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REGIONE AUTONOMA FRIULI VENEZIA GIULIA

From Yaoundé to Trieste and Back: Nurturing community mental health development across Cameroon and Africa

It is with great pleasure that I accept the invitation to participate in the presentation of this important work on mental health and development cooperation, carried out by colleagues from the former AICS office in Khartoum. This work stems from the efforts made in recent years by the Khartoum office to raise awareness among Sudanese health authorities on the topic of mental health. A topic that, as we well know, is far from being a priority on the national health system's agenda. There is still much to be done to ensure that countries like Sudan or Ethiopia adopt prevention and care standards in the field of mental health. Addressing the issue of mental health means, first and foremost, focusing on primary health care. A topic that, as we well know, is far from being a priority on the national health system's agenda.

1: Alessandra Attisani
Acting Head of Office
AICS Addis Abeba

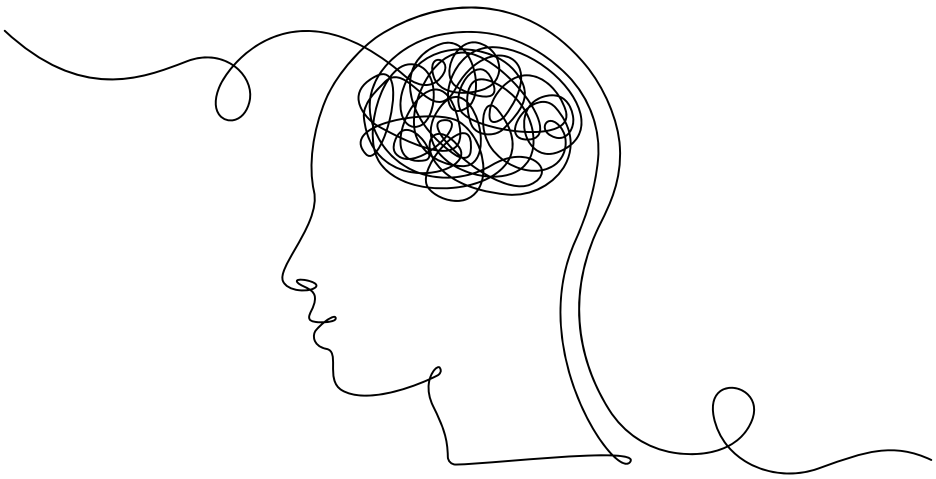
There is still much to be done to ensure that countries like Sudan or Ethiopia adopt prevention and care standards in the field of mental health. Addressing the issue of mental health means, first and foremost, focusing on primary health care. It is at this level of the health system that interventions are needed to meet, as early as possible, the demands of users who otherwise have no solutions to widespread psychological and psychiatric problems. Integrating mental health services into primary health care is therefore the first response to a need that remains largely unmet in our partner countries. Through our initiatives, we can make a significant contribution. In Sudan, efforts were made to reorganize territorial health centers to facilitate the care of psychiatric patients and ensure support for families with members suffering from mental disorders. Mental health in humanitarian emergency situations also represents an important area of intervention:
including mental health and psychosocial support needs in emergency projects, ensuring access to support services to address psychological trauma, and promoting the resilience of people with mental health conditions (whether pre-existing or caused by the emergency) through culturally appropriate and rightsbased interventions, including for children and adolescents. As for Ethiopia, I would like to highlight the contribution made by this Addis Ababa office to the meeting of the Technical Working Group on Mental Health and Psychosocial Support, part of the Health Cluster in Ethiopia. This included the involvement of Italian experts who played a very active role in managing prevention and care services related to mental health during COVID-19. Italy's experience during the pandemic proved to be very useful for Ethiopian health personnel and policymakers. The goal of the meeting was to share knowledge and best practices, and to facilitate direct interaction among health experts in the specific area of mental health during the pandemic. In addition to the Italian experts invited by AICS to share their experience and expertise, representatives of NGOs, Addis Ababa University, the Ethiopian Public Health Institute (EPHI), and the UN community also participated.

2: Dr Didier Demassosso
Psychologist and public mental health expert in Cameroon

It was a lovely surprise when I was approached by the Italian Agency for Development Cooperation Khartoum Office (AICS) around July 2022, inviting me to Trieste, Italy, for an international conference on mental health.

