

African Burden of Mental Health: Rethinking Primary Care in Mental Health

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Introduction

Mental health is a level of psychological well-being, or an absence of brain or mood disorders. It is the psychological state of a person who is living in a state of general satisfaction and self-reported well-being in emotion, behaviour and self-esteem. From the perspective of positive psychology or holism, mental health may include an individual's capability to enjoy daily life, and maintains an equilibrium between normal actions performed by the person and efforts to achieve psychological resilience.

According to the World Health Organization (WHO), mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others. The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how "mental health" is defined [1-6]. A widely accepted definition of health by mental health specialists is psychoanalyst Sigmund Freud's definition: the capacity "to work and to love". Finally, several researchers of different fields, agreed on the fact that mental health is mainly affected by the environment. These authors reported the risk factors and lifestyle play an important role in the occurrence and the growing of mental disabilities, and this is true in different parts of the world even in developed countries [7-15].

Mental health issues in Africa are often viewed as the "silent crisis" since they are often given lower priority in a region of Africa where international aid is focused on communicable diseases and malnutrition. In addition, national administration and political leaders did not consider mental health; to an equal level than popular and endemic diseases. Each country for example in Southeast Africa is consistently confronted with barriers that make mental health policies a challenge to implement, including the lack of policy, social and cultural barriers, the role of traditional medicine, HIV/AIDS, and the stigma surrounding mental health issues [16]. Cognitive disorders as well as mood disorders are considered until now by populations of many low- and middle-income countries; like punishment of spirit or unnatural events [16]. It is time to realize that science can also explain mental health; and if scientists of both half of our planet shared information and educated themselves, probably religion or culture will not take advantages of medicine.

Some mental illnesses have been linked to an imbalance of chemicals in the brain called neurotransmitters. These neurotransmitters help nerve cells in the brain communicate. If these chemicals are out of balance or are not working properly, messages may not properly transmit through the brain, leading to symptoms of mental illness associated and associated dysfunction like sleep disorders [17,18]. In addition, defects in or Traumatic Brain Injury (TBI) to areas of the brain have also been linked to some mental conditions.

Many socioeconomic factors may contribute to mental health. Such as disease, political unrest, violence, and any kind of addiction. These may all play a role in the high incidence of mental illness [19]. Adequate care may not be available to sufferers, due to the stigma that surrounds people dealing with mental illness. The reversal of this stigma is due to the lack of educational resources. In Africa, many people have

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developed post-traumatic stress disorder relating to genocide, civil war, tribal clashes, and refugee situations. Particularly in the area of lasting wars like Congo, Lybia, Rwanda and Uganda, post-traumatic stress disorder affects a significant number of the population, due to recent conflict, genocide, and crimes against humanity.

Primary care in mental health is one of the main key to recognize mental disorders as equally dangerous disease for people, at the same level as malaria and Aids. An efficient and systematic neuropsychological evaluation of our patients in hospital will definitely help to dissociate cultural suspicion with true brain disorders. Simple and complete questionnaires like the MHPE scale (Mental Health Profile of Etindele scale) used in several studies allows every therapist or clinician to measure and detects the majority of symptoms, related to sleep disorders, cognitive decline, depression, anxiety, well-being, suicidal behaviour, sleep quality and general physical condition of their patients. Obviously, an intensive and continuous education should be made to disseminate this knowledge. Open access journals, conferences, government supports and exchange between researchers and population; will probably induce and accelerate this movement. "This medicalization" of public opinion or cultural behaviour should be adapted to every population [20].

Conclusion

The world is moving, so culture and health administration should follow at the same speed. Before thinking individually, think about the global impact of an action or a politic on the future may change the perception of our diseases. There is no difference between north and south, as well as west and east. Africa has the potential to handle and eradicate many diseases it faces. According to the present opinion, we can obviously say government have a lake of interest or a do not have funding strategies to manage mental health at the same level as developed countries. But rethinking the primary care of neurodegenerative diseases, or dementia and mood disorders; is the way to improve the global mind and in the same way health management. Public health experts and local government should be a lasting relation to export knowledge academic areas to practise in low-and middle - income countries.

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