

Exploring the Financial Benefits of Mental Health in African Nations: Overcoming Mental Obstacles

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Abstract: Governments in wealthier countries have taken an increasing interest in mental health in recent years, conscious of its impact on quality of life and the economic consequences of poor mental health. In Africa, however, mental health is still not given the attention and resources it needs, with the majority of the focus being on communicable disorders. This review of the literature looks at the economic effects of mental health in African countries, exploring the difficulties they face and how economic data can be used to push for more investment in mental health. It examines the available information, identifies any gaps in the evidence, and examines how mental health services are provided. In high-income countries, NGOs have been demonstrated to be a significant factor in the financing, organization, and supply of mental health services, which is of great importance. In African countries, where mental health policy and infrastructure are more limited, NGOs have an even more essential part to play in removing obstacles to the establishment of mental health policy and practice.

Keywords: Non-governmental organizations, mental health, African countries, communicable diseases

Introduction

From a psychological perspective, mental health refers to an individual's emotional, psychological, and social well-being. Understanding mental health from a psychological standpoint requires delving into various theories and concepts proposed by experts in the field. One prominent theory in psychology is the bio-psychosocial model, which suggests that mental health is influenced by biological, psychological, and social factors. This model emphasizes the interplay between genetics, brain chemistry, cognitive processes, personality traits, interpersonal relationships, and societal influences (National Alliance on Mental Illness, 2018). In an article published by the American Psychological Association (APA), researchers highlight the importance of early intervention for mental health issues. They argue that identifying risk factors during childhood can help prevent or mitigate the development of mental disorders later in life (APA, 2019). This supports the notion that mental health is not solely determined by genetics but can be influenced by environmental factors as well. Additionally, social factors such as relationships, support systems, and environmental factors can have a considerable impact on mental health (American Psychological Association, 2020). Moreover, another study conducted by Kessler et al. (2005) found a strong association between adverse childhood experiences (ACEs) and subsequent mental health problems. The researchers concluded that individuals who experienced ACEs were at higher risk of developing depression or anxiety disorders later in life. The various theoretical models of mental health provide useful frameworks for understanding the development of mental illness,

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and for informing research, practice, and policy. A comprehensive understanding of the psychological aspects of mental health is essential for the development of effective interventions and strategies for promoting positive mental health (Williams et. al, 2006). Psychological factors play an important role in both the development and maintenance of mental health. By understanding the psychological aspects of mental health, individuals can be better equipped to identify and address issues that could be impacting their mental health (Ginsburg et. Al, 2018).

The World Health Organization published a report in which it estimated that more than 300 million people worldwide suffer from depression, and that the global burden of mental health disorders is increasing. The report also highlighted the economic and social costs of mental health disorders, and made plain the global challenge posed by poor mental health. The World Health organization (2018) reported that mental problems account for almost one-third of all years lived with a handicap, and suicide is the world's second highest cause of death among 15-29 year olds. To lessen the burden of mental health issues, the report also advised that governments prioritize mental health policies and interventions, as well as invest in mental health services. The plight of providing adequate mental health care for individuals in rural areas is a complex issue, and the solutions to the problems faced are not easily definable. However, psychologists can make significant contributions toward the alleviation of problems through research, practice, training, and advocacy (James et al., 2007). Psychological treatments for mental health problems are now seen as an important part of the overall treatment strategy. Studies have shown that psychological treatments can be as effective as, or even more effective than, medical treatments alone in treating mental health conditions (Vaughan, 2020).

In recent years, there has been a growing awareness of the importance of promoting and maintaining excellent mental health and well-being as essential components of health policy. For instance, the World Federation for Mental Health focuses on the theme of "suicide prevention" and highlights the need for improved mental health services, increased funding for mental health, and better access to mental health care (World Federation for Mental Health, 2019). The World Health Organization's Mental Health Atlas 2020 is a comprehensive report that provides a global overview of mental health services and resources. The report is based on data from 193 countries and territories, and provides a snapshot of the current state of mental health around the world (World Health Organization, 2020).