Wow! It was an exciting opportunity to advocate for mental health and, most importantly, for people living with a mental health condition. I said yes to the invitation. When I arrived in Trieste, I met with colleagues from four African countries: Cameroon, Chad, Sudan and Central African Republic. I also met with colleagues from Italy. On the night of the 12th of December 2022, when I flew to Trieste from Yaoundé, the political capital of Cameroon, I never knew I would learn so much about mental health! Well, how could I know if I did not come to Trieste? Trieste, The city of mental health revolution. A mental health revolution had occurred in Yaoundé too, the city of the seven hills, some ten years ago. Trieste is a beautiful, calm semi-urban town with a unique European history and a revolutionary contribution to mental health care and global mental health. Something occurred within me during my brief stay in Trieste.

Something you will discover as you read my article.



I am Didier Demassosso, a mental health advocate, clinical psychologist, and public mental health expert living and working in Cameroon, "The continent", Africa-in-Miniature. As I learned about Trieste's role in developing community mental health through the remarkable work of Dr Franco Basaglia, I felt a deep sense of connection both to the person of Basaglia and to Trieste as well. Mental health advocacy became a passion as much as Psychopathology and Clinical Psychology in the early years of my clinical training. Mental health advocacy came to me as a need when I did my internship at the Jamot hospital, one of the oldest psychiatric services in Cameroon. I had seen how severe mental illnesses had changed the lives of people. In the wards of the service, I used to do rounds with the psychiatrist to observe patients. I often experience their positive and negative symptoms as something unbearable. I was much amazed when I encountered Mr Blaise Talla, founder and president of the Cameroonian Association of People Living with a Mental Health Problem (abbreviated in French ACPAP-SM). The history of the creation of the association and its evolution marked by the presence of severe mental illnesses in most of its key members and stigma nurtured in me a burning desire to interest myself on lived experiences of mental illness. A unique experience occurred when one day after interning me and Blaise decided to have a walk. He told me how bipolar disorder (a very severe mental illness) had changed him, affecting his capacity to think and work as he used to. The recognition of his mental disability rang in my head as a need to do more to support his sensitization work in the hospital and communities. In fact, early on in his recovery process, he started to sensitize patients and their caregivers alike in the Jamot hospital psychiatric services. He was well known by all the mental health professionals in the services. Every first Tuesday of every month, he will come and talk about mental illness and the need for families and people with a lived experience of a mental illness to speak out.

His personal history of mental illness is filled with pain and suffering, characteristic of the African context, where there has been a gradual shift in beliefs from the traditional to the modern accultured African, therapeutic itineraries, and health beliefs, thus affecting wellbeing. The experience of Blaise Talla and my clinical training prompted me to become a mental health advocate.

I advocated for the Cameroonian Association of Persons living with a mental health condition in Trieste during the AICS International conference under the theme: Bridging Gaps in Community Mental Healthcare: Towards a Shared Path for Mental Wellbeing in Sudan, Cameroon, Chad & Central African Republic.

The title of my presentation was "Leveraging lived experiences: the Case of the Cameroonian Association of People Living with a Mental Health Problem".
My presentation focused on describing my advocacy work from a historical perspective and the development of mental health advocacy in Cameroon. The work of Blaise Talla, being one of the earliest contributions to mental health advocacy, though informally and especially from the lived experience perspective, was my main area of focus. During the conference I got empowered and inspired by the presentations of Ms. Alessandra Oretti and Mr. Arturo Rippa from ASUGI[1] Mental Health Department.

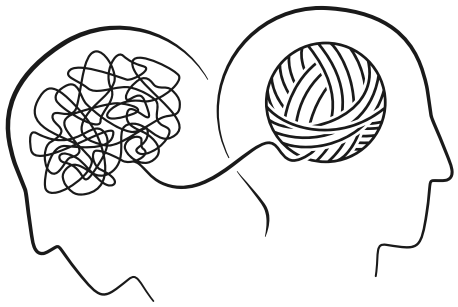
3: Family photo of myself (behind), with AICS staff and with other colleagues during the International Trieste Conference on Mental Health 2022.

Deputy Director of DAI DSM[1] Mental Health Area (ASU GI), Alessandra Oretti, held a presentation on the Whole Mental Health System: The Process of Deinstitutionalization, Principles and Values in Trieste's Mental Health Organization. Her intervention came in time to answer my question on the Trieste mental health care model
The understanding of the model was crucial, and it intuitively matched my African indigenous knowledge of community care and provided thus a strong sense of identity. Yes, the Trieste model resonated strongly in my ears because it was familiar, person-centered and community-based. In the context of decolonizing global mental health and colonial psychiatry, finding a strong sense of belongingness and identification far away was so beautiful.

