



Mental Health: From individual stigma to societal issue

Africa edition

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Introduction

Africa is a diverse continent with many different geographies, cultures, and levels of economic development. To understand the context of mental health, it is essential to consider the overall picture of human development. As we have seen throughout the world, even in highly developed countries during the COVID-19 pandemic, mental health can certainly be influenced by macro phenomena impacting society. In Africa, those factors of wellbeing vary widely from country to country, and access to mental health services follows overall development. Generally, access to mental health services comes long after access to physical health resources has been established.

Mental health issues tend to be viewed through a religious or cultural lens—in some African cultures, this may only increase stigma due to belief in supernatural causes of mental illness.¹ However, strong family and social structures may help provide support for life's stresses—one study found that social ties can even help make food scarcity less mentally taxing across Sub-Saharan African countries.²

Many African countries, particularly in Sub-Saharan Africa, have low levels of human development. In these countries, access to all health resources is scarce. For example, in Benin, there was 1 hospital bed for every 10,000 people in 2018, the latest year for which data was available.³ However, some African countries show higher levels of human development - Seychelles is considered to have very high human development, while Mauritius, Algeria, Tunisia, Botswana, Libya, Gabon, have high human development. For countries on the lower end of the human development spectrum, the impact of the adjustment is generally small. For high and very high human development countries the impact tends to become large, reflecting the various ways that their development paths impact the planet.⁴ This picture is even more complex considering differences between regions in a given country as well as urban versus rural levels of development.

During the COVID-19 pandemic, a study from Sub-Saharan countries paints a picture that extends beyond the pandemic. Mental health was considered a priority. Already stretched mental health resources did not receive significant attention from governmental health authorities. Of what are already scarce health budgets, only >1% was used for mental health under normal circumstances in 70% of Sub-Saharan African countries. The pandemic has mainly worsened an already critical situation.⁵

The economic picture is further complicated by unrest and physical safety concerns in some regions. Again, there is a large range – for instance, as the Democratic Republic of Congo, has been embroiled in violent conflicts for many years. While others, like Botswana and Tanzania, have been peaceful and stable for decades. Africa is home to 26% of the total world refugee population, counting more than 18 million people, who are impacted by ongoing conflicts in the Central African Republic (CAR), Nigeria, and South Sudan as well as new conflicts in Burundi and Yemen.⁶ They may be experiencing very high levels of complex PTSD, depression, anxiety, and exacerbation of any pre-existing mental health illness before the need to flee. Safety and human development, as well as access to education and healthcare within refugee camps is often an issue. Sadly, the mental health challenges, as well as physical safety threats, may continue long after the imminent physical dangers of a warzone have been fled.

Overall, mental health resources in Africa tend to be scarce and major social issues aggravate the already complicated mental health picture. At this time, it appears that in most parts of Africa, the COVID-19 crisis has not had the same widespread impact of making mental health a greater societal priority than it has in more developed parts of the world. We are pleased to share portraits from Morocco and South Africa, where the mental health resources, like other resources, are in greater supply than in other parts of the continent.

¹ <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=BJ>

² <https://www.cambridge.org/core/journals/public-health-nutrition/article/does-social-support-modify-the-relationship-between-food-insecurity-and-poor-mental-health-evidence-from-thirty-nine-sub>

³ <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=BJ>

⁴ <http://hdr.undp.org/en/content/latest-human-development-index-ranking>

⁵ <https://www.frontiersin.org/articles/10.3389/fpsy.2021.571342/full>

⁶ <https://www.unhcr.org/africa.html>

Morocco:

Mental health in Morocco

By Dr. Lode Godderis

Where does mental health sit on the spectrum from an individual issue that is stigmatized to an openly treated social issue?

It is currently accepted that the determinants of mental health include not only individual factors such as the ability to control one's emotions, thoughts, behaviors, and relationships with others, but also societal factors including national policies, social protection, standards and conditions of living and working as well as social support provided by the community. In Morocco, and despite the belief that eastern societies are more supportive of the weak and the sick, stigma is a significant burden in addition to that of mental illness. Various relatives' attitudes toward patients were reported as distrustful, overprotective, rejective, and/or aggressive. Not only patients are concerned, but their family members also reported experiences of distrust (15%), mockery (29%), maltreatment (41%), and fear (29%). Families also reported feeling neglected (34%), especially from neighbors and relatives.

