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MENTAL HEALTH IN DEVELOPING COUNTRIES

Emphasis on Africa



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Emphasis on Africa

ABSTRACT

The purpose of this thesis was to explore more about mental health and mental health nursing plus education in developing countries with more emphasis on Africa. The aim is to find out how mental health teaching can be promoted in developing countries and how to assist people with mental illness, have more productive and autonomous lifestyles since it is ignored. The thesis was carried out using the literature review methodology. The authors used electronic search engines available at the Turku university of applied sciences website (Finna) and other search engines like Academic Search Elite (EBSCO), Cinahl complete, Cumulative Index to Nursing and Allied Health Literature, SAGE publications and E-Library. WHO Software used RefWorks for bibliography and for importing references. The other articles and journals used were the World Health Organisation (WHO 2016), psychiatric-mental health nursing education (PMHNE) programs that mainly focused on Botswana and Nigeria. Mental illness cases are linked to imbalances of neural transmitters in the brain, Traumatic Brain Injury (TBI) in certain parts of the brain, socioeconomic factors like disease, political instability, violence and any other kind of addiction. The results show that there are poorly enacted policies directed towards mental health education by the policy makers in the various African countries. Secondly, the funds that are meant to be invested in the education of mental health in the various countries are not sufficient enough. Because of this, education for nurses is still poor.

KEYWORDS: Mental health, Developing countries, mental health education.

Omax Rotich ja Job Tugumisirize

MIELENTERVEYS KEHITYSMAISSA

PAINOPISTEENÄ AFRIKKA

Tämän opinnäytetyön tarkoituksena oli tutkia mielenterveyttä ja mielenterveystyön opetusta kehitysmaissa, erityisesti Afrikassa. Tavoitteena on selvittää, miten mielenterveyttä voidaan edistää kehitysmaissa ja miten auttaa mielenterveysongelmista kärsiviä ihmisiä sekä miten kehittää mielenterveystyön opetusta kehitysmaissa. Tutkimus tehtiin kirjallisuuskatsauksena. Kirjoittajat käyttivät sähköisiä hakukoneita Turun ammattikorkeakoulun verkkosivuilla (Finna) ja muita hakukoneita, kuten Academic Search Elite (EBSCO), Cinahl complete, hoitotyön ja liittoutuneiden terveystieteiden kumulatiivinen indeksi, SAGE-julkaisut ja E-kirjasto. Muut tiedonlähteet olivat Maailman terveysjärjestö (WHO 2016), psykiatris-mielenterveyden hoitotyön koulutusohjelman (PMHNE) sivustot, joka keskittyi lähinnä Botswanaan ja Nigeriaan. Mielenterveystapaukset liittyvät hermovälittäjäaineiden epätasapainoon aivoissa, traumaattisessa aivovaurioalueessa tietyissä aivojen osissa ja sosioekonomisiin tekijöihin, kuten sairaus, poliittinen epävakaus, väkivalta ja riippuvuudet. Tulokset osoittavat, että eri Afrikan maiden poliittisten päättäjien mielenterveyden koulutukseen on puututtu heikosti. Toiseksi resurssit, jotka on tarkoitus sijoittaa mielenterveyden koulutukseen eri maissa, eivät riitä, koska koulutus on edelleen puutteellista.

ASIASANAT:

Mielenterveys, kehitysmaat, mielenterveyden koulutus

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LIST OF ABBREVIATIONS (OR) SYMBOLS

ANA -----American Nurses Association

SANC-----South African Nursing Council

PMHNP--Psychiatric-Mental Health Nurse Practitioner Competencies

PHC-----Primary Health Care

TBI-----Traumatic Brain Injury

WHO---- World Health Organisation

LDC----- Less Developed Countries

HDI----- Human Development Index

KNCHR- Kenya National High Commission on Human Rights

WTO- World Trade Organization

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1. INTRODUCTION

Mental health promotion is frequently overlooked as an integral part of health promotion since its one of the most complex and demanding areas of nursing in developing countries. At least one in three people is thought to suffer some form of mental health problem. (Jenkins ym 2011.) Among most people, mental illness is as a result of the crisis they suffer in life or in the day to day experiences which they can't cope with (Seedat ym 2008). There is quite a wide range of mental health conditions in developing countries, these include:- neuroses, psychoses, psychological and personality disorders, political instabilities effects like after war trauma, eating disorders and substance misuse (Barley ym 2016).

Modern mental health nursing requires a lot of knowledge, experience and competence, in developing countries. Nurses need effective communication skills, a caring and compassionate nature as well as respect for the dignity and safety of others. Even though in developing countries they take dignity as important as possible, it is the opposite for mental health patients in some countries. (Adejumo et al 2001, 223.)