[1] Mental Health Department

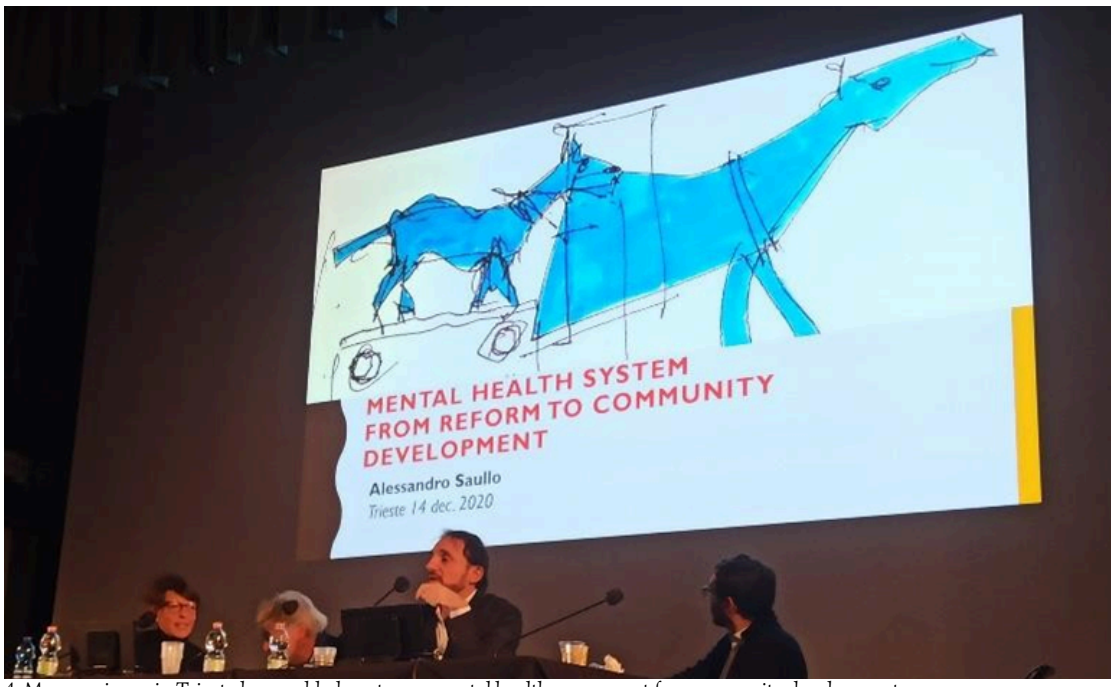
One other presentation caught my attention during the conference. In Cameroon, one of the key problems that people living with a mental illness face is the incapacity and financial means to keep taking their medication when they can afford it and access it.
On the one hand, this is a result of the chronic nature of severe mental illnesses, for example, schizophrenia and bipolar disorders, which puts a huge burden on families and patients in the sense of the health cost of medication. To illustrate that, Toguem, says that "One-day treatment with antipsychotic and antidepressant medication costs 8.7 percent and 20.4 percent of the minimum daily wage, respectively" (1). The minimum wage is 60, 000frs CFA. So that corresponds to about 12,240 frs CFA (18 Euro) for depression treatment only, which is about six times the amount of money a Cameroonian uses per day (2.94 Euro). On the other hand, people living with a mental health condition undergo a lot of stigmas, and they often do not have the psychological support to push through their situation. This is quite paradoxical when considering the importance given to mental health and the treatment of people living with a mental health condition in ancient Africa (2).

Arturo Rippa-Director of the residential and rehabilitation service- execution of security measures, at DAI DSM Mental Health Area (ASU GI), made a presentation on Engagement and Co-production, the Personalized Project, and the Role of Stakeholders, Users, Associations, and Social Cooperatives. Taking in Charge Persons with Mental Disorders and Complex Needs Using the Personalized Rehabilitation Therapeutic Project (PRTP) and the Individual Health Budget. This presentation gave me a clear way how to use resources from my community to support the mental health of people living with a mental health condition. However, I still would have wanted to learn more about the social cooperatives, but it was a short event the Trieste Conference.



