

African psychiatry has come of age

Tolani Asuni was the first African to enter the Executive Committee of World Psychiatric Association in the early seventies, a time when the organization was going through very difficult times, both financial and political, some of which led to the declarations of Hawaii and later Madrid. Significantly, it was following the WPA Vienna Meeting in 1983 that the Africans decided to meet at the "nearby" City of London to hold elections of their Association

Significantly however, the first ever meeting of African Psychiatrists as a group was in Bukavu (Belgian Congo) in March 1958 on the subject of mental disorder and mental health in Africa, south of the Sahara. One important resolution passed at this meeting was "that a second general meeting which could take the form of an Inter-African Conference on Mental Health, should take place in approximately three years. Because they could not control the timing of their meetings, and to their surprise, the second took place a few months later. Such was the haphazard nature of things in those early days.

In 1971, the third meeting was held in Nigeria and was attended by 26 mental health experts from 10 countries. The meeting discussed major psychosis in Africa, and was, as a mark of its significance opened by the Federal Minister of Health. These were active times for the few African mental workers of the day. There was however to be major gaps before further meetings could be held.

The World Psychiatric Association Regional meeting in Nairobi, Kenya in March 2007 is an event worth celebrating. From 21st to 23rd March 2007, the world psychiatric community will meet to celebrate the coming of age of African psychiatry. Led by the entire Executive Committee of the WPA, members from all over the world will meet on the African continent in an atmosphere of hope in the expectation that this meeting will give the African, the much needed impetus to grow the field of mental health.

That mental and neurological disorders contribute a great deal to the global burden of diseases is a fact well recorded in literature.¹

The special position occupied by the practice of mental health in Africa is equally prominent when one takes account of the contribution made to the causation of mental disorders by factors more prevalent in Africa than in other continents.

For example, the link between poverty and mental illness is well established² as is the link between internal displacement, status as refugee, wars and other causes of social disadvantage, often found in Africa.³

That Africa is a highly traumatized and poverty stricken continent, recently ravaged by the HIV/AIDS pandemic makes for very depressing reading for a continent seemingly without hope.⁴ It is against this apparent state of hopelessness that mental health workers from all over the world meet in Kenya.

Historical look at African Psychiatry

The depressing state of affairs was not always the case in Africa. Following on from the "dark ages" of African

Psychiatry that predate independence for many African countries, a time described as the renaissance of psychiatry was embodied in the life and times of African giants such as Lambo, Asuni, Muya and others who during the fifties and sixties ensured there were regular meetings across the continent during very difficulties times. The decline of many African economies, violent changes into dictatorships and the plunder of national resources led to widespread poverty in Africa, and an atmosphere in which Psychiatry went into major decline.

African Association Of Psychiatrists & Allied Professions

The story of the formation of AAPAP is worth recording briefly, as it sets the background to the Nairobi meeting, as well as explaining the title of this editorial.

At a meeting of South African Society Of Psychiatrists held in Johannesburg in 1998, Professor Norman Sartorius challenged a group of Africans to plan and run their own meeting in sub-Saharan Africa. Within six months, the first of what was to be annual meetings for the region was held in Nairobi, presided over by Professor Sartorius himself. This was a historical meeting attended mainly by psychiatrists from what was then called the KUTE countries of Kenya, Uganda, Tanzania and Ethiopia. The seed of the renaissance of African Psychiatry was planted.

In January 2001, and as a follow up to the enthusiasm shared by a group of psychiatrists, the World Psychiatric Association led by the then President Professor Lopez Ibor met a group of African leaders of psychiatry in Cairo, Egypt. It was decided by the leaders to form and register an Association of African Psychiatrists before the next WPA Meeting. AAPAP was registered in Nairobi, Kenya in 2002. It was then launched as planned at the meeting in Yokohama, Japan by Prof. A. Okasha (The then incoming President of WPA) in August 2002 at the World Congress.

The annual meetings have continued to grow and the Nairobi meeting for 2007 will be followed by Nigeria (2008) and Sudan in 2009. The last meeting in Addis Ababa (April 2006) was followed by the training of 35 African leaders of tomorrow. In their view, the training was described as follows,

"The next three days of the "Addis experience" were dedicated to the meeting of young psychiatrists, eager to learn and the faculty, who were equally eager to teach. As Professor Norman Sartorius and Dr Frank Njenga explained, the vision and the objective of the course was to initiate the development of the potential future leaders of psychiatry in Africa and to equip them with the necessary skills to take the discipline to new levels in the years to come."⁵

These annual meetings have played a critical role in bringing African Psychiatrists and other mental health workers together, and have played a crucial role in the stimulation of a competitive spirit among the participants best demonstrated by the younger psychiatrists in the region.