Mental health is generally described as a situation where individuals discover their ability, can perform normal daily tasks in a productive manner, and they are able to make positive changes to the communities they live in and their surroundings (WHO 2001a, 1).

It is of great concern that in practice, mental health promotion is frequently overlooked in health promotion programs especially in developing countries, although the World Health Organisation defines mental health as an integral part of health. It is suggested that more attention should be given to addressing the determinants of mental health in terms of protective and risk factors for both physical and mental conditions among individuals, particularly in developing countries. (WHO 2005.)

2.THEORETICAL FRAMEWORK

2.1Mental health

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (WHO 2001, 1). The World Health Organisation further defines health promotion as “actions that support people to adopt and maintain healthy lifestyles and which create supportive living conditions or environments for health (WHO 2005).

Mental health is also defined as a state of well-being where an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her own community (Lal ym 2014).

Other definitions of mental health refer to the individual's subjective feelings of well-being, optimism and mastery, the concepts of ‘resilience’ or the ability to deal with adversity, and the capacity to be able to form and maintain meaningful relationships(Jansen ym 2015).

2.2.Developing countries

A developing country can also be referred to as a Less Developed Country (LDC) or an under developed country. There are a series of definitions for a developing country though there are no agreed criteria used to define the above. This is usually a country with an industrial base that is developing at a gradual rate. The Human Development Index (HDI) is low as is compared to other countries. These countries are usually in the process of transformation from their old traditional lifestyles moving towards the modern lifestyle that began in the 18th and 19th century as a result of the industrial revolution.

A developing country is often characterized by having people with a lower life expectancy rate, the education levels and literacy rates are low, and people’s income levels are very low usually below the poverty line. It is also said that these countries have women with

high fertility and pregnancy rates. Therefore their population levels raise drastically. (WTO 2016.)

Almost all African countries are clustered under the category of developing countries. Most of the sub-Saharan countries are in the process of moving from the traditional way of life to the modern or urban way of life. Having been colonized by countries like Britain, Germany, France, Portugal among others has made these countries to identify themselves basing on their colonial masters. They therefore refer to themselves as Anglophone, Francophone Lusophone countries to mention but a few. (WTO 2016.)

2.3. Mental health education for nurses

Mental health education simply refers to the specific type of training that is given to mental health service providers or practitioners basing on the principles and ethics of mental nursing. Mental health education for Psychiatric Nursing values all aspects of health specifically looking at how emotional health, physical health and mental health are interrelated. It also values the influence of physical social and cultural factors on the mental health of an individual, its promotion, mental illness prevention of mental illness and its recovery. (Adejumo at el 2001, 219.) It also states that Nursing educational curricula in Nigeria and Botswana were examined for psychiatric-mental health nursing components, and their differing degrees of emphasis on mental health nursing. The place of PMHNE programmes in the nursing education system of Nigeria and Botswana are represented in specific curriculum. There are minimal (postbasic) activities that nurses are taught in both countries. (Adejumo at el 2001, 216.)

Registered Psychiatric Nurses of Canada (2010) states that; mental health education is administered in line with the values culture and beliefs of the mentally ill patients and look for which ways to administer mental health therapy to them without affecting their day to day livelihood. It also looks at how to cope up with the complex and rapidly dynamic health sector in the different communities of a country through guiding the nurses, educators, employers, patients, authorities and the public at large.

In many African countries, little attention is accorded to mental health issues. Medical nurses are given little training on how to handle mental health related cases. As a matter

of fact, even those who attain this kind of training, only a few of them continues carrying on the practice. In countries like Malawi, enrolled nurses who provide mental health therapy have to undergo a one year training course at the central mental hospital after which they are deployed in different hospitals of their respective districts. (Herzig 2003.) Unfortunately, only a few (approximately 1/3) continue to work in the field of mental health. Many medical schools in Africa only emphasize public health and Primary Health Care. The curriculums put little emphasis in mental health. (Herzig 2003.)

3.PURPOSE AND RESEARCH QUESTIONS OF THESIS

The purpose of this thesis was to explore more about mental health and mental health nursing in developing countries with more emphasis on Africa. The aim is to find out how mental health teaching can be promoted in developing countries and how to assist people with mental illness to enable them have more productive and autonomous lifestyles since it is ignored. The research questions were:

- a. What is the state of mental health in developing countries?
- b. How to promote mental health education for nurses in developing countries.

