Addressing Mental Health Access in Underserved West Africa: A Strategic Framework

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Authors' contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

Review Article

ABSTRACT

Aim: To address mental health crisis focusing on the applicable framework for strengthening access in underserved West African communities.

Problem Statement: The World Health Organizarion (WHO) states that approximately 450 million people have a mental disorder and about one-quarter of the population will be affected from mental ailment at some stages in their lifetime. Handling of crisis relating to mental health is underserved in some West African communities.

Significance of Study: The high rise in the number of mental health cases in some underserved communities in West Africa has called for designing a workable and applicable framework to ameliorate this situation.

Methodology: Previous literatures, journals, books, research write-ups and other related materials on the internet regarding to address mental health crisis focusing on the applicable framework for strengthening access in underserved West African communities were consulted.

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Discussion: Strengthening health systems in some underserved communities in West Africa to advance mental health care delivery adopting the WHO framework and other beneficial indigenous methods is achievable. These merged methodologies can increase the quality and nature of mental health care delivery systems. They can also increase the existing mental health care services in order to make them to be more effective and efficient in meeting the requirements of the people. With a strengthened health system, the condition of mental health delivery across West Africa will be improved. There is an emergency quest for rigorous effort between the policy makers, government and international organizations to execute the recommendations stated herein for an accessible, better and affordable mental health services for the mental well-being of the public in advancing mental health services and care.

Conclusion: In conclusion, it is imperative to adopt and apply the elements of the framework stated in strengthening mental health services in some underserved West African communities.

1. INTRODUCTION

"The integral part of well-being and health is the "mental health" but has been ignored globally. Moreover, the World Health Organizarion (WHO) states that approximately 450 million people have a mental disorder and about one-quarter of the population will be affected from mental ailment at some stages in their lifetime" (Lawal, 2022). "Mental health was defined according to WHO as a condition of well-being in which someone recognizes his or her own capacities, can survive with the normal stresses of life, can work effectively and productively, and is able to make an input to his or her community. Handling of crisis relating to mental health is underserved in some West African communities such as Nigeria, Cameroon, Ghana and so on. In Nigeria for instance, a survey conducted on mental health in 2019 revealed low awareness level of mental health. However, most respondents were aware and recognized that they have mental health disorder which emanated from drug abuse, evil spirits possession and brain sickness while many of the patients are taken for spiritual interventions to a prayer house for interventions. Many of the underserved communities in West Africa are presently under several public health encounters as many other countries around the world, such as the recent COVID-19 pandemic, communal violence, burnout of social and health workers, insecurity and suicidal episodes which can cause mental health issues" (Basu et al., 2021). Thus, recommendations and insights into provision of mental health services for stakeholders and other policy makers which may support the heroic efforts on mental health services and care are imperative in these communities.

"The global burden of disease has been estimated globally to be about 13% and is emanated from neuropsychiatric disorders. Neurological, substance and mental use disorders have continuously impacted the society, families and individuals negatively especially in some underserved communities in West Africa categorized as low and middle income countries" (Whiteford et al., 2015). "The burden of neurological, substance and mental use disorders remains a great encounter for many West African countries' health systems resulting in its continued high prevalence. Also, mental health care delivery has seriously affected the variations on how health systems are performed. These variations influenced the way numerous health care delivery actors tend to function without coherence. The existence of multiple health providers equally makes mental health systems to be complex and ambiguous. The mental health systems of high income countries are excellently ranked in mental health services delivery when compared with those of the underserved West African communities" (Addo et al., 2020). "The differences in health systems influence mental health delivery based on the service timely delivery, the required health financing, service delivery quality and how the health information system is organized" (Afriyie et al., 2024).

"There is a treatment gap of about 90% for neurological, substance and mental use disorders in some countries in the African Continent. This observation resulted from African countries weak health systems which influences the way mental health is sustained and delivered. Though huge capital is required for sustainable mental health care, programmes tailored towards minimizing mental health burden flourish in well-

developed health systems in comparison to weak health systems" (Abdulmalik et al., 2023). "Mental health burden affects families in many underserved communities in West Africa which has become an economic burden on caregivers. This is due to the fact that current health systems of many African countries do not have sustainability potential for mental health care delivery. This forces the economic hardship unto families to bear the care cost of any affected family member. Although some African countries such as South Africa and Ethiopia are incorporating mental health care into primary health care system, the hardship still remains causing weighty number of premature deaths" (Ruktanonchai et al., 2021).