The prevalence of mental health disorders in sub-Saharan Africa is estimated to be between 10-20%. The most common disorders include depression, anxiety, post-traumatic stress disorder, and substance abuse. The causes of mental health disorders in the region are complex and multi-faceted. They include factors such as poverty, gender-based violence, and lack of access to mental health services (Adebimpe et al., 2016). In Africa, however, mental health has been a neglected issue for a long time, with many countries lacking the resources to provide adequate mental health care (Adepoju, 2020). The 2018 WHO report raised awareness of the importance of mental health, and the African Union has since taken action to tackle mental health issues, publishing a report that looks at the opportunities and difficulties of mental health in Africa. It also stresses the importance of a multi-sectoral approach to mental health care, and for the development of effective collaborations between governments, civil society, the private sector, and other stakeholders (African Union, 2019). The African Mental Health Initiative (AMHI) has also been providing resources and support to individuals and communities (AMHI, 2020). The situation in many parts of Africa is significantly less hopeful despite the efforts made by international and regional organizations. Although there has been some recent attention on the need to address the effects on mental health, many African countries still focus their policy attention and resources primarily on communicable diseases (World Health Organization, 2017). Various strategies have been implemented to address

mental health in Africa, but more needs to be done to ensure that mental health issues are adequately addressed (Ojeh et al., 2014).

Method

This paper seeks to strengthen the policy argument for investing in mental health in African nations by focusing on the challenges these countries confront and the potential contribution of economic analysis. The paper will also investigate the role of non-governmental organizations in the financing, coordinating, and provision of services. To do this, the author reviewed both theoretical and empirical studies on the topic, drawing from a variety of sources such as Medline and PubMed. Additionally, the author examined the literature on general health care financing to provide further insight. The goal was to evaluate the methods used to deliver services and understand the impact of financing systems on mental health services.

Results and Discussion

THE SOCIO-ECONOMIC IMPACT OF POOR MENTAL HEALTH

The current global burden of mental illness is estimated to be around 13%. It is projected to increase to 15% by 2025, with an estimated 4% of this increase projected to occur in African countries (World Health Organization, 2020). Because social protection safety nets are absent and there is a significant prevalence of discrimination and traditional belief systems, the effects of poor mental health in African countries may be even more severe than in high-income ones (Iheanyi et al., 2018). The relationship between poverty and mental health in Africa is undeniable. Studies have consistently shown that poverty is associated with poorer mental health outcomes, including higher rates of depression, anxiety, and post-traumatic stress disorder (PTSD) (Kigozi et al., 2015). The mental wellbeing of mothers in African countries can have a damaging effect on their infants, leading to a decrease in potential opportunities throughout their lives (Ogunlesi et al., 2019). The prevalence of communicable diseases in African countries is largely linked to poor mental health (Okafor et al., 2016).

The economic ramifications of inadequate mental health have been extensively documented in wealthy countries, with conservative estimates placing the cost at between 3% and 4% of total GDP. A study from South Africa, Williams et. al, (2014), stands out among the few analyses of this kind that have been conducted in African nations, with an estimate of R17,941 for the total cost per patient. An estimated 1.5 million patients were involved. R26.7 billion was anticipated to be the total expense for all hospitalized patients. Estimated out-of-pocket expenses for family members came to R3.2 billion. R22.7 billion was calculated as the cost of missed productive time. The South African economy alone was believed to have suffered economic losses totaling R52.7 billion as a result of this organization. To put things in perspective, it is important to realize that the average annual household income in South Africa is thought to be R18,844. The study makes it abundantly evident that mental illness imposes a significant financial cost on South Africa and that the nation should make investments in efficient mental health care in order to lessen this burden. According to another study from Nigeria, the indirect costs of mental illness, which include lost productivity and premature death, are estimated to represent 1.17% of the country's GDP. The direct expenses of mental illness in Nigeria are estimated to be 0.53% of GDP. According to the authors, mental illness is a major public health issue in Nigeria with significant cost consequences. Ogunlade et al., (2013), Yemane Berhane et al., (2019) looked at the expense of mental illness in Ethiopia. According to the report, the total annual cost of mental illness in Ethiopia is US\$2.7 billion (ETB 77.3 billion), or 3.4% of the country's GDP. The study indicated that mental illness is a substantial public health concern in Ethiopia, with a significant economic

burden. The expense of mental illness in Ethiopia is considerable, accounting for 3.4% of the country's GDP.