4. RESEARCH METHODOLOGY

4.1. Literature review

Literature review is one of the methodologies used for this thesis. This methodology involves the use of secondary sources or already existing literature that has substantive findings alongside theoretical and methodological contributions to a named topic. This methodology therefore deals with available academic journals. (Shields et al 2013.) A systematic review which puts more emphasis on the research question, to identify, appraise, select, synthesise or analyse collected facts and data that is in line or connected to the research question. Therefore the literature in the various journals collected aids in developing frameworks for analysing and getting a broader view of the data in connection to the research question. The literature review should be able to act as a source of or information for other researchers who are using the same methodology and are seeking for information connected to the same field (table 1). (Boote et al 2005.)

	Knowledge	Comprehension	Application
1.Skills Used.	Information were obtain through electronic search engines available at Turku University of Applied Sciences Website (Finna) and other search engines like Academic Search Elite (EBSCO), Cinahl complete, Cumulative Index to Nursing and Allied Health Literature, SAGE publications and E-Library.	Key areas of the literature were reviewed.	The points that are connected to the research question was picked and compared with the information from the literature review.
2.Assumptions Made by the Writer.	All articles used have been already published.	All articles included in case they have already been published without differentiating among research and non-research articles.	Main ideas were chosen from articles and journal that are related to the topic or research question.

3.Main Organization and Content of Papers at Each Level.	This is based on the articles and journals that have been read and not the topic through listing what has been found out and not exactly the ideas of the source of information. Quotations may apply where necessary.	Main ideas were based on information from the source article.	This thesis is based on source articles and quotations are necessary.
4.Main ideas.	Main ideas from each source article are to be summarized in own writing and composition.	The summary is to be linked to the source and connect it to the topic of study. In case it's not connected, its discarded.	The summary is put together to develop the two questions of the thesis and how valid it is to the topic of mental health in developing countries.

<p>5.Assumptions Made by the Writer/author on the findings /results.</p>	<p>Emphasis were put on the results and finding of mental health in developing countries guided by research questions, the details of the results finding brought how mental health is viewed in Africa.</p>	<p>Major parts eliminate information not connected to the topic.</p>	<p>Not applicable.</p>
<p>6.Main Organization and Content of Papers at Each Level.</p>	<p>Each article related to the topic of the research was keenly checked and summarize in the thesis.</p>	<p>The main ideas and finding that arose from this thesis was lack of funding or low funding of mental health by most of the African states and other developing countries, attitude towards mental health should change, inadequate mental health nurses and the facilities.</p>	<p>The sources were critically analysed basing on the strength and limitation. This was done to elaborate both sides of the argument and to get better results that b answers the set of questions of the thesis.</p>

7.Tips to Move to Next Level.	All articles were reviewed keenly, detailed summary has been made, key points was outline.	Sources were selected and a distinguish sources with information was chosen and some sources chosen with information older than the set years were omitted from the used articles.	Not applicable.
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Table1: *Promoting cognitive complexity in graduate written work: Using Bloom’s Taxonomy as a pedagogical tool to improve literature reviews. (Boote 2005.)*

Therefore, for the effectiveness of the literature review methodology, a procedure had to be followed which included; coming up with the research question, highlighting the key words in the research question, a systematic review which will put more emphasis on the research question, identify, appraise, select and synthesise or analyse the data collected(Boote et al 2005).

4.2. Database

During the compilation of this thesis, authors were able to utilise three various categories of databases and portals so as to obtain information. They included electronic search engines available at the Turku University of Applied Sciences Website (Finna) and other search engines like Academic Search Elite (EBSCO), Cinahl complete, Cumulative Index to Nursing and Allied Health Literature, SAGE publications and E-Library. Software used RefWorks for bibliography and for importing references. The authors also accessed the World Mental Health which is a professional publisher with high quality information concerning mental health globally (table 2).

4.3.Exclusion and Inclusion Criteria.

In the process of conducting the database search, the authors adopted a criterion for extracting information, this was aimed at coming up with classical information to aide in the compilation of this thesis to suit its purpose. This among others included the following; full text PDF articles, free of charge articles, empherical studies, articles that are published in the English language, articles that are available and accessible, relevance of presence of keywords, articles published between 2000 and 2016, the authors chose articles between 2000 and 2016 to see to it that articles with the latest information is obtained (table 3).