Scientific Outputs

This edition of the journal accurately captures some of the important outputs of some of the key players in African Psychiatry from the North, West and East Africa. The papers taken individually and together support the view that African Psychiatry has indeed come of age. Oye Gureje is without a doubt one of the new giants of African Psychiatry, with publications in most of the high impact journals in the world (see references in his paper in this issue)

His paper captures the challenge of dealing with the myths that surround African Psychiatry of yesteryear and in particular the myths surrounding notions of better prognosis of psychotic disorders, somatisation, as well as past epidemiological findings. He states, "Myths concerning the occurrence of mental disorders were built on a foundation of limited epidemiological data. Early psychiatrists had no materials on which to base their observations other than the highly selected clinical cases that came to their attention in tertiary care settings". In quoting from the work of Alem and his colleagues he brings to the attention of the reader, landmark achievements of a group of Africans who have contributed enormously to the bringing to age African Psychiatry. The supplement in *Acta Psychiatrica* in 1999 is evidence of their achievement.³

Fred Kigozi from Uganda has in the past few years transformed Butabika Hospital in Kampala, from an old dilapidated shameful death bed for psychiatric patients to a most beautiful, modern, well manicured institution that gives those in need of psychiatric services, a clean, safe and secure environment in which to recover in dignity.

His experience in policy formulation in the Ugandan context is well captured in his paper on the integration of mental health into primary health care. He states, "In addition there has been an obvious paucity of research data to guide policy development, planning and implementation", an indication of the important role to be played by research in policy development in Africa.

The challenge of human resource development in Africa remains a high priority against the background of the high cost of training, high migration rates as well as the poor ratios of psychiatrists to the population (Ndeti – this issue).

In publishing Tarek Okasha's paper on ECT from an Egyptian perspective, this issue assumes a truly Pan African dimension. The issues he raises regarding the stigma associated with this very effective and safe mode of treatment must find a place in the discussion table by Africans, especially as it relates to debate on cost effectiveness.

The Future

Now that African Psychiatry has come of age, where lies the future? Difficult as it is to predict, there are many indications that the future of African Psychiatry is bright.

The youth movement in African Psychiatry is one reason to hope. Subsequent to the training in Addis Ababa in April 2006, a number of meetings of young Psychiatrist have taken place. Kenya, Uganda and South African psychiatrists have all confirmed use of the training tool kits given to them during the training. The youth give us reason to hope when they state,

"The faculty must surely be pleased to know that their efforts have not been in vain, for, just three months later,

participants have already begun training health workers, initiating research and publishing papers in reputed international journals. The network of the young psychiatrist is active, with plans for collaborative research and the development of regional societies of young psychiatrists and trainees".⁴

Though still ravaged by senseless wars in parts of Africa, and in spite of failed states in some parts of the continent, the overall picture is one of hope. We no longer wake up to news of a coup here and there in Africa. More often, we hear news of elections and transitions in different countries including some, recently emerging from conflict.

The Democratic Republic of Congo, Liberia, Sierra Leone and Rwanda are good examples of the latter. Kenya, Tanzania and Uganda are moving towards a political federation – this is good news for the region.

Collaboration with international bodies in particular the World Psychiatric Association, American Psychiatric Association, Royal College of Psychiatrists as well as the World Health Organisation has seen steady growth in the last few years. No meeting of psychiatrists can claim to have a global nature in the absence of African participation. This reality has not escaped the Africans who have in turn developed much self confidence in their skills at delivering in workshops, symposia and key lectures in many capitals of the world. The networking occasioned by these world events has in some instances led to collaborative research publications. The recently launched book "Essential of Clinical Psychiatry for sub-Saharan Africa" edited by Frank Njenga, Mario Maj, Vikram Patel and Wilson Acuda, is a good example of the fruits of such collaborative efforts.⁶

The publication of this issue, a few weeks before the Nairobi meeting is testimony of the fact that African Psychiatry has truly come of age. This publication and the meeting are separately major landmarks in African Psychiatry.

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