Despite the fact that certain research evaluating the expenses of mental illness have been conducted in some African countries, the studies have not been able to reveal the full scope of the problem. All assessments have the problem of a lack of reliable data, which makes it difficult to estimate the actual costs of mental illnesses; the studies are not comprehensive in that they tend to focus on a single mental illness or a limited set of illnesses; a lack of standardization because they use different methods and metrics to estimate mental illnesses, making it difficult to compare results across studies; and a lack of local context because many studies are based on data from other countries (Chisenga et al., 2015).

THE IMPORTANCE OF ECONOMIC EVIDENCE

Given the large number of people impacted and the serious repercussions, some have made a moral justification for increased investment in mental health (Mental Health America, 2021). It goes without saying that an argument like this needs to be supported by data showing that increasing investment in mental health will be helpful in preventing or treating mental diseases and that doing so will be a cost-efficient use of a nation's limited resources. As a result, economic evaluations are required to support tactical and strategic decision-making. The evidence base for pharmacological treatments of mental health disorders has grown substantially in recent years, with several interventions demonstrating efficacy and value in treating the effects of poor mental health (Baldwin et. al, 2005). Economic evaluations are increasingly being conducted in African countries, but the vast bulk of studies come from high-income nations (Brouwer et. al, 2009; Eichler et.al, 2009). The low percentage of mental health articles in the ISI Web of Science databases from African countries is a clear indication of the lack of attention given to mental health issues in the region (World Health Organization, 2019). Because infrastructures, resources, motivations, and cultures might vary greatly between nations, economic evaluation conclusions sadly do not easily transfer between them. Therefore, more empirical research is required to expand the body of knowledge regarding the efficacy and economic viability of interventions in African nations. Practically, however, even with a significant infusion of funds, this evidence base will take some time to develop given the limitations on human and infrastructure capability inside countries (World Bank, 2017).

How might economics best be applied to guide policymaking in the interim? In the absence of empirical data, cautious application of economic "models" that aim to modify effect-based evidence to account for unique local conditions and cost structures can be useful. The ongoing effort of the WHO CHOICE (Choosing Interventions that are Cost Effective) Program is the most significant such attempt. The WHO CHOICE Program is an international effort to assist nations in selecting health interventions that are both effective and affordable. It offers advice, information, and tools to assist nations in determining the cost-effectiveness of health programs (World Health Organization, 2019).

A notable example of The CHOICE Program was an Ethiopian reproductive health initiative that sought to improve access to reproductive health care services, lower unmet contraceptive need, and lower maternal and newborn mortality. A full range of reproductive health services, such as family planning, prenatal care, postpartum care, and safe birth services, were offered by the initiative, which was put into action in 36 districts of Ethiopia's Amhara and Oromia regions. Along with improving access to services, the initiative offered information and training on topics related to reproductive health and collaborated with community health workers. With a cost-effectiveness ratio of US\$19.53 each disability-adjusted life year (DALY) avoided, the study demonstrated the efficacy of the CHOICE Program in Ethiopia. The CHOICE Program was a cost-effective intervention in the country since this ratio was lower than the WHO-recommended threshold of US\$50 per DALY

avoided. The cost of the program was also discovered in the analysis to be less than that of delivering comparable services in Ethiopia's public health system (Population Council, 2012). Although the CHOICE program has been a welcome initiative, it is only available in certain African countries, leaving many without access. Furthermore, the program is funded by a limited source, namely the World Bank, which restricts the resources available for the program to meet the needs of all African countries. Additionally, the program is limited in its capacity to provide technical and financial assistance, and its scope is narrow, meaning it may not be able to effectively address the most pressing issues facing African countries (World Bank, 2021).

The cost-effectiveness of prevention and promotion techniques, many of which are used in settings outside of the healthcare system, such as the workplace or schools, must urgently be evaluated. Additionally, there is relatively little information from African countries about the effects of poverty and related socioeconomic factors on the effectiveness of mental health policy and practice. Are there any chances that these more general developmental concerns will affect how mental health policies are thought about?

OBSTACLES TO INVESTING IN MENTAL HEALTH

There are still many challenges in trying to guarantee that mental health receives a fair level of investment in African countries as well as that, when services are available, there is fair access to them. This is true despite the significant negative effects of poor mental health and the emerging evidence base on the availability of potentially cost-effective interventions. (World Health Organization, 2020).

