Doctoral Program in interdisciplinary research on substance use at San Diego State University and the University of California, San Diego. Brian's research interests include public mental health, addiction psychiatry, co-occurrence of mental disorders and substance use disorders, mental health legislation, psychiatric aspects of HIV/AIDS and other general medical conditions, maternal psychiatry and substance use, mental health and substance use in adolescents and young adults, evidence-based substance use prevention and treatment, and the impact of policy on behavioural health and addiction.

Blazio M. Manobo is a social scientist with experience in working with vulnerable communities in Zimbabwe. He has worked with non-governmental organization as well as government agencies as Strategic Policy Planning Consultant. He sits on the boards of several private voluntary organizations (PVOs). He is also a Senior Lecturer with the Catholic University of Zimbabwe with special research interest in mental health issues, drug and substance abuse among youths, disaster management, faith, and development, among others. Dr Manobo has published several articles and book chapters in revered journals and high-impact publishers.

Kate E. Murray researches health equity and how research, health services, and educational systems can be more accessible to everyone, regardless of their background. She works to innovate systems and train health professionals to work effectively with diverse communities, with the belief that this translates to better services for everyone. Her work prioritizes innovating systems and methods within health, research, and higher education to redress inequities. She has an international track record of research funding and is currently an Adjunct Associate Professor in the School of Psychology and Counselling at Queensland University of Technology in Australia. A clinical psychologist by training, she has over two decades of clinical, theoretical, and applied research experience and has published extensively on mental health and cross-cultural-related topics. She has expertise in participatory action research and the use of co-design to develop creative outputs, such as this handbook as an innovative outcome from a 2019 short course on mental health, to generate greater community impact.

Maura Cranny Ntow is currently a PhD fellow with the University of Copenhagen, Denmark. She has a background in health psychology and has been practising as a psychotherapist for over seven years in a general hospital

in Ghana. She has been involved in developing training programmes, developing national manuals specifically for adolescent mental health and contributing to the development of adolescent health services in Ghana. She has an interest in adolescent mental health, but essentially was drawn to the field of cultural psychology and how the complex sociocultural and political factors existing in different cultures (within sub-Saharan Africa) cannot be ignored in promoting the understanding of mental health within a global mental health framework. This is the focus of her current PhD project as she explores how Ghanaians and Nigerians conceptualise mental health, generally but also in the context of the COVID-19 pandemic and its associated impact on citizens.

Victoria Dzifa Oklu is a teaching assistant at the University of Ghana Business School, Human Resource Department, and currently a Master of Philosophy candidate at the Psychology Department of the same university. Her research interests are in the areas of qualitative methodology and Humanitarian Work Psychology. Beyond her academic pursuits, Victoria is deeply enthusiastic about community development and advocates for the critical role of mental health within communities.

Robert D. Schweitzer is an academic, clinician, and researcher at the Queensland University of Technology, where he established the clinical psychology training programme. With colleagues, he has established several programmes of research, focussed upon the mental wellbeing of people from refugee and migrant backgrounds. His early research focussed upon indigenous healing in Southern Africa. He has also contributed to the research on psychotherapy process and outcome. He has published extensively in the field with over 150 publications comprising scholarly research papers, book chapters, or books. In addition, Professor Schweitzer has played pivotal roles relating to the profession, including Chairing the Queensland Psychology Board of Australia and Deputy Chair of the Australian Psychology Accreditation Council. Most recently, he has contributed to global mental health, having played a leadership role in the Australia Awards African short course Mental Health in a Public Health Context.

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1

Introduction to the Handbook

Kate E. Murray, Robert D. Schweitzer, Ashraf Kagee, and Lily Kpobi

Chapter Highlights

- This chapter reviews trends in global mental health, the history of mental health in Sub-Saharan Africa, and the aims of this handbook in addressing limitations in this field.
- It discusses the development of the handbook and the aims and purposes of a practitioner-led handbook on mental health in Sub-Saharan Africa.
- It provides an overview and description of the chapters in the handbook.

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Introduction

Over the last two decades, there has been increased recognition of global mental health as a critically important area long affected by underfunding, stigma, and general disregard. The rising global mental health movement recognises the suffering and diminished quality of life experienced by those globally struggling with mental health symptoms and the stigma associated with mental health globally (Patel & Prince, 2010). Stigma is an ongoing challenge worldwide, with ongoing human rights abuses and experiences of isolation and exclusion for those experiencing mental health symptoms as well as for their families (Javed et al., 2021). In many low- and middle-income contexts, this can be exacerbated by significant underfunding of mental health services, and efforts to reduce the mental health treatment gap is a key target of the sustainable development goals (Patel et al., 2018).