DATABASE	SEARCH TERMS	FILTERS	NUMBER OF RESULTS	CHOSEN ON GROUND OF THE TOPIC	CHOSEN ON GROUND OF THE ABSTRACT	CHOSEN ON THE GROUND OF FULL TEXT
Cinahl Complete (EBSCO host).	Mental health & psychiatric nursing.	English language 2000-date Developing countries Full text.	6.181	54	19	12
PubMed.	Mental health & psychiatric nursing.	English language 2000-date Full text Mental health in Africa.	190.835	1875	73	5
Science direct.	Mental health & psychiatric nursing.	English language 2000-date Full text Africa.	117	43	9	3

Table 2. Literature search table.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> ✚ Articles available to the source of the Search engine. ✚ Full text PDF articles. ✚ Free of charge articles. ✚ Empherical studies. ✚ Articles that are published in the English language. ✚ Articles that are available and accessible. ✚ Relevance of presence of keywords. ✚ Articles published between 2000 and 2016. 	<ul style="list-style-type: none"> ✚ Articles published before 2001. ✚ Articles that were not published in the English language. ✚ Articles without the key words of the research question. ✚ Articles that were not answering the research question. ✚ Articles not related to mental health.

Table 3: Inclusion and Exclusion criteria (Griffiths 2009).

4.4. Data Collection

This is where information is gathered and then measured to see that it is able to give undisputable answers to the given research question and also ensure that it is able to evaluate the outcomes of the research. The aim is to capture evidence that is of high quality information or data that is relevant from the article that have been retained during the exclusion and inclusion criteria. The data collected shall simplify the process of synthesising, analysing and interpreting the data. (Morris ym 2010.)

The research method will be limited to literature review which is the evaluating of reports of information found in the study and literature related to the selected area of study. The review should describe, summarise, evaluate and clarify the area of study. It should give a theoretical base for the research and help the author determine the nature of research, reviewing of previous documents related to mental health teaching and promotion, mental nursing activities, using the other authors studies but basing on literature review .(Morris ym 2010.)

4.5. DATA ANALYSIS

Data analysis is a method in which data is collected and organized so that one can derive helpful information from it. Conducting an integrative review that analyses several types of research paper is a major challenge. (Lifshitz ym 2016.) In this review, the content data analysis will be adopted for both data analysis and presentation of the results. The use of content data analysis promotes conceptual understanding and provides a strategy for analysing and organizing information, identifying, displaying and linking concepts. (Morris ym 2010.)

5.RESULTS OF THE RESEARCH QUESTIONS

5.1. State of mental health

The people's attitude towards mental illness in Africa is still being influenced by tradition of the various regions and tribes. Therefore, they believe in spiritual causes and traditional medicine and witchcraft as a cure to mental illness. Therefore, the sufferers always seek the help of witch doctors whenever they detect illnesses affiliated to mental health. This act by the people of Africa makes it hard for medical practitioners to provide or extend mental health care services to those that require them. (WHO 2000, 475.)

Being the second largest continent the globe has got, most of its countries are categorized under the developing countries having citizens who are low income earners, elevated levels of communicable and non-communicable diseases, malnutrition, high fertility rate among women, low life expectancy alongside poor service provision by the respective governments to mention but a few. In the continent, mental health is not looked at as a big issue by the service providers. It is on record that many nations in Africa have got no mental health policies, programs or action plans with which they can use to fight mental health illnesses or disorders. (WHO 2000 475.) It is put into consideration after solving other health issues like the communicable and non-communicable diseases, malnutrition, HIV/AIDS alongside other priorities. The World Health Organization categorizes mental health as being part and parcel of health issues that really need to be addressed. Generally, health is a sector that is poorly funded and addressed by many African governments, as compared to other areas. (WHO 2005.)

Many African countries have psychosis being acute or sub-acute: acute transient and paranoid psychoses, and that resulting from cerebral involvement in infectious diseases for example malaria, typhoid and HIV. These can cause temporary disability but may worsen if not diagnosed and treated earlier. (Adejumo et al 2001.)

Social interaction brings about good mental health among the people in a given community (Putnam 2001). Most of the African countries are deemed to be poor and developing. Therefore, there are a very high number of people who are poor or

disadvantaged. These people are always socially isolated because of their status in the community. They in most cases have poor health due to the inability to afford medical attention in relation to the other people in society. (Hamilton et al 2015.) It is said that communities that are social and don't isolate people are more healthy though the mortality rate is low (Berkman 2000).

Africa has got half of its population being dominated by children below fifteen years of age and three out of every ten children is said to be suffering from mental disorder, poor psycho-social development as a result of being neglected by their parents and guardians. Mental retardation is majorly caused by brain damage. The prevalence of dementia is not very high since the elderly population is low. Other brain syndromes that usually follow trauma of the central nervous system are common in Africa. (Berkman 2000.)

Most of the countries in Africa are having civil wars, while others are just recovering from the effects of war. These wars have got a negative impact on the mental development of the children in these regions. The elderly too are affected psychologically, causing post-traumatic stress disorder. (Doyle 2011.)