"The number of health workforce for mental health in some West African countries is still minute and corresponding poor funding for mental health makes the system to be quite challenging. The stigma and Myths linked with mental health additionally hinder health interventions towards minimizing the burden on the community and household. Additionally, awareness and education on mental health is still extremely low while health literacy on mental health is not acceptable openly as a result of cultural beliefs and other stigmas" (Naicker et al., 2019). "Utilizing suitable community engagement technique is still deficient in mental health care delivery. Furthermore, health information systems put in place are not sufficient, efficient and effective which makes mental illnesses treatment to remain expensive especially for the poor. These several shortcomings hinder the mental health system across some communities in underserved countries in African continent" (Ntuli and Maboya, 2021).

"The affliction for mental health disorder is extremely high with restricted access to affordable and available mental health services in many countries. Many circumstances of mental health challenges are being handled by psychiatrist (mainly residents, consultants and general physicians), auxiliary staff on mental health, traditional care attendants, social workers, nurses, religious clerics and occupational therapist causing the rehabilitation, treatment and diagnosis of patients with mental health disorders" (Burden, 2024). "Both outpatient and inpatient receive treatment and care in hospitals and mainly in their communities. Mental health specialists and majorly psychiatrists are usually present at tertiary healthcare centers to treat and review complex mental health cases. For example, with more than 190 million population in Nigeria as a typical West African country, less than 300 psychiatrist are available which amounts to around a ratio of one psychiatrist to 700,000 citizens. Asides this, many of them are urban based making care for people with mental illness to be left with family members in view of level of knowledge of mental disorders at the primary health-care level" (Attia-Konan et al., 2023).

Additionally, nine out of every ten doctors in these communities are willing to leave their respective countries in searching for greener pasture with limited number of neuropsychiatric hospitals available for managing patients with psychiatric disorders and professional training of psychiatric doctors (Beogo et al., 2020). Many of the psychiatrists are being trained as residents in tertiary health institutions while the remaining health care professionals are being trained for nurses and other institutions in post-basic programmes for social workers, auxiliary staff, pharmacist and occupational therapists. Also, lack of comprehensive and coherent mental health policy and laws has taken the order in some countries. However, there is some legislation that gives medical practitioners and magistrates the power to detain an individual suffering from mental illness. Despite this, the legislation has not been completely amended and has not been signed into law by the government. Public hearing for the Mental and Substance Abuse Bill has been held in the Senate unit of some countries purposely to strengthening recovery services and budgetary allocations for substance-use disorder and mental health (Oladosu et al., 2022). However, provision was not made in their mental health policy for emergency readiness plan in cases of challenging public health issues like the recent COVID-19 pandemic. Also, many of these policies are not completely executed. However, some non-governmental organizations have evolved in the provision of supportive activities and programmes that have to do with assisting individual such as counselling, support services, housing and awareness in order to increase life quality of people having mental health illness. In this short review article, the state of mental health systems in Africa was considered. Mental health crisis was addressed giving consideration to the framework for strengthening access in underserved West African communities (Azevedo, 2021).

2. THE STATE OF MENTAL HEALTH SYSTEMS IN SOME UNDERSERVED COMMUNITIES IN WEST AFRICA AND AFRICA

In Africa, mental health care evolution models have been attributed with a shift towards more integrated and collaborative procedures. A comprehensive review conducted on South Africa on collaborative care for mental health emphasized roles restructuring among sectors and healthcare providers outside of healthcare provision. The tactics aimed at making mental health care to be more culturally appropriate and accessible (Naicker et al., 2019). Four main tactics were identified in order to improve the execution of collaborative care models which include: formalizing relationships and roles and improving leadership; improving training and education; improving infrastructure and redirecting resources; and enhancing supervisory and communication structures. These strategies are vital in bridging mental health treatment gap and provision of culturally suitable care. Nonetheless, the acceptability and feasibility of health surveillance assistants on task-shifting initiatives were highlighted in Southern Malawi with the delivery of culturally suitable mental health interferences. The technique involved navigation between traditional African understandings and biomedical understandings of mental illness; and demonstrated the significance of culturally embedded techniques in mental health care (Abdulmalik et al., 2023).