What kinds of mental health infrastructure and resources are available and accessible in Morocco?

Based on the Moroccan League of Human Rights report published in 2019, mental health is a major public health problem, not appearing in the priorities of public authorities. It emerged that 48% of Moroccans live with more or less serious mental disorders. However, Morocco is still not able to provide adequate care for people with mental health problems, mainly due to the lack of medical doctors and mental care centers. Indeed, Morocco has only 197 psychiatrists working in public hospitals and 109 in the private sector, with an average of 0.63 psychiatrists per 100,000 inhabitants, against a world average of 3.66 psychiatrists per 100,000 inhabitants. The picture has, of course, improved, but only a few local surveys show the evidence. In 2018, the Ministry of Health had announced the creation of 25 new psychiatric centers integrated into public hospitals and the establishment of a new generation of psychological and social rehabilitation centers for people with mental disorders and their families, as part of the adoption of a social and human rights approach in mental and psychological health⁷.

How does the government approach mental health?

In the last decade, Morocco has become more aware of the need to consider mental health issues in its strategies better. In the National Health Plan 2012-2016⁸, Morocco stressed the promotion of the health of populations with specific needs (axis 3) and the strengthening of epidemiological surveillance (axis 4) and in particular by setting up an action program

preventing the emergence of mental illness (Action 87). Furthermore, it also encourages, in the 2009 mental health program, the carrying out of epidemiological studies and surveys (action 131).

However, and even with these considerations, the last national survey on mental health, disorders, and addictions was conducted in 2005-2006. Some structures (Reference Centers for School and University Health, University Medical centers and university infirmaries, youth health spaces) have been created to offer psychosocial counseling, health education to promote a healthy lifestyle and the fight against risky behavior, information and guidance for young people.

In 2018, and to better understand the current trends and issues, Morocco has launched the National Strategic Plan on Prevention and Care for Substances Use Disorders 2018-2022⁹. The government's ambition is that by 2025, the country will have upgraded the existing hospitals and integrated psychiatric services, humanized and standardized care structures and professional practices, and diversified the offer of psychiatric care and interventions in Mental Health. It is also planned to work for the social reintegration of people with mental and/or addictive disorders, protecting their rights and the fight against their stigmatization and discrimination.

How are private insurers approaching it? What partnerships are in place?

Concerning social insurance schemes, only severe mental disorders are covered. However, some insurers showed a commitment to support the country in advancing mental health care.

Since 2008, Sanofi has been committed to improving care for people with mental health disorders in Morocco. The partnership was concluded in April 2013 for five years between Sanofi, the Moroccan Ministry of Health, the Moroccan Association of Social Psychiatry, and the Moroccan League against Epilepsy. Within the Nadar Akhar Project, Sanofi provided support to strengthen the care of people suffering from mental disorders by supporting the training of 160 general practitioners and 160 nurses, around 40 psychiatrists, and 40 neurologists. Sanofi also launched an awareness-raising program to inform the

general population about mental care and fight against stigmatizing patients, their families, and NGOs working on the field.

What, in your opinion, are the main challenges to better mental health in your Morocco?

Many challenges exist to better mental health in Morocco:

- 1. Legal:** The project of law 71-13 had many gaps, and to date, no law exists to protect patients suffering from mental disorders. The administrative process for mental health medical care needs to be simplified.
- 2. Economic:** less than 2% of the budget for the Health Department goes to support the actions on mental health. Due to COVID-19, the need for medical support increased. However, a big part of the population cannot afford the fees.
- 3. In terms of research and data:** The limited amount of available data and research does not help to measure the state of mental health in Morocco or assess the real targeted needs and act accordingly.
- 4. In terms of infrastructures:** The current health care offer does not include structures specifically dedicated to promoting mental health (for example, in schools) and early detection in other structures (Youth houses). Furthermore, at national and local levels, public services, private practitioners, NGOs, teachers, school medicine, occupational medicine, and educators operate independently of each other and without consultation, hence the interest of sufficient coordination that would optimize resources, increase global competencies, and would provide a higher standard for mental care.
- 5. In terms of training:** there is nothing systematic. Front-line workers do not have the adapted skills to deal with patients with mental disorders, nor NGO workers offering treatment and counseling.
- 6. Circumstances-related:** Lack of policies and terms of care and intervention in crisis times. The COVID-19

pandemic had shown the importance of mental care. On one hand, the pandemic and the related lock-down had impacted the population's mental health (sleep disorders, more stress, and anxiety, states of distress, panic attacks, etc.). On the other hand, COVID-19 has disrupted mental health services and deprived patients with mental disorders of medical follow-up.