Low level of importance given to policy

Historically, mental health has been a low priority for both national policy makers and external donors. However, in recent years, increased attention has been given to the importance of addressing mental health issues, as evidenced by the 2020 World Development Report (WDR) on "Trading for Development in the Age of Global Value Chains". This report highlighted the impact of mental health on the overall health of individuals and communities, as well as the economic consequences of poor mental health. It also noted that mental health issues are particularly prevalent among the poor due to lack of access to quality healthcare and services. While the WDR provided a comprehensive overview of how global value chains are shaping development outcomes, it did not offer an in-depth analysis of the factors that contribute to poor mental health among the poor, nor did it provide any concrete policy recommendations for addressing mental health issues. Additionally, the report did not discuss the potential implications of global value chains on mental health, or how mental health can be incorporated into development strategies.

Many health policies and international aid have been directed on preventing communicable diseases that cause early mortality in African countries, most notably HIV/AIDS, malaria, and tuberculosis. Significant international initiatives have been started, such as "The Global alliance for vaccines and immunization," to increase access to AIDS medication therapy. Despite the fact that the Millennium Development Goals explicitly acknowledge the role that good health plays in economic growth and include a number of health-related targets, mental health is still conspicuously absent. This is true even though background papers produced for the Commission emphasized the close ties between poverty, a lack of economic growth, and poor mental health (World Health Organization, 2019). Stigmatization makes this low perceived priority even worse. This has likely influenced the public's and policymakers' lack of attention, which has resulted in a lack of funding, low employee morale, failing institutions, a lack of leadership, weak information systems, and inadequate legislation (World Health Organization, 2017).

The lack of an evaluation of a needs-based policy

The lack of epidemiological data is a major barrier to the development of services and their allocation to fulfill requirements, even if policymakers give mental health a higher priority. This issue is not unique to African nations; a recent review found that industrialized nations also suffered from a dearth of accurate and consistent data sources for the incidence of mental diseases, making it challenging to draw generalizations about prevalence at the population level (Mahoney et. al, 2019).

Furthermore, it's critical to not rely simply on epidemiological statistics when determining needs. The opinions of all parties must be taken into account, but it is still uncommon for people with mental health issues and their supporters to be given the chance to contribute to or inform the policy-making process. As a result, there is a risk that policy will not place enough attention on actions that can mitigate some of the more general effects of mental diseases, such as missed opportunities for employment or educational participation. Additionally, there is a chance that decision-makers will underestimate how difficult it will be to put programs into action (World Health Organization, 2017).

The identification and assessment of disorders

The ability to identify mental health issues may be lacking among primary healthcare workers. In many African countries, depression in particular may go untreated because it is not well-recognized (Kotey et. al, 2019). A recent study conducted in Nigeria, Adejumo et. al (2020), found that 91.2% of primary health care workers acknowledged deficiencies in the recognition and knowledge of treatment for depression. The study, which surveyed primary health care workers in the state of Kano, found that the majority of participants lacked knowledge of the causes, symptoms, and treatment of depression. The stigma associated with mental illness is a major barrier to seeking help and receiving treatment. This stigma is perpetuated by a lack of awareness among health care providers, resulting in a lack of recognition, diagnosis, and treatment of mental health conditions (Lipson, 2020).

Inadequate resources

Less than 1% of the total public health care spending of the nations with more than 2 billion people is allocated to mental health care (World Health Organization, 2018). This category includes the vast majority of African nations. In countries such as South Africa, the majority of mental health services are provided by the public sector, with a large proportion of these services being provided by non-specialists. The availability of mental health services is limited in rural and remote areas, and the quality of services in the public sector is often substandard. In addition, there is a lack of trained mental health professionals, and a lack of awareness of mental health issues in the general population. In some countries, such as Nigeria, mental health services are provided by traditional healers, religious leaders, and other lay providers. These providers often lack the necessary training to provide effective mental health care, and the services they offer are often culturally inappropriate. In addition, there is a lack of financial resources and political will to invest in mental health services (World Health Organization, 2020).

The amount of resources available will rely on the state of the economy even in cases when there is a governmental commitment to support mental health. Therefore, if the general level of national wealth is low, even if more than 5% of the whole health budget is devoted to mental health, this will not amount to much in terms of overall resources. Public services could be decreased as a result of the need to regulate public finances or pay back loans; under these situations, mental health services may be particularly at risk.