The global mental health movement has been lauded as vitally important for drawing attention and resources to mental health as equally deserving as physical health care services provided worldwide. However, tensions exist, both over the ways in which the global mental health movement can best achieve its aims and the degree to which the foundations of global mental health represent a Euro-American discipline (Ratele, 2019). Mental health research has long been plagued by an overrepresentation of a minority of the world's population, predominantly white western-educated samples, with only modest improvements in representation in recent years (Thalmayer et al., 2021). Within a historical context and ongoing legacies of colonial sovereignty, there are concerns over the processes of expanding Western mental health models and systems to non-western contexts (Mills, 2014; Mills & Fernando, 2014; Summerfield, 2008; Ratele, 2019). Within the published literature, there is sparse representation of African voices within the global mental health movement.

It is with these tensions and limitations in mind that we have created this volume. This handbook aims to create a third space (Rutherford, 1990) that allows for new voices to emerge and lead conversations on the development of mental health services in Sub-Saharan Africa (SSA). However, the identified tensions remain laden within this text. Many authors in the handbook received training through Western training programs, including the Australian-sponsored short course that brought the group together. While the short course was taught with a critical lens and raised these fundamental questions for critical reflection, the course itself still reifies colonial methods of a white Western model of philanthropy and education. Further, this handbook, while

purposefully flexible during the development process, uses academic standards and international publishing systems to guide its development and dissemination. While recognising these limitations, this is among the first edited volumes published by a major international publishing agency that is written almost entirely by SSA practitioner authors on their perspectives of key mental health issues, challenges, opportunities, and treatment strategies for their context.

Overview of the Topic

We situate this handbook with an acknowledgement that there are long legacies of knowledge about health and healing, including elements of what makes for a good life, deep with meaning and a sense of peace and well-being across human history. We aim to address long traditions of what Australian Indigenous scholar Rigney (2001) names *intellectual nullius*, referring to the ways that current (typically white Western) scholars often claim authority over ideas and concepts long-established by others.

A History of Mental Health in Africa

The history of mental illness and treatment in SSA is complex and multifaceted. The history of mental health reflects, firstly, the dominant beliefs and values of cultures over time and secondly, the process of colonisation and the arrival of Western medicine. The definition of mental illness is not culture-free, hence any consideration of the history of mental illness in the African context needs to consider context. Discourses, drawing upon empiricist assumptions, would have one believe that addressing mental health concerns in Africa arrived with Colonialism, the advent of asylums and modern medicine, and the adoption of a biomedical lens to disturbances in human behaviour. However, there is ample evidence to allow us to challenge the idea of "primitive societies" (or *intellectual nullius*) without healing systems being "enlightened" through the arrival of Colonialism and modern medicine, mental health institutions, and more recently, the push for global mental health.

The idea of mental health has always been defined, at least in part, by culture and belief systems. Paradigms are situated in the context of cultural beliefs and practices. These beliefs and practices impact upon the experiences of people whom we think of, in current nomenclature, as suffering from a mental illness. Communities are dynamic and have responded to the needs of

people within both traditional and more urbanised communities in ways which are consistent with the assumptions of the broader community and, at worst, excluding people seen as exhibiting behaviours which challenge prevailing norms of well-being.

Traditional African societies have had their own indigenous systems of understanding and treating people exhibiting certain behaviours and experiences, which we would associate with mental illness, by drawing upon spiritual or cultural beliefs. These traditional practices vary widely across different regions and cultures and in some instances, result in people who are perceived as behaving in ways which are "different" to the norm, being defined in terms of a "calling" and leading to a healing role within the community, or being stigmatised and even cast out of the community. That is, in some instances, people may have experiences which are not common, such as "hearing voices" and "seeing things" that others do not hear and see and are reported in some cultures as "being called by the ancestors" (*ukuthwasa*) and undergo a process of transition and inclusion. Within more traditional societies, these processes may lead to the person taking up a new role within the community as a "healer" or alternatively, may have their behaviour attributed to witchcraft and being excluded and considered to be mad [*amafufunyana* among the Xhosa-speaking people in Southern Africa] (Schweitzer, 1997; Buhrmann, 1986).

The history of the treatment of mental illness in SSA may be divided between indigenous paradigms of human suffering and a biomedical paradigm of mental illness. This bifurcation is of course a simplification but serves to highlight two stances to understanding the history of mental health in SSA. Each paradigm dictates that members of the community approach the understanding and treatment of mental illness in distinct ways that are consistent with underlying belief systems.

Indigenous paradigms of mental illness in many parts of Africa often view behaviours, which Western-trained clinicians identify as reflecting mental illness, through a cultural or spiritual lens. Examples of culture-bound syndromes include the presence of *amafufunyana* in rural areas of Southern Africa, in which the person is described in terms of evidencing sudden, uncontrollable fits of shouting, screaming, and violence. It is believed to be caused by ancestral spirits or witchcraft and is often treated through traditional healing rituals. In Zimbabwe, the Shona people refer to *Kufungisisa* which translates to "thinking too much." The condition is said to be associated with anxiety, somatic complaints, and intrusive thoughts. Within the Zimbabwean cultural context, the condition is often associated with stress, trauma, or interpersonal problems. A culture-bound syndrome, evidenced