What, in your opinion, are the most promising solutions emerging?

- Among the recommendations, a group of psychiatric doctors suggests that a multidisciplinary medical team carry out the patient's treatment while establishing remote monitoring.
- Planning a toll-free number for psychiatric emergencies, training psychiatric users and their families to reduce the frequency of hospitalizations and crises, and providing for disciplinary measures in the event of inappropriate or abusive behavior by medical personnel, paramedical, or reception.
- Telemedicine is also an emerging solution. The "Psyenligne.ma" site is the first Moroccan platform for making online appointments or for teleconsultation with clinical psychologists to ensure better proximity with qualified health professionals who are authorized to treat psychopathologies.
- On the legal level, mental disability needs to be assimilated to other disabilities, allowing to establish a new procedure for the supervision of patients suffering from mental disorders by creating a consultation and decision committee that will look after the patient's interests without the process being cumbersome in its application.
- In schools and universities, the Ministry of Higher Education encouraged the creation of a listening and counseling unit for students and staff during the pandemic.
- A collective of psychologists took the initiative of creating a mobile support structure in each locality.

⁷ Ministry of Health, Kingdom of Morocco (2018). Communiqué of 29 September 2018.
<https://www.sante.gov.ma/Pages/Communiqués.aspx?IDCom=295>

⁸ Ministry of Health, Kingdom of Morocco (2012). Stratégie sectorielle de santé 2012-2016.

⁹ Ministry of Health, Kingdom of Morocco (2018). National Strategic Plan on Prevention and Care for Substances Use Disorders 2018-2022.
<https://www.sante.gov.ma/Documents/2019/10/PLAN%20STRATEGIQUE%20NATIONAL%20DE%20PREVENTION%20ET%20DE%20PRISE%20EN%20CHARGE%20DES%20TROUBLES%20ADDICTIFS.pdf>

South Africa: AXA COVID-19 and Mental Health Update¹⁰

By
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Mental health is incontestably linked to a country's economic, political, and cultural landscape. South Africa is facing serious economic, political, health and social challenges. These problems started before the W-19 pandemic and have been amplified by the effects of the outbreak, the restrictions on businesses and the ensuing lock-downs. The overall Gross Domestic Product (GDP) is expected to decline by 5 – 8%, over the period, and recovery is expected to take the country up to 5 years (UNDP).

Female-headed households have been disproportionately affected, with increasing levels of food insecurity and gender-based violence, amongst these families. The high levels of unemployment, poverty, inequality and corruption, which hampered economic growth and social reforms prior to the pandemic, are likely to escalate and continue to place a drag on the country's recovery.

Civil unrest paused during the pandemic but it has started to escalate over the last few months. Driven by desperation and manipulation, the recent episodes of unrest tore local communities and business apart, costing the country approximately R50 billion and placing thousands of jobs at risk. The solidarity and unity of the country is being tested. In addition, transformation, diversity and social inclusion remain areas of inadequate progress and growing discontent.

A chronically under-resourced health sector

South Africa has poor health outcomes given its level of economic development. Approximately 15% of the country have health insurance coverage and utilize private sector healthcare facilities; while the majority (85%) have to rely on out-of-pocket expenditure or the grossly

strained, under resourced public health system. Access to mental healthcare services remains grossly skewed towards the insured population (15% of South Africans), in a curative, acute, hospi-centric setting.

Prior to the advent of COVID-19, the key drivers of mortality in South Africa were related to the 'Quadruple burden of disease' which included HIV/AIDS and Tuberculosis, non-communicable diseases, violence and injury; and maternal and child diseases. The COVID-19 pandemic has placed a significant strain on the delivery of healthcare services, for non-COVID-19 conditions. The true influence on the burden of disease, in the country, is only likely to be understood over time.