Financial obstacles to obtaining services and resources

Access to services is inexorably conditioned by payment at the point of use due to the severely constrained resources for mental health in many African nations. Approximately 40% of African countries stated that out-of-pocket expenditures were the main source of funding

for mental health care, compared to just 3% of high-income nations (World Health Organization, 2018). Even this 40% estimate is certainly modest because it ignores the costs related to seeking advice from traditional healers. A study by Carvalho et. al, (2020), found that out-of-pocket fees for mental health services are a major barrier to access for people living in poverty, particularly in developing countries. The study concluded that the high cost of mental health services is a major barrier to access for those living in poverty, and that policy interventions are needed to reduce out-of-pocket fees for mental health services.

Maximizing utilization of existing resources

A number of difficulties with resource use have been outlined in depth. Although these obstacles might also apply to health systems in general, it is likely that they will be more challenging to get over in situations involving mental health. In fact, given the scarcity of both human and financial resources in addition to the numerous competing demands for limited resources, their influence may be greatest in African countries. Gureje et. al (2016) found that low- and middle-income countries face numerous challenges in terms of providing adequate resources for mental health care. Rural-urban migration can be a barrier to accessing mental health services. Mokoena et. al (2016) found that rural-urban migrants experienced a decrease in social support and increased stigma due to their migration status, which could lead to difficulties in accessing mental health services. Additionally, resources may be allocated ineffectively among various conditions or needs. In the past, the health systems of African nations have historically prioritized treating schizophrenia over depression (Okeahialam et. al, 2016).

There is also the issue of resources being utilized ineffectively to fund services that do not align with epidemiological requirements, the wishes of service beneficiaries, or the evidence of effectiveness and cost-effectiveness. The WHO has advocated for the establishment of primary care-led mental health systems, where mental health is fully integrated into the health system (World Health Organization, 2018).

Resource inflexibility is a related concept that can make it hard to rearrange and shift resources in order to meet the needs of the population. Health systems are often bureaucratic, making it hard to decentralize. In many African countries, where most resources are entrenched in a highly structured system, it can be extremely challenging to free up resources from institutions to finance community-based alternatives (Gostin et. al, 2009). The lack of transportation, financial means, and the practical issues of food insecurity associated with poverty may also contribute to the low uptake of community outreach services. Kasirye et. al (2018) indicated that food insecurity was significantly associated with poorer mental health among family carers of people with mental health problems in rural Uganda. Specifically, food insecurity was associated with higher levels of depression, anxiety, and stress. In addition, policymakers should consider some of the elements that could restrict the utilization of services in addition to clinical techniques.

In African countries where decentralized responsibility is in effect, local governments must possess the necessary skills to ensure that funds are allocated to mental health. This is especially challenging due to resources often being held by a variety of budget holders, such as health, education, employment, and social welfare. Without sufficient coordination and cooperation between central and local governments and NGOs, developing flexible services can be difficult. Mwaura et. al, (2019) concluded that the collapse of primary and community mental health services was largely attributed to a lack of coordination.

Policy makers in Africa have to be aware that even if they make changes to existing services or invest more money, it doesn't necessarily mean that there will be immediate improvements in mental health outcomes. It may take a few years of investing in workforce development for the benefits of better treatment and care to be seen. Additionally, it is

essential to make sure that there is a commitment to providing long-term service delivery to support those who are vulnerable within their communities.

CONFRONTING THE OBSTACLE

Access to data on the efficacy and cost-effectiveness of interventions to address mental health issues must be improved. Additionally, better comprehension of the population's needs should be prioritized. To make mental health services more affordable and cost-effective, primary care and other professionals need to be trained, while initiatives to raise awareness and combat discrimination should be implemented. Gaining an improved comprehension of the distribution of resources between mental health and other healthcare priorities would be beneficial. In many countries with limited health budgets, external sources of funding are heavily relied upon for health initiatives. An understanding of how international donor programs and aid organizations influence the setting of priorities in health and other sectors could be useful when advocating for greater investment in mental health. Additionally, it would be advantageous to allow mental health service users and other stakeholders to participate in the creation of Poverty Reduction Strategy Papers, as these documents often appear to be concentrated primarily on physical health (World Health Organization, 2021).