Cameroon, due to structural and financial reasons, is still struggling to improve access to quality mental health care services for people living with a mental health condition. Human rights violations on people living with a mental health condition are frequent in the community. In fact, to date, even if there are no asylums or mental health hospitals, there is still a heavy emphasis on psychiatric services and psychiatrization rather than the resources of the community. I therefore found this strategy exposed a fantastic way to support people living with a mental health condition. Dr Franco's Basaglia work becomes of great importance in Africa in a context marked by colonial psychiatry. Colonial Psychiatry represents an etic or outsider perspective to otherwise culturally relevant human experiences mental in nature. Said more clearly and in the terms of Zheng:

> *"Colonial psychiatry, in the context of colonial rules in 20th century colonial Africa, represents a set of discourse in the form of mental health institutions and practices, and development of ethnopsychiatry as a scientific subject. The term "colonial psychiatry" connects the pathological definition, diagnosis and treatment with the perpetuation of power structure of domination and subordination, representing a trend in the colonial governance in the 20th century, in which the Western-ruled African colonies were the most exemplary and thoroughly studied with ample amount of institutional records." (3)*



4: My experience in Trieste has enabled me to see mental health as an agent for community development.

Franco Basaglia was deeply existentialist and humanistic in his worldview (4), worldviews typical of African societies (5). Basaglia's international legacy, which has spread to Mediterranean and South American countries is well established (6) with a few exceptions like the UK and USA, where he was rejected (7).

The variability of personhood across cultures is well documented and considering this in all psychological interventions is essential (5). Interestingly, through his approach, Basaglia detached himself from colonial psychiatry.

Little is known about the impact of Basaglia's work in Africa before the last Trieste conference in 2022, and it can be understood as a result of decades of the dictatorship of colonial psychiatry, which is radically against the African cultural worldview of mental health and wellbeing.

In fact, false conceptions of the African person and its mental health has been persisting during colonization (8, 9,10).

It is, therefore, for this reason that the International Trieste conference was unique and should be repeated. Basaglia's ideas can be thought of as being very Afrocentric.

5: World Mental Health Day 2021 with people living with a mental health condition and their family at Hospital Jamot Yaoundé. These are members of ACPAP-SM

A few reasons can be advanced to support that. Firstly, the rejection of colonial psychiatry, largely dominated by the bio-psycho-socio model in preference of a socio-cultural-spiritual model, community and human right-based, because based on equity (10). Secondly, it supports an inherently community-driven Africa. The fundamental Afrocentric principle of community can be stated as "Umuntu ngumuntu Ngabantu, or Motho ke Motho ka Batho, roughly translated as, 'a human being is a human being because of other human beings'" (11). Therefore, Basaglia's law takes its full meaning in the heart of Africa, the cradle of civilization (12, 13), by restating the man's fundamental freedom and capacity to act responsibly and thrive despite his challenges. During the Trieste conference, Cameroon, Sudan, Central African Republic and Tchad were present. These Sub-Saharan African (SSA) countries have been affected by colonial psychiatry. Traditional medicine is poorly developed, and people living with a mental condition are highly stigmatized
Nonetheless, the attachment to traditional community and collectivistic values has remained intact albeit colonial psychiatry (14).
In fact, close to 50 % of individuals seeking formal healthcare for mental disorders in Africa chose traditional and religious healers as their first care providers (12).
I have been working for the past years in mental health development (from mental health education to mental health promotion, from mental health policy to mental health legislation, passing by mental health advocacy to mental health and psychosocial support (MHPSS), providing psychological interventions, and then recently research). I am keenly interested in strengthening the mental health system at all levels. Mental health advocacy is highly insufficient, and investment in mental health is extremely poor. Moreover, community-directed stigma of people living with a mental health condition is very high.

My advocacy work in mental health has taken several forms, from research-based advocacy for evidence-informed decision-making (EIDM) intended to enable policymakers and decisions makers in Cameroon to be more sensitive to the need to invest in mental health; to advocate for the rights of people living with a mental health condition. My experience in Trieste induced in me a deep need to create an organization that will develop community mental health as a well-defined discipline and practice with the specific goal of supporting people with better-lived experiences. Green Ribbon Health and Community Development Association (GriCoDa) was created to support my past work in mental health more structurally and organize it to tackle the growing mental health needs more systematically

6: Semi-rural community about 20 km away from Yaoundé. Home visit to a person living with a mental health condition, January 2024

Currently, I am working with people living with a mental health condition and their families. Promoting their well-being, educating them on their rights to mental health, and fostering mobilization to work on mental health legislation. I am also working to support local organizations to be equipped to support and provide mental health services to various communities. I have already contacted several persons living with a mental health condition and their families and members of the Cameroonian Association of Persons Living with a Mental Health Condition so we can work together to develop educational material for the community based on lived experiences.