The incorporation of mental health counseling into chronic disease services at the primary health care level has been explored in some West African countries. Limited availability of psychological and psychosocial counseling was highlighted despite the input efforts in integrating mental health services. However, a hybrid integration method tailoring towards available resources and each facility's specific needs was suggested. This methodology is a strong reflection of the evolving mental health care landscape in Africa in which adaptability and integration are major to handling the population's diverse needs (Maphumulo and Bhengu, 2023). Nonetheless, a community-embedded implementation model was proposed for mental health interventions which emphasized on the need to reach out for assistance in tackling the problem. Various empirically supported tactics were integrated by the model which involved using multi-problem interventions, facilitating relationships between external systems of care

and community settings, treatment in tandem and delivering prevention, delivering via lay providers within the social setting and embedding in an existing community-based social setting. In Kenya, the application of the model majorly in treatment interventions within religious congregations and delivering family-based prevention highlighted the potential of community-embedded techniques in improving mental health care (Burden, 2024).

Mental health burden still remains a major challenge in some underserved communities in West Africa and it's still on increase. Mental health services are poorly developed were compared with other health priorities in the continent. Mental illness has been tagged a silent killer and it stands to be a burden to many continent's health systems as they find it difficult to solve. Mental health problems in many African countries are real and have enormously affected communities and families (Afriyie et al., 2024). Studies have been conducted in West Africa on mental health to discuss common mental disorders; mental health disorders prevalence; depression; schizophrenia; suicidal ideation and suicide; mental illness attitude and knowledge; post-traumatic stress disorders; mental, neurological and substance abuse; schizophrenia; anxiety; substance use epidemiology and its disorders; schizophrenia; major depressive disorders in the elderly; quality care for people with severe mental disorders; depression; mental health and multiple pains; integrating mental health into primary care, traditional and complementary systems of medicine in treating mental health problems; and mental health care delivery. The magnitude of mental health care delivery has reflected in the studies executed in many countries in West Africa. Despite this, there is increase in the burden as a result of the obsolete mental health legislations, laws and policies across many countries. Additionally, they are not relevant to attend to issues and contemporary realities relating to mental health challenge in the continent (Beogo et al., 2020).

Some cases of mental health Acts and legislation made have been on record. In Nigeria for instance, the current mental health legislation is the 1958 Lunacy Act which originated from the 1916 lunacy ordinance. Nonetheless, shortage of a psychiatric health workforce has resulted in limited psychiatric services in primary health care centres. The ratio of psychiatrist to Nigeria population is 0.09/100,000. In Uganda, the data

indicates that the health workforce for mental health is 1.13 for every 100,000 population. In Kenya, the statistics show that the ratio was 1:528,571 in 2006. This strongly indicates that for a population of 33.3 million people, only 63 psychiatrists were available. In Ghana, about 16 psychiatrists indicating 1 per 1.5 million population is recorded. The limited number of psychiatric health workers and services has been peculiar with other parts of Africa. This challenge which emanated from the deficient health systems that operate in numerous countries continues to hinder mental health care delivery. Thus, it is imperative to adopt the WHO framework to strengthen health systems in Africa. Also, other verified approaches that are indigenous in their technic to building a more sustainable mental health system to tackle the problem should be embraced (Anyangwe and Mtonga, 2017).

2.1 Application of World Health Organization Framework in Strengthening Mental Health Systems in Underserved Communities in West Africa

The framework designed by WHO can be adopted in strengthening mental health systems in underserved communities in West Africa. The framework presents the required building blocks in developing any given health system. These building blocks are vital elements which must be put into consideration in the mission to build a health system. The framework elements include: health workforce, health financing, health service delivery, health information systems, leadership and governance, vaccines, medicines and technology.