Drug abuse involving the use of narcotics, tobacco, cigarettes ,marijuana among others together with alcoholism is rampant in the continent. Illegal drugs are smuggled into the population while brewed beer both locally and bottled together with distilled liquor has become a business for the many people in Africa. Authorities have little or no laws to control the consumption of these drugs. (WHO 2005.)

Various forms of violence, natural disasters like earthquakes and landslides, the prevalence of HIV/AIDS accompanied with war insecurity are common in various parts of the continent. These are a major cause of psychosocial problems like alcoholism and drug abuse, prostitution; self-neglect broken families, child abuse and domestic violence. These combined together with other factors cause mental retardation among both children and adults. (WHO 2005.)

Quite a number of disabilities and diseases are caused by disorders like mental, neurological and substance use. World Health Report (2013) indicates that a lot of people suffer from mental health illnesses like depression, with millions committing suicide annually, suffering from epilepsy, alcohol or drug use disorder or schizophrenia.

A large number of mental health patients do not get help for what they are suffering from. This is due to the fact that the health sector infrastructure is in shambles in most of the African countries as compared to the wide demand of the mental health services. These victims also suffer from isolation and discrimination from the general public which makes them unable to acquire mental health care. (World Health Report 2003, 19.)

5.2. Promoting Mental Health education for nurses

Psychiatric nursing in developing countries is still not of good standard. Promoting education for Psychiatric nurses in developing countries especially in the sub-Saharan African region should at least adopt standards of practice that are similar to those of the developed world associations. For example, American Nurses Association (ANA). These standards should include assessment, diagnosis and treatment of human responses to mental health disorders (ANA 2007, 1). Through training, nurses are able to provide comprehensive patient centred psychiatric attention (ANA 2007, 14).

While the education for nurses is ongoing on mental health treatment and administration of therapies for psychiatric patients, the researchers have to work hand in hand with the instructors conducting mental health training to potential nurses to see that the knowledge imparted in the trainees is used and trainees also involve themselves while conducting research in that particular field (Mekwa 2000).

Sub-Saharan African countries have to come up with constitutional amendments under which they set up councils which help in promoting and maintaining nursing education standards (Mekwa 2000, 272). South Africa in particular for example has the nursing act number 50 which gives the above responsibility to the South African Nursing Council (SANC). This therefore maintains the quality of nursing education putting emphasis on ethics of the nursing profession. The South African act number 108 further gives the South African National Council (SANC) the mandate to verify, validate, accredit and certify nurses that have suitable qualifications for the practice. This helps to maintain nursing education standards nationwide. (Mekwa 2000, 272.)

Surveys should be conducted in all institutions that carry out comprehensive psychiatric nursing programmes. This could help to acquire information pertaining the progress of

the activities of the mental health departments. This could also help to check whether the correct mental health principles are being taught to the nursing students. (Mekwa 2000, 280.)

While conducting mental health education/training to nurses, emphasis should be put on the nurse practitioner-patient relationship (Psychiatric-Mental Health Nurse Practitioner Competencies 2003 9). This could help to increase on the patients' trust in their nurses therapeutic relationship. It also helps the nurses to identify the problems that the patients are suffering from, what are other causes of these mental illnesses/ complications to mention but a few. (PMHNP 2003, 9.)

Institutions that are entrusted with the duty of carrying out mental health education for nurses should monitor and ensure quality of health care practice among the nurses that pass through their training. Monitoring can be done through consultation, collaboration, encouraging nurses to carry out continuing education certification and evaluation (PMHNP 2003, 11). This will help to check out the individual nurse's conduct, impart into him or her with the relevant skills on how to improve on his or her own mental health practice expertise (Mekwa 2000).

In the country of Malawi, it is in the fourth year of education in the medical practice that psychiatry is taught as a block. This has for a long time always been taught by first world psychiatry experts or trainers who come to the country for a few days. This teaching is conducted from the central mental hospital of Malawi together with other clinics that provide outpatient services. This helps to reduce on the shortage of nurses in these mental facilities. Though it is not in perfect operation in Malawi, it has helped a great deal in shaping psychiatry in the country. It would be very important if other countries in sub-Saharan Africa adopt the same culture. (Herzig 2003.)

To improve/promote mental health education, specialist psychiatric training which is conducted in neighbouring countries could be adopted. For example the countries with improved health sectors with specialist psychiatric trainers. For the case of Malawi, it sends her student nurses to South Africa or Zambia. Sometimes they are sent to developed countries like the United Kingdom and the United States to attain more skills pertaining

mental health treatment. Therefore at least twenty psychiatric nurses are trained annually which is better compared to other developing countries. (Herzig 2003, 34.)

