

THE AFRICAN TEXTBOOK OF CLINICAL PSYCHIATRY AND MENTAL HEALTH

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Foreword

When Professor David Ndetei invited me to write a foreword for the book *The African Textbook of Psychiatry and Mental Health*, I accepted to do so with much pleasure—without even seeing the manuscript—for several partly independent reasons.

First, of all continents, Africa is undoubtedly most in need of qualified people who can competently deal with mental health problems – problems that are becoming even more frequent than before and have even more serious consequences than they had in the past. There are many reasons for this epidemic of mental ill health, including extreme poverty, the growing prevalence of infections and other diseases affecting the brain, still deficient perinatal care leading to injuries of the newborn, and nutritional deficiencies that are reducing the capacity to withstand physical or mental disorders. The situation is made worse by the reduction and even disappearance of the traditional social structures that have helped people in need, particularly in urban areas. Unfortunately, however, it seems that the same ominous trend is also being extended to the rural areas where, already today, the traditional social networks are no longer as strong as they had been and can no longer buffer the multitude of problems that face people in Africa. There is thus an urgent need to bring together knowledge that will be useful in dealing with mental disorders, in training health care workers and in activities that might promote mental health and help to prevent mental illness.

Second, the knowledge needed must be assembled and presented by experts who are steeped in the cultures in which it will be used. Recent years have seen the development of a multitude of psychiatric textbooks and mental health care manuals: most of them have however been written by psychiatrists living in developed countries with little or no experience or information about the situation in the developing countries. These texts are useful as a source of facts that, however, need to be embedded in the doctrine of care developed for other settings. The decision by a group of experts in Africa to jointly produce a textbook of psychiatry in Africa is therefore an important step towards an agreement on ways of providing mental health care in Africa. It is my fervent hope that the work of this group and the work of others in the area of education and other domains will mark the beginning of the renaissance of African psychiatry that had been in the eyes of the world when Lambo, Assuni, Tigani el Mahi, Raman, German, Smith and others in the early 1960s made through their achievements and spirit. They made everybody feel that psychiatry in Africa might become the model for psychiatry in the developing and in the industrialised world.

Third, the stigma of mental illness does not only affect the person who suffers from it: it spreads to the family of the patient and to all that has to do with mental illness. It marks mental health institutions and services – many of which are in a poor state because the resources for their improvement are lacking and for other reasons – and it has marked the discipline of psychiatry. It is therefore important to produce materials that will present the huge advances of mental health knowledge to the medical students and to other health professionals and convince them of the fact that mental health care can be based on solid evidence and therefore requires just as much attention and resources as do services provided by other disciplines and services.

Fourth, we live in a period of intensified brain drain with an exodus of trained personnel. This is particularly painful and harmful because it involves a high proportion of qualified staff in the less developed countries. Brain drain is not a novelty in the field of medicine: there were always young doctors who left their country to gain additional experience and knowledge, to see the world or to make more money. What is new, however, is that at present governments in several countries in the industrialised world actively recruit people from developing countries and offer them very attractive conditions. What is also new is that the recruitment of experts from the developing countries has become easier because the conditions in their home countries have worsened. What is also new is that those who left for training or short-term employment are less likely to come back than was the case before. I believe that the flight of academic staff to richer countries has, at least in part, to do with the difficulties of doing research, providing service and training thus making it very difficult to be proud of one's department or programme. To change this situation and improve the working atmosphere the departments of psychiatry in the developing countries will have to make an enormous effort: the production of locally written

textbooks and the reform of teaching that can go hand in hand with the production of training materials is part of this striving and will help to augment the prestige of the departments and make those who are working in them feel proud and motivated to do even more.

For these reasons and because I believe that psychiatrists in Africa can make a major contribution, not only to improve mental health care in their continent, but also to develop psychiatry worldwide, I welcome this book and hope that others will follow thus helping to make psychiatry in Africa a winning proposition for all concerned – for the mental health professionals, for the society and, last but certainly not least, for people with mental disorders, their families and those who are close to them.

A handwritten signature in black ink, reading "Norman Sartorius". The signature is written in a cursive, flowing style with a prominent initial 'N'.

Norman Sartorius, M.D., Ph.D.

Professor of Psychiatry, University of Geneva, Switzerland and former Director of the Division of Mental Health of the World Health Organisation

Preface

The concept for this book was first mooted by the editor in the early 1990's. Various academic psychiatrists, nurses, psychologists, rehabilitation specialists and psychiatric social workers embraced the idea, and started writing enthusiastically, only to be confronted by insurmountable logistical, technical and geo-political barriers. In many ways the manuscript was completed but remained on the shelf, only to be overtaken by events, such as new concepts and practices and curriculums, thus requiring a fresh start.

The Department of Psychiatry, University of Nairobi, Kenya, in consultation with the WHO Mental Health Division Geneva, embarked on the process of revising its undergraduate curriculum in the mid 1990s. This revised curriculum put emphasis on the holistic concept of mental health, and therefore increased recognition of the critical place of behavioural sciences. The approach recognised that mental health was bigger than clinical psychiatry and that clinical psychiatry could not be complete unless practised in the bigger context of mental health. Other medical schools in the region were moving in the same direction – a multi-disciplinary approach. The need for teaching materials thus increasingly became a priority.