2.1.1 Health workforce

The health workforce is an essential element needed to strengthening health systems. However, there is deficiency in health workforce in some underserved communities in West Africa influencing the mental health. The problem of insufficient health workforce for mental health in some of these communities will be handled via increase in training of psychiatry. This implies training of public health specialists, health educators, nurses and medical doctors in psychiatry will assist in addressing the deficiency in mental health workforce (Ruktanonchai et al., 2021).

2.1.2 Health financing

A requisite section needed to strengthen any health system is health financing. Sufficient health financing for mental health care delivery will positively influence the services and make it to be more effective and efficient. This implies mental health services will be freely made available to health users. Health financing considerably influences health systems development and universal health coverage (Anyangwe and Mtonga, 2017). Health financing must be given extreme superiority in order to strengthen mental health care delivery in some underserved communities in West Africa. A new funding procedure must be introduced to increase mental health care delivery. Public-private partnerships funding support for mental health care will increase delivery across Africa. Mental health is a non-communicable chronic disease which needs increased health care, financing and management of the affected people by mental illness in Africa generally.

2.1.3 Health service delivery

Previous studies have substantiated the inefficiency, poor quality and ineffectiveness of health service delivery in some communities in West Africa. Thus, an improvement in service delivery is expected to positively influence mental health care delivery quality. The quality of health care has been identified as a major determinant which affects people in seeking for and utilizing the health care treatment where it is made available. An improvement in the quality of mental health care services particularly in primary health centres across rural areas and districts of some underserved communities will enhance more people having access to professional psychiatry service at no cost or subsidized rate (Savedoff, 2019).

2.1.4 Health information system

The relevance of health information system (HIS) in improving mental health quality lies in data compilation, data analysis and synthesis, and mental health data generation purposely for effective communication. The health information system can be restored to leverage on improvement in information technology to advance mental health care delivery. There can be effective collaboration between the government and evolving information and technology companies for designing of mental health information databases in each country.

These will generally increase the HIS for mental health care delivery. The health profile of each patient will be stored in a database in the Cloud in a way that the health information on each person is readily available when mental attention is required in their respective countries. The improvement of health information system will influence mental health care delivery positively (Sankoh et al., 2021).

2.1.5 Governance and leadership

There is lack of transformational governance and leadership arrangements for health in some West Africa countries. Although the Ministry of Health has been put in place in many countries to act as the central public health coordinating body, there is minima assistance from political leadership to enable these Ministries to thrive (Basu et al., 2021). This is because politics will influence the health outcomes and health sector. However, the major challenge is the difficulty of political office holders in some West African governmental systems to allocate at least 15% of the budget to public health. Numerous governments in Africa budget less than 5% to public health which makes the governance and leadership structure in some Africa countries to be extremely weak in terms of health. This will continuously affect the

health outcomes negatively across the continent if not properly addressed. Thus, governance and leadership quality is a vital structural indicator of health systems effectiveness. Therefore, the governance and leadership structures must function efficiently for mental health care delivery to be of excellent quality. The adoption of a systematic approach to mental health leadership will surely yield a more efficient and effective mental health delivery (Azevedo, 2021).