The curriculums in these medical schools are being changed from the former curriculum that emphasised public health and Primary Health Care (PHC) to a new proposed psychiatric curriculum. The new curriculum encourages students to look at mental health as one of the components of general health and not as a different/separate component with distinct disorders that need special expert consultancy. This could be also useful to other countries if practiced. (Herzig 2003, 35.)

In the process of training psychiatric nurses, the nurses could be offered a sort of internship or field attachment to the general hospital and other outpatient clinics. With the supervision of expert doctors or psychiatric officers, the students could be able to gain hands on experience and also get more information from their superiors/supervisors. They could also learn how to interact with the psychiatric patients and look at the exact problems that are causing the disorders. (Herzig, 2003, 37.)

As a way of promoting mental health teaching, only qualified students or able students should be enrolled for the course. In Nigeria for example, students with senior secondary school certificates or its equivalent are the ones who qualify for the psychiatric nursing programme. This is also similar in Botswana, for one to enrol for a basic nursing diploma programme. (Adejumo et al 2001, 220.) For the basic psychiatric nursing programme, one should be a registered nurse both in Botswana and Nigeria. Those who are registered midwives with a one year post qualification experience in midwifery practice can also qualify for the case of Nigeria. The aim is to groom quality psychiatric nurses for these countries. (Adejumo et al 2001, 220.)

Adequate time should be provided to mental nurses during the process of mental health teaching. The psychiatric-mental health nursing programmes in Nigeria is twelve months, while that of Botswana is eighteen months. During this period, time is petitioned into lectures and discussions, demonstrations and case studies, clinical practice, field trips, tutorials to mention but a few. By the end of the course, the nurses have become experienced and are ready to carry on with the duties of psychiatric nursing. But in some

countries the psychiatric nurses have no time or even places to practice due to limited places for practice. (Adejumo et al 2001, 220.)

As Doyle (2011) said mental health teaching entails the different techniques that the mental health service providers are given. The knowledge imparted in them provides them with utmost knowledge on how to minimize the vice among the people living in the various communities in Africa.

Over the recent years, mental health teaching has taken place through different practices among which include tobacco control and heart health. (WHO Framework Convention on Tobacco Control — WHO 2003a; the WHO Healthy Cities project)

Generally, health promotion practice models include:

1. There is need to thoroughly study the needs of the society, the resources that are available within the area, the priorities that the people in the locality put ahead of the others, the background or history of the locality, and structure while working hand in hand with the respective authorities of the locality. This is more connected to doing with the people/peoples involvement instead of doing to make the issue solved. (Doyle 2011.)
2. There is also need to come up with a particular or specific plan to be followed when carrying out mental health teaching, pulling the available resources together, putting the plan to use, coming up with a team that inspects the progress of the activities and also make adjustments whenever needed. In case a plan is not proving to be applicable in a given community, it may be either revised or changed or the plan implementers given new instructions so as to meet the demands of that particular community. (Ssebunya et al 2012.)
3. Finally there is need to put more emphasis on monitoring and evaluation of these mental health teaching practices and disseminating the best practices. According to Mekwa (2000), putting more strength on maintaining and improving quality of these practices and putting out the best practice into discussion to check out its validity.

Promoting mental health education is a responsibility of a number of stakeholders. Each can contribute at different levels, from local to national so as to make sure that mental

health and mental health teaching is promoted. (Benzeval et al 2001.) The WHO states that for health promotion policies to be effective, it's not only the health care sector to be a key player, the economic, environmental, and social sectors are also determinants of health and improves health equity. Bradbury said 'A rudimentary health system already be set by under-investment and neglect collapsed completely during the final years of a civil war. Hargeisa the capital of Somaliland resembled a city of dry swimming pools which on closer inspection were shells of houses'. (Bradbury 2008, 3.)

For the practice of health promotion to be effective, there are features that are based on collaboration and recurrent cycles of program planning, implementation, and evaluation. Influential models stress more on the intention to make people able to run and maintain their own health and to work as a team, or as a community. (Tones ym 2001.)

For mental health policies to prevail in Africa, the public should be prioritized and given an upper hand. This is through conducting public health education basing on the fact that the mental health service providers need to work hand in hand with the community in many aspects of mental health promotion. A clear example is carrying out a community rehabilitation of the mentally ill. The community should also be taught more of the effects of stigma and discrimination and providing them with reasons why it should be reduced or eliminated totally. (WHO 2001, 78.)

The African culture generally puts family and clan first before national issues because almost all countries are heterogeneous. Therefore, families are useful sources of supporting and caring for mentally ill patients. This can only be possible if these families that have mentally ill persons are not subjected to rejection, isolation and stigma. The society should also provide them with an understanding of how to handle these patients rather than abandoning them. (WHO 2001, 78.)