The challenges of COVID-19

Humans, by nature are a social species, and require interactions and cooperation with others, to thrive and effectively survive within their environment. The social life of an individual consists of the various relationships that they form with others such as family, friends, communities and work colleagues. COVID-19 has severely impacted the amount of social interaction that has occurred between individuals. This lack of socializing and decreased interactions with the outside environment has had a severe effect on the mental wellbeing of South Africans. The symptoms related to the distress caused by the COVID-19 pandemic are very personal in nature and can vary from person to person. Red flags include unexplained variations in character, mood and behaviour changes. South African doctors, psychologists and social workers have noted a sharp increase in the following symptoms:

- Racing thoughts and constant worrying
- Constant feelings of uncertainty or insecurity
- Loss of objectivity and fearful anticipation
- Short tempered, irritability, impatience and mood swings
- Indecisiveness and an inability to focus and concentrate
- Forgetfulness and absent-mindedness
- Poor judgment and risky decision-making
- Extreme concerns about the state of the country's economy, childcare and schooling; and issues related to family health and well-being
- Fear of job loss and uncertainty and anxiety regarding the future
- Depression
- Anger and frustration

¹⁰ This update is for informational purposes only. It does not replace the care of your doctor. Should you have any symptoms please seek care immediately.

In addition, these psychological symptoms are frequently accompanied by physical symptoms, such as:

- Headaches, nausea and heartburn
- Eating and sleeping problems
- Palpitations
- Muscle pains and aches
- Feelings of being chronically stressed and generally unwell

Persistence of feelings of exhaustion, lack of energy and brain fog, amongst patients who have previously have COVID-19, have also been diagnosed. This condition is being recognized as Long COVID-19 and the full impact is still being studied.

The South African Depression and Anxiety Group (SADAG) has noted that peoples' usual activities, routines or livelihoods have been significantly changed, which has led to a rise in levels of loneliness, depression, harmful substance use and suicidal behavior. Companies have noted that employee motivation, morale, productivity, civility at work and strength of team engagements have been severely impacted. Key mental health conditions, which have been noted to increase over the pandemic, include post-traumatic stress, mood, anxiety, phobias, and obsessive-compulsive disorders, as well as an increase in gender-based violence and substance abuse. Healthcare workers have been particularly affected by these conditions, given the dire circumstances under which they have had to work. A study conducted by the Human Sciences Research Council (2020) reported that 33% of South Africans were depressed, while 45% were fearful and 29% were experiencing loneliness during the first lockdown period.

The way forward

This equally ominous pandemic of mental health disease should be treated. This 2nd pandemic is deeply steeped in social stigma, which remains a barrier to seeking care and overcoming disease.

It is expected that the mental health needs of the South African population will increase in the pandemic or post-pandemic environment. Specific interventions may be required to provide crisis management, anxiety, depression and substance abuse programs, as well as targeted interventions, at vulnerable communities, such as women, children and marginalized groupings. In addition media campaigns, health education programs and counselling services need to be provided, at a community level, to address the issue of the stigma associated with mental health conditions.

There is an urgent need to develop and implement primary healthcare (PHC) and community-based mental health programs across the country, which are provided outside hospitals, in local urban and rural settings. Such programs require a well-coordinated partnership of both public and private sector players. Collaboration between the Health and Social sectors is also a critical driver of success and sustainability.

Embedding the delivery of mental health services, in the basic benefits package of the country's future National Health Insurance, is also an important consideration. While the exact services provided by the NHI still haven't been stipulated as yet, it can be expected there will be provision of mental healthcare at a PHC level, at the very least. The Psychological Society of South Africa have called for mental health to be more effectively integrated into the National Health Insurance Bill, ensuring equitable access to mental health services for all people. In addition, they called for improved human resources; clear accreditation standards and contractual conditions for service providers; improved utilization of private practitioners; the inclusion of mental health expertise in the NHI advisory structures; establishing a robust accountability framework; and including mental health indicators in the NHI information system.

Ultimately, the wealth of a nation is dependent on the health of its people. In one of the most unequal countries in the world, COVID-19 has been a stark reminder that our collective wellbeing depends on the health and happiness of the poorest, most vulnerable person in our society.



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