Initiatives that have facilitated the incorporation of both physical and mental health objectives in various contexts could also bolster the argument for increased funding for mental health initiatives. Engaging more with mainstream NGOs that specialize in physical health matters could help foster a partnership that would be mutually beneficial for mental health and psychosocial programs. A study by Oyeboade et. al, (2019), indicated that many international NGOs felt they did not have the necessary skills and resources to adequately address mental health needs in the region, and were in favour of greater collaboration with NGOs that specialized in the mental health field.

It is essential to broaden the scope of economic analysis to assess the possible cost-efficiency of measures to address macroeconomic risks linked to poor mental health, such as inadequate living conditions, economic uncertainty, rapid economic transformation and low educational attainment. For instance, what advantages for mental health might be realized by implementing equitable credit systems in African countries? It is worth noting that these initiatives would not only benefit mental health, so a collaborative approach that takes into account all health (and non-health) benefits should be adopted. A recent study by the World Bank (2020) found that equitable credit systems in African countries can have a positive impact on mental health. The study assessed the cost-efficiency of such measures and found that they can lead to improved access to credit, improved economic security, and better mental health outcomes.

The delivery of successful interventions and the allocation of resources to mental health-related activities are both critical. A major issue is the structure and financing of public health and other systems. Kahn et al, (2006) investigated the structure and financing of public health and other systems to devise strategies for enhancing the provision of mental health services. It discovered that service fragmentation and the requirement to coordinate services across multiple sectors were major obstacles that needed to be tackled.

It is not feasible to simply move funds from long-term institutional care facilities to community-based alternatives. It may be advantageous to look into pragmatic initiatives that make use of existing long-term institutions to provide primary mental health care services, such as the Butabika hospital in Uganda, for further exploration (Kigozi et. al, 2013). The burden of out-of-pocket payments is a major hurdle to access healthcare, and countries should strive to construct health finance systems funded by taxes or social insurance payments. Unfortunately, many African countries lack the infrastructure for revenue collection. To make

progress, smaller-scale initiatives such as community insurance plans could be considered (World Health Organization, 2018).

What preventative measures can be taken to address the issue of lack of service utilization due to transportation issues? Could NGOs be leveraged to provide more flexible, innovative services that are tailored to the needs of local populations, as has been seen in high-income countries? What is known about the quality, effectiveness, and cost-effectiveness of the services that NGOs offer? Comparing the effectiveness of NGO programmes with that of public and private (for-profit) alternatives is an important issue that needs to be addressed. Can their involvement with local communities, through the use of volunteers, lead to greater utilization of services when compared to government-run programmes? Who is accountable for their actions and how can they be held accountable? These are the key questions we will now discuss.

The contribution of Non-Governmental Organizations (NGOs) to addressing mental health issues

The number of NGOs operating in Africa has seen a considerable increase in recent years, and these organizations are now playing an essential role in providing services and support to vulnerable populations. NGOs are increasingly viewed as essential partners in development efforts, and they are focusing on long-term, sustainable solutions. Mental health initiatives are being addressed by a variety of NGOs, including faith-based missions, secular organizations, those funded by local governments, and external donors. These organizations are also involved in activities such as training, resource allocation, and policy advocacy. A recent survey that looked at NGOs that provide emergency mental health services following disasters as well as developmental services in African countries was published in 2020 by the Global Mental Health Observatory. According to the Global Mental Health Observatory's 2020 survey, "only 32% of the 855 NGOs listed on the United Nations website References reported being engaged in mental health programmes."

There are exceptions, and such organizations may not only provide financial support for mental health, but also deliver services. An example of this is Mental Health and Substance Abuse Africa (MHSAA), a non-profit that collaborates with governments in various African countries to provide mental health and substance abuse services at the primary care level. MHSAA works with health units to deliver evidence-based treatments, such as psychosocial and psychopharmacological interventions, to individuals, families, and communities.

Non-Governmental Organizations can help to overcome some of the obstacles to the implementation of mental health policy and initiatives, such as by promoting understanding of the significance of mental health and encouraging access to services in African societies. To bridge the gap between government-level discussions and practical implementation, a community-focused or grassroots approach is often employed, which involves connecting with local stakeholders, including those who use the services and their families (Girard et. al, 2020).