The governments and respective authorities in a bid to promote good mental health can do so by creating an environment that is conducive for its promotion. The setup of many African communities is good for mental health promotion. Civil conflicts and wars have a negative impact on the social wellbeing of the affected communities. They lead to

hunger, death, disease, broken families and homelessness. These all result into psychological torture among people. (Doyle 2011.)

Policy makers should come up with programs that are aimed to render their countries and communities violent free. Programs that prevent violence may include community policing, an example in this case is the government of Somaliland that has a well-equipped police force which works hand in hand with semi trained crime preventers so as to reduce crimes and alleviate violence prevention programs. (Doyle 2011.)

Many of these mental illnesses have got medicinal treatment, sometimes medicine is not needed under most circumstances, but in case they are, there should be policies put in place to make them availed to the patients. Medication has been provided over the past years in Africa with illnesses like schizophrenia, dementia and depression having medicine. Though these medicines are not readily available in most African countries, pharmaceutical companies have been encouraged to operate in African countries through providing them with licenses which allow local companies to have patent rights to produce these medicines. (Pecoul ym 2000.)

Providing assistance to the elderly, the orphaned and the helpless individuals in the community helps to relieve them from mental disturbances. The government coming up with orphanages, elderly homes, day care centers among others which will be able to provide those prone to mental illnesses with the daily needs of life. It is from here that they will share experiences and learn more from each other on how to overcome certain life situations. (KNCHR 2011.)

After disaster or something accidental has happened there should be some measures put in place. For example during the process of trying to recover from the tragedy, psychological and social interventions should be put in place in order to promote mental health and mental health education in the areas that have been stricken by the tragedy. This also helps to solve the issue of psychopathology. Community volunteers can team up and then work hand in hand with these communities together with the government so

as to provide counseling, emotional support, and teach them on ways of trying to cope up with the situation. (WHO 2003b.)

There is more need for modern mental health services especially in the rural hard to reach areas with poorly developed channels of transport and communication that limits people from accessing those in the urban centers. Sometimes for the people in rural areas to access these services, they have to travel miles and miles to the already established health centers in order to access the nearby towns. An African county like Uganda has got only one mental specialist hospital 'Butabika' and only a specialized school of nursing. Therefore, to solve this, mental health training for general nurses should be extended to the local government health divisions to train and recruit nurses through setting up regional referral mental hospital. (Bailey 2014.)

6. ETHICS AND VALIDITY

The ethical code of conduct in mental nursing refers to guidelines that clearly stipulate the principles or behaviours that are allowed or acceptable for registered mental health practitioners or nurses. These ethical guidelines set out a standard for which these nurses execute their duties responsibly. For a society, organisation or individual to be able to carry on his or her day to day activities, they have to be following certain ethics, they ought to undertake actions according to set rules or principle. (Kimberly et al 2015.)

Therefore, there are several ethical issues which must always be considered when planning any type of data collection. Ethical action depends, in part, on the ability of

people to recognize that a moral issue exists in a given situation knowing how to take appropriate ethical action if and when required, and on personal commitment and a genuine to desire to achieve moral outcomes (Fry ym 2002). This thesis was done to establish mental health in developing countries and how to improve its education.

The topic was based on previous knowledge and observation from our previous lectures conducted by our mental health lecturer. This thesis was conducted through literature review meaning no interviews, questionnaires or observations would be applied as part of methodology. The chosen articles was ethically appropriate meaning they do not include any personal information and/or personal options or preference. The main ethical principles and codes will be addressed in this paper such as honesty, objectivity and direct quotations.

6.1. Honesty

For the concern of the integrity and quality of the research being conducted, the authors had to answer all the research questions honestly and as fully as possible after carrying out data collected. Records that are accurate, the research results should be legible, results have to be kept to allow appropriate time for review, make further research about the topic audit and help answer questions about the data collected and the research project itself.

According to Resnik (2011), accurate answering and recording of the research results enables the research to be clearly understood as a whole. This thesis does not contain false misleading data. Therefore research results including the adverse findings have to be published. The research results have to be made available to those who might need them.

6.2.Objectivity

This principle indicates that the researcher need to be distinct from what they study so that the findings are based exactly on the nature of the findings obtained rather than the personality, beliefs and values of the researchers (Christopher 2014). The outcomes of

this thesis therefore are mind independent and are different from the personal thinking and belief of the minds of authors. There are no personal feelings or prejudices embedded in this thesis by the authors but rather there are only external facts and evidence presented.