2.1.6 Medicine, vaccine and technology

The availability of relevant medicines in pharmacies and hospitals will assist in the improvement of people's treatment suffering from mental health-related illnesses. The addition of drugs in treating mentally ill persons to the essential drugs stated by WHO is a better decision in the right way (Addo et al., 2020). Additionally, local drugs production in treating mentally ill persons will improve its accessibility at a cheap price. Pharmaceutical companies can contribute immensely by engaging in drugs production for the treatment of mental patients which acts as a form of corporate social responsibility and their contribution to minimizing mental health burden in Africa (Ntuli and Maboya, 2021).
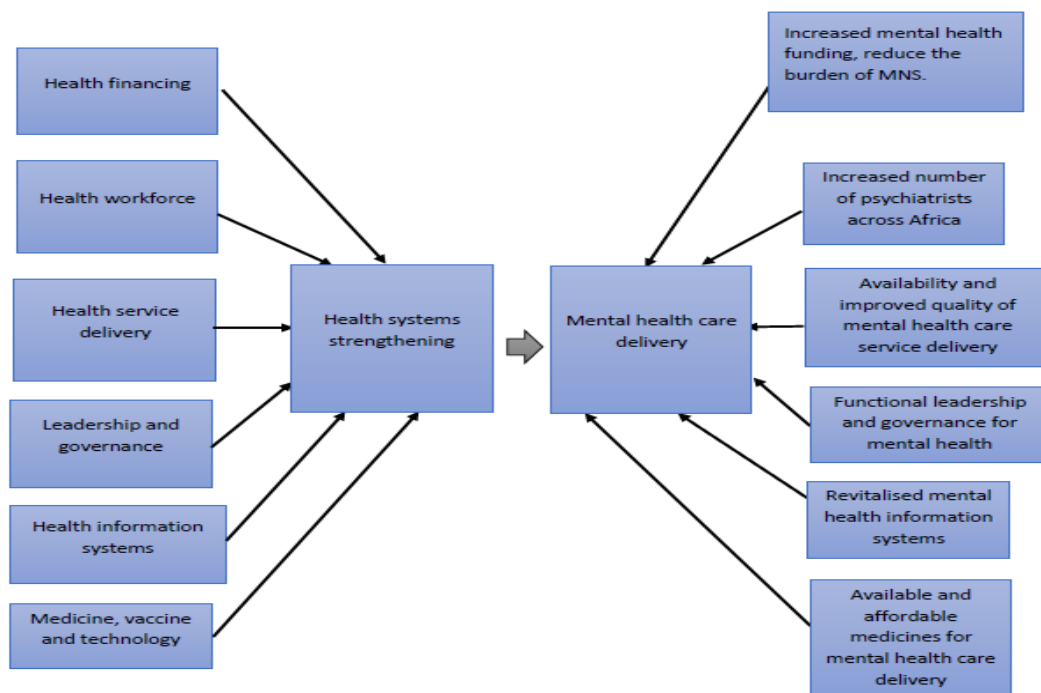

Fig. 1. Features of health systems approach for strengthening mental health care delivery

Fig. 1 presents the different features of the WHO health systems framework which can be adopted in strengthening mental health care delivery in West Africa. Mental health will consistently benefit from sufficient funding allotted for health care delivery. With sufficient health financing, more funds will be made accessible to train the required mental health workforce, build infrastructure and remunerate the medical staff members. There will be better training for the health workforce with the provision of improved financing. This will also encourage more people to join the workforce when the existing ones are well paid. The health service delivery will be advanced with good training for the health workforce which makes them to be better equipped and more knowledgeable in performing optimally on their jobs. Hence, mental health care service delivery quality will be efficient and effective in meeting the needs of the patient. Nonetheless, governance and leadership for health is one of the major frontlines which make the health system work for the public. Having an efficient leadership that is specialized and experienced in mental health will assist developing the right methodology in solving mental health problems in West Africa. Lastly, an up-to-date health information system with provision of necessary vaccines, medicines and technology will ameliorate mental health challenges in West Africa. Provision of inexpensive medicines for patients treatment with the right technology lowers mental health burden in Africa as a whole.

3. RECOMMENDATIONS FOR STRENGTHENING ACCESS TO MENTAL HEALTH SYSTEMS IN UNDERSERVED WEST AFRICAN COMMUNITIES

The various recommendations that should be effected in order to strengthening access to mental health systems in underserved West African communities include: legislation and policy; Integration of mental health into primary health care; human resource training and competencies; research and development; awareness and public education; and digital therapy.

3.1 Legislation and Policy

Integration of mental health into primary health care is most fruitful when it is incorporated into and assisted with health legislative and policy framework with sufficient resources, effective governance and strengthened leadership. A 50% global target of countries to have updated their mental health laws has been set by WHO. This was stated based on international and regional human rights instrument by 2020 via the WHO mental health action plan between 2013 and 2020. It is essential to reform the obsolete existing laws and formulate new policies that allow the creation of commission for mental health aiming at protecting and supporting persons with mental health needs. By doing this, an effective and efficient incorporation of mental health services into public health will be attained (Savedoff, 2019; Sankoh et al., 2021; Okasha, 2022).