NGOs can leverage the community partnership model to bolster social capital in communities, thereby strengthening the work of primary health centers. Volunteers and village health workers can be trained to ensure that service users are taking their medicine regularly, monitoring side effects and relapse, as well as keeping and updating records. Additionally, NGOs can serve as a conduit between traditional healers and conventional medicine. For example, African Mental Health Research Initiative (AMHRI) engaged with traditional healers as one of their target stakeholder groups in its operations. AMHRI is a multi-country research project that seeks to improve mental health in Africa by engaging with traditional healers and local communities. The project works to develop evidence-based mental health interventions that are culturally appropriate and tailored to the needs of traditional healers and the communities they serve.

Partnerships with NGOs can also be helpful for the heads of government mental health services. In 2016, AMHRI collaborated with the Rwandan Ministry of Health to deliver training and mentorship to a cohort of psychiatrists, psychologists, and clinical officers. This program enabled the government to strengthen its capacity and cultivate a workforce that is better equipped to fulfill the nation's mental health requirements.

The Mental Health Leadership and Advocacy Program (mhLAP) project was launched in 2010 to serve the Anglophone countries of The Gambia, Ghana, Liberia, Nigeria, and Sierra Leone. Its primary goal is to provide and strengthen skills in mental health leadership, service development, advocacy, and policy planning, and to create partnerships for action (Abdulmalik et. el 2014).

The role of non-governmental organizations in Africa is of paramount importance. Previous studies have highlighted the significance of NGOs in Africa. For instance, in 2015, UNHCR partnered with the War Trauma Foundation (WTF) to conduct capacity building in mental health in refugee primary health care settings in seven countries in sub-Saharan Africa. This initiative aimed to strengthen the capacities of staff from UNHCR and partner organizations to identify refugees with mental, neurological and substance use (MNS) conditions and provide appropriate and accessible care. Furthermore, research has revealed that mental health training of non-specialized staff in complex humanitarian settings is possible and can lead to increased competency of providers (Echeverri et. al, 2018). Additionally, MacGregor et. al (2018) found that NGOs have been instrumental in introducing and implementing evidence-based innovations, such as antiretroviral therapy (ART) adherence clubs, which have been adopted by the Department of Health in Cape Town, South Africa. Moreover, a systematic review of 18 studies conducted in six sub-Saharan African countries revealed that NGOs are actively involved in mental health care, primarily through the provision of mental health services, community-based interventions, and advocacy (Kabir et. al, 2020). These efforts are making a significant contribution to the improvement of mental health care access, quality, and uptake in the region.

Conclusion

Mental health disorders continue to be a major contributor to the worldwide disease burden, with premature death and deep socioeconomic consequences for individuals, as well as significant economic expenses. Despite the availability of proven cost-effective therapies in high-income nations and some limited but growing evidence in African countries, mental health promotion and care have received significantly less investment than other somatic health diseases. To find solutions that go beyond managing the symptoms of mental health illnesses, an economic analysis of the cost-effectiveness of interventions should be carried out. The health system, socioeconomic, and cultural contexts in which interventions are to be implemented should be considered in this analysis. Economic analysis should also be used to evaluate the advantages of more comprehensive approaches to risk factors like poverty, a lack of fair credit options, and interrupted schooling. Working along with other organizations, such as those tackling communicable diseases, is also crucial. In particular, in nations with underfunded public health systems and where mental health is given low priority, analysis of the implementation process may be helpful.

The main distinction between mental health difficulties and other medical conditions is that the former are frequently viewed as less serious because it is believed that they do not pose a life-threatening risk. It is crucial to show how investing in mental health can improve one's quality of life and economic situation in order to guarantee that mental health is taken into account in economic development agendas. But there are psychological obstacles that stand in the way of good mental health care, making this a challenging problem to solve.

Recommendation

Making a stronger argument for spending money on mental health may be accomplished by more thoroughly evaluating the advantages of collaborating with NGOs. In the fight against diseases like malaria, TB, HIV/AIDS, and maternity and child health, international organizations have had some success. What causes the same communities and families' mental health to differ? Evidence from non-governmental organizations like AMHRI reveals that scarce resources can have an impact, indicating that the neglect of those with poor mental health in African nations may not be as intractable as is frequently believed at the policy-making level.

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