6.3.Direct quotations

Direct quotations refer to those quotations that are obtained from an original text that are used in a paper. The author, date and page number where the quotation has been obtained should be indicated. During the compilation of this thesis, direct quotations have been accurately with the author, date and page number where the quotation has been obtained noted and accounted for by using correct referencing according to Turku university of applied sciences (Tuamk) thesis guidelines. (TENK 2012.)

7. DISCUSSIONS

The aim of thesis was to explore mental health in Africa. Mental health in Africa is prevalent with quite a number of mental health victims registered in many countries of the continent. Though mental health is not prioritized in Africa as compared to other health related issues or problems, many governments are working hard to make policies and pass out bills that affect health care system with a small budget estimate put aside to solve issues related to health. (Jenkins et al 2011.) African countries allocate more resources to other illnesses like communicable, non-communicable diseases, HIV/AIDS, malnutrition, immunization to mention but a few. It's at a very minimal percentage that these governments once in a while wake up to think about the causes, dangers and impacts of mental illness. (Ssebunya et al 2012.)

The government needs to allocate resources owned by the society equally so that these are equally benefitted by all members (Nutbeam 2000). In so doing, the services are brought closer to the people facilities like health facilities too. With this all government projected plans of promoting mental health will be able to improve a milestone.

In Africa, most governments have adopted good plans that are best used for putting an end to mental illness. However these plans do not always leave the paperwork phase. Ministries and officials meant to put these plans into implementation either use the funding for own selfish benefits. There are also possibilities that these plans lack enough

funding, donors are reluctant to fund most of these mental health promotion projects since they usually do not yield up to the funders' satisfaction. The plan therefore is not pushed on to be real implemented projects. (Bradbury 2008.)

Developing personal skills among individuals is one of the greatest ways of promoting mental health in developing countries. People with mental illnesses can be brought up to form associations and groups that help them gain self-esteem and develop skills. An example is to come up with workshops that carry out activities of handcraft and sculptural work among others. This makes the public drop the negative attitude that they have towards people with mental illnesses. Forming groups and associations also makes it easier and quicker for the policy makers and other organizations interested in funding and promoting mental health in developing countries to come in and give a helping hand. (Doyle 2011.)

The findings of this research revealed information that can be utilized and adopted by health care professionals in mental healthcare practice. This thesis will be published and any body who find it useful can use it as well. Further studies can also be done to find out if there is any improvement in the state of mental health and education in developing countries.

8. CONCLUSION

African mental health service providers are capable of effectively executing their obligation of making sure that the communities with in which they are posted to receive the utmost mental care that they ought to be given. From the donations and funding from organizations like the World Health Organization (WHO), United Nations (UN), a series of Non-Government Organizations (NGOs) and the African Union (AU) among others. Developing countries can surely see to it that the rampant mental health illnesses among individuals is dealt with or at least reduced to the lowest possible levels.

Health centers too have the ability to carry on the practice of providing proper mental health care to the various communities that are in the African countries. This can be possible through carrying out community based work where the nurses and medical practitioners with the ability to administer therapies for mental illnesses carry out workshops and move to the various communities to reach closer to these patients thus saving them the burden of moving longer distances to the nearest health centers for treatment. Bringing families with mentally ill patients and encouraging the creation of consumer groups which are later supported by the mental health practitioners. (WHO 2005, 78.)

Nevertheless, there are many problems that affect proper administration of mental health services among the various communities in developing countries more so Africa. To start with, there are poorly enacted policies directed towards mental health promotion by the policy makers in the various African countries. Secondly, the funds that are meant to be invested in the promotion of mental health in the various countries are not sufficient enough. This makes the health sector put more emphasis on other health related problems and leaving out the mental health pandemic. A couple of countries in Africa are affected by civil wars which left a lot of property destroyed. Facilities that are meant for the

provision of mental health services are just in the process of being rehabilitated. This leaves the promotion of mental health still lagging behind. (Doyle 2011.)

All the above problems have a big impact on the promotion and development of mental health as well as poor mental health service delivery extended closer to those families that have mentally affected members. The inability of the African governments to play a major role in the transforming the health sector for better has left it lagging behind as compared to other sectors. (Bradbury 2008.) Though these people in authority are working tirelessly with both government and non-government organizations to rectify the issues the sector faces.

This thesis has therefore outlined a variety of ways on how to promote mental health initiative so as to make it accessible to whoever needs to access it . There is a need to have a well-trained group of mental health nurses with knowledge of how to administer mental health therapy, obtaining funds from the government and donor organizations that aid in the promotion of mental health especially in the hard to reach areas. People should be educated on the disadvantages of isolating those who are affected with mental illness, guide and support them and encourage them to go and obtain mental treatment from the designated centers. These among others may be of help during the strategy aimed at promoting mental health and minimize mental health illness.

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