3.2 Integration of Mental Health Into Primary Health Care

The first point contact and care within the healthcare system is the primary healthcare. Integration, treatment and provision of mental health care via primary health system have been adopted years back in many developed countries. Mental health was recognized as an integral section of primary care to solve issues related to mental health like any other situation involved in the primary care service packages in countries like Australia, Argentina, Chile, Belize, Iran, India, Saudi Arabia, Ireland and United Kingdom. Provision and integration of mental health treatment and care via primary health care will promote affordability, access, cost effectiveness and enhance respect for human right which will eventually provide good health outcomes (Sankoh et al., 2021). This requires the creation and incorporation of mental health care as community-based rehabilitation centers in underserved communities with strong primary care network with the provision of complementary care in close organization with tertiary and secondary care centers. This can also act as a location for rural posting for psychiatric residents in practicing and training of primary care nurses and physicians. This will have a positive influence in handling mental health challenges in many West African countries (Hunduma et al., 2023).

3.3 Human Resource Training and Competencies

It is imperative to create more training institutions for various health care professionals to improve the workforce on mental health and psychiatry support professionals. There should also be repetitive public outreach, enlightenment, supervisory visits and training programmes by

specialist to encourage other healthcare facilities in recognizing mental health disorders and transfer them to suitable care centers accordingly (Purgato et al., 2023). Professional organizations can make provision for tailored training programs and free-outreach to overall nurses and physician on mental health care skills.

3.4 Research and Development

Research and information regarding mental health services situation in some West African countries are not easy to come by or absent which has greatly influenced neglecting mental health issues (Naicker et al., 2019). There is an emergency attention for additional investment from NGOs and government on research, and development alongside an information center on recent trends, areas of need on mental health services to assist in making decisions on policy directions, recognizing suitable interventions and track progress. These will assist in encouraging national surveys in developing policy direction, blueprints and legislation on proofs and evidence-based research and outcomes (Thapa et al., 2024; Duthé et al., 2022).

3.5 Awareness and Public Education

Countless number of public education and awareness on mental health particularly on media and urban places has been conducted in some underserved communities in West Africa by professional associations, NGOs, philanthropists and international agencies. However, collaboration between agencies and ministries of health is imperative to establish additional strategic communication and organize the public education and awareness movements on mental health and mental ailments especially within communities, educational institutions and rural areas (Mayston et al., 2020). These public education and awareness campaigns should be focused at healthcare military and law enforcement officers, workers, prisoners, violence victims and minority groups like the drug abusers and drug addicts; homeless and social deviants; students and children/adolescent. There is also imperative to mainstream school-based activities or courses in tertiary and secondary educations to promote mental health and curb mental disorders (Sweetland et al., 2024).

3.6 Digital Therapy

Digital platform such as Facebook, Twitter, Emails, WhatsApp and Hotlines calls are being utilized by many NGOs programmes on mental health. Leveraging the influence of digital health will facilitate access to mental health services and expanding the efforts of such organization. Digital health companies, private organizations and mental health professionals as part of their corporate social responsibility can make provision for available and accessible digital platforms to enhance guidance and counselling on mental health cases and give referral system to mental health care (Ojagbemi et al., 2021).

4. CONCLUSION

Strengthening health systems in some underserved communities in West Africa for enriched mental health care delivery adopting the WHO framework and other beneficial indigenous methods is conceivable. These merged methodologies can increase the quality and nature of mental health care delivery systems. They can also increase the existing mental health care services in order to make them to be more effective and efficient in meeting the requirements of the people. With a strengthened health system, the condition of mental health delivery across West Africa will be improved. In conclusion, there is an emergency quest for rigorous effort between the policy makers, government and international organizations to execute the recommendations stated herein for an accessible, better and affordable mental health services for the mental well-being of the public in advancing mental health services and care.

DISCLAIMER (ARTIFICIAL INTELLIGENCE)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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