

Psychiatrists decry mental health care in Africa

July 18 2013, by Rodney Muhumuza

(AP)—The drugs given to many of Africa's psychiatric patients are often administered to keep the patients asleep so the hurried nurses can get some rest, and those who can't sleep may have their hands or feet tied up.

Yet these patients may be considered lucky, because across Africa most of those who need psychiatric care don't ever get it. Caregivers are few and health facilities even fewer, tragic circumstances on a continent where armed conflict, disease and rampant poverty have left millions of people traumatized and in urgent need of professional help.

Now, thanks in part to a U.S.-based organization founded by the family of a young man killed in the 9/11 attack on the World Trade Center, African psychiatrists and mental health experts are determined to change what they all agree is the alarming condition of [mental health care](#) across the continent. Experts are meeting in the Ugandan capital this week to press their governments to spend more on mental health care as well as train caregivers to treat patients with knowledge and compassion.

The Peter C. Alderman Foundation, which underwrote the conference in Kampala, says it seeks to build "mental health capacity in post-conflict countries," especially by training caregivers and running clinics that treat thousands of patients each year. The conference drew more than 500 participants, including scores of African students who hope to swell the ranks of a specialty that seldom attracts the attention of sub-Saharan Africa's impoverished governments.

"It's a beautiful thing," Seggane Musisi, a professor of psychiatry at Uganda's Makerere University, said, talking about the foundation's mission. "I wish we had more of that on the African continent."

Across Africa, researchers say, the mentally ill are getting poor or no care, and often are treated with the kind of stigma usually reserved for prisoners. The attitude toward [mental illness](#) is sometimes reinforced by ignorance about what causes it and how it should be treated, they say. Patients can be called "mad" by nurses, and some are dismissed as the unlucky victims of witchcraft. And those fortunate to get admitted to a hospital are not likely to get the attention they need, often because there are too few doctors and nurses.

Uganda, a country of 33 million people where an entire region was devastated by decades of a rebel insurgency at the hands of the cruel Lord's Resistance Army, has only 33 qualified psychiatrists. That's one psychiatrist for a million people.

"Access (to treatment) is limited to very few," said Musisi, one of the conference organizers. "And there is limited ethical understanding and commitment among caregivers."

This is the case in neighboring Kenya, where some patients have complained about being drugged and confined by those who are supposed to look after them. In May 40 male patients fled the country's only psychiatric hospital in the capital, Nairobi, allegedly because they were being abused by caregivers there. An advocacy group, the Kenya Society for the Mentally Handicapped, later said patients were often confined and immobilized using drugs that put them into a comatose-like state.

The group says there are 3.6 million Kenyans with intellectual disabilities "who are rejected by parents, families and abandoned to live

in inhumane and abusive environments."

Kenya, a nation of about 40 million people, has only 83 qualified [psychiatrists](#), according to Prof. David M. Ndetei of Kenya's University of Nairobi. Ndetei, who is attending the Kampala conference as director of the Nairobi-based Africa Mental Health Foundation, said Africa's biggest challenge was spreading mental [health care](#) to the family level in professional care that would help ease the [stigma](#) associated with mental illness. Only 4 percent of those with mental illness are able to access treatment in Kenya, he said.

In Kenya, he said, caregivers had resorted to drugging patients in order to do less work, an unethical practice that he suggested was understandable in a country where health workers frequently complain of poor pay and too much work.

"We tend to control (patients) by giving them medication rather than talking to them," he said. "The doctors will not have time for all the patients because they are overwhelmed with work."

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