No doubt one of the greatest curse of medical and related human resource in developing countries is brain drain (Ndeti *et al* 2004, *International Psychiatry* 6: 15-18). The meagre resources in these countries are used to train for the rich western countries. Further, even if we were not loaded with this burden, the gap between demand for Appropriate, Affordable, Available and Accessible (the 4A's) mental health and psychiatric services continues to widen in developing countries due to social, economic, political and stigma reasons. Even within a given country, the gap highly varies between urban and rural areas, so that number of personnel per country's population can be totally misleading. Many countries in Africa have less than one psychiatrist for every 2 million people.

There is, therefore, need to allocate more resources, energy and effort to the training of non-specialist personnel who will be deployed at the levels where services are most needed. In this regard, efforts and resources should focus on equipping medical students with adequate skills in mental health and psychiatry that will enable them to function effectively at primary health care level. The students are equipped with similar skills to function this way in relation to physical medical problems. Thus, there is no reason why they cannot be similarly equipped in managing mental health and psychiatric problems.

Even where fully trained psychiatrists are available they cannot work in isolation and will need the inputs of psychologists, psychiatric social workers, psychiatric nurses, occupational therapists and even the clergy, who should have a working knowledge on mental health issues and management. They all complement each other on strengths and limitations, to minimise the latter and enhance the former. To the extent possible, they should share some common scripts and the more of this the better for the consumers of the services i.e. people with mental health problems, their families and other support systems. It is hoped that this book will provide the forum that addresses all the above challenges and required linkages.

The target groups for this book include medical students, psychology students, nurses, clinical officers, occupational psychiatric therapists, clergy, and any other related professionals. The book will also be useful for the general practitioner and other health care professionals who interact with patients. Although the primary focus is undergraduates, graduate and post-graduate students, other professionals will find sections relevant to their needs. Students or other specialists will find sections of this book very handy, especially the chapters that cover an integrative approach in medicine.

The title of this book captures a series of statements: the Pan-African collective effort in authorship and editorship by active and current academicians on the Continent; a philosophy on the approach, minimum standards on teaching, practice and delivery of psychiatry and mental health; and the interdependence of all the stakeholders in the African context. It is also a statement that while Africa recognizes specialists, their role has limitations that make them relatively unavailable at the level of service delivery. But, also, there are viable alternatives. It is a statement that psychiatry and mental health has a place and a future in Africa. This book is part of that future.

This book is not about psychiatry that is uniquely African – only found in Africa. But it is about psychiatry and mental health in Africa. I would like to agree with Africa's pioneering psychiatrist, the late Prof. Lambo that "all people are mentally the same. What differentiates them is culture". Paraphrased, there are no unique African psychiatric disorders, but socio-cultural and economic factors may influence the way the same disorders present, help is sought, and services are availed. It is also a contribution to the practice of psychiatry in a wider global perspective, for Africa is part and parcel of the global community and what happens here can no longer be viewed as of peripheral significance.

The writing of this book was a collective effort of various scholars. This effort has been facilitated by several factors, some of them almost incidental. Over the years medical schools invited me either as an external examiner, visiting professor or as a speaker, or I called on them if I happened to be in town for other reasons. This exposure helped me to see both individual strengths and weaknesses, of all Departments I visited out of which I focused only on the collective strengths. Then the staff were quick to agree with me on the principle of collective strength and to suggest other areas I had not quite seen. Together we had a collective vision and dream on how to realise them. In this book, we are pooling together our strengths in expertise and then re-distributing them equitably.

One of my most influential mentors, Professor Norman Sartorius was at his best, once again, mentoring me through this process. Students, patients, their relatives, and their support systems have also been a source of very unique mentoring. I have been most impressed by the way the students – whether medical, psychology or other related disciplines, have greatly appreciated and embraced the concepts of this book even before they were put together in this form. The patients, their families and support systems have, by far, been my best practical-oriented, non-theoretical teachers. They taught me, not by word of mouth, (although some did), but through experience on what they needed, what worked, what produced desired changes and not just what I thought. That patients with mental illnesses are indispensable partners in their health care team. This is best illustrated by a patient who wrote a section in this book (From the other side of the doctor's desk). It is also graphically illustrated by the story of Suzanne Johnston (British Medical Journal 2006, Vol. 332 pp.30-32) who even allowed use of her photograph. These two stories, told from different contexts are strikingly similar in content. In this book I want to make a statement that I totally agree with what they taught me and which my colleagues and I give back to them. This we do through our students in psychiatry and mental health.

The two most important and basic considerations on the final product and design of this edition were reasonable adequacy of the contents and the minimum possible and reasonable cost to the student so that the book met all the 4A's described above. The contents were made possible by the contributors and the cost by grants from Africa Mental Health Foundation, a grant to the publisher (AMREF), the ex-gratia permission from the American Psychiatric Association to reproduce from DSM-IV-TR, the time and expertise donated by all contributors and a modest design of the book.

I appreciate all the invaluable support, mentoring and "teaching" by all concerned persons and the contributors. I attribute all that is good in and about this book to them.

However I take full responsibility for any shortcomings. With so many contributors, all from different backgrounds and writing styles, it was not a realistic task to eliminate all repetitions and to completely synchronize the styles, or even notice all important omissions. I desperately need to have all these pointed out to me, by both students, teachers and where possible patients, their families and any support systems. These should be sent to me through my email or physical address. Any suggestions on improvements are also most welcome. All of these will be taken into account as we prepare for the next edition, in the not too distant future. The reader is politely reminded that this edition is just but a beginning, with all the attendant teething problems of any new venture.

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