I am also actively engaged in several other community mental health activities (capacity building, interventions, sensitization, research...).The Trieste conference organized by AICS and ASU GI has greatly increased my sensitivity to community-based, human rights, and inclusive perspectives on mental health. It is true that I have a certificate in the WHO Quality Right training, which significantly changed my attitude and behavior as a mental health practitioner. However, the Trieste experience showed me not only how it was possible practically to have communities of persons living with a mental health condition living better and in dignity but also what I can do to work towards such a community in Africa. I know it is a lot of work, but I truly have found inspiration in the work done by Dr Franco Basaglia. When I returned from Trieste on the 14th of December 2022, I felt empowered, inspired, and determined. Green Ribbon Health and Community Development Association (GriCoDa) and GriCoDa SERVICES are born to work towards my dream for strong and resilient communities and mentally healthier persons with mental health conditions and their families. Albeit the growing favorable climate for mental health development (15), I know there will be some challenges to implementing the Trieste model in communities across Cameroon, the continent, Africa-in-miniature.

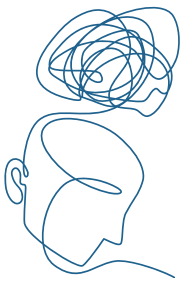
7: UNFPA Conference 2021: Combating GBV, and Strengthening Mental Health Support.

I will highlight two of the challenges and how they can be overcome.

Developing stronger governance and leadership; fostering meaningful engagement and participation of people living with a mental health condition; ensuring mental health in all policies and financing mental health: Today in Cameroon it is becoming clearer that Non-Governmental Organizations (NGOs), International Non-Governmental Organizations (INGO) and to a lesser the UN system, are the ones leading mental health development (15). They are doing this in harmonious collaboration with the sub-directorate of mental health and psychiatry promotion at the Ministry of Public Health (15). Tremendous work in the Humanitarian-Development-Peace Nexus is done in the Far North, East, North West, and South West regions of Cameroon. Mental health financing within the NGOs and INGOs is much more evident. Whereas at the Ministry of Public Health, mental health financing is still not a reality.

Moreover, there is not yet a pragmatic public health vision for mental health in Cameroon, which will systematically blend all the actions of the diverse stakeholders irrespective of what they do. Efforts to identify and regroup mental health stakeholders have not yet led to effective multisectoral interventions in a growing process of mental health and psychosocial support (MHPSS). The creation of a National technical MHPSS working group is an opportunity to engage in effective collaboration and meaningful participation and engagement of persons living with a mental health condition. In fact, people living with a mental illness are not part of any decision-making processes concerning mental health service delivery. The reasons for weak multisectoral collaboration are not yet known. The National Mental Health Policy (2016- 2026) outlines a vision, a mission, 10 priority axes, and action domains (16). My work in the field has shown me that some actions and priority axes are being implemented. It is worth mentioning that there is no accessible document on the implementation processes of this policy.

The vision of the National Mental Health policy to foster the emergence of mental health by 2027 is not pragmatic and does not have clear indicators to set the pace for building the blocks or using blocks to build a mental health system. The result is that mental health service users everywhere do not still access and receive the quality mental health treatment they need (18). Human rights abuses on persons living with a mental health condition are very common, even in psychiatric services.The current mental health policy validated for ten years (2016-2026) needs to be evaluated and reformulated to suit the growing and changing mental health needs of Cameroonians. This lack of pragmatic vision is preventing concrete prioritization of mental health. There is no evidence to date which can clearly show how the various interventions made both by the sub-directorate and other mental health actors have supported the health system to be more resilient.



Lots of activities are done but there is no evidence to support their impact on populations. The question of how mental health improves public health cannot be answered clearly and objectively? Nonetheless, one of the most significant visible changes that has occurred in Cameroon since 2013 is the great awareness about mental health. Discussions about the thematic has started to be very frequent in mainstream media, in conferences, in common parlance and even on social media. Nevertheless, there is not yet a systematic mental health promotion, and though this awareness raising is still not enough, the present state of awareness is extremely useful to work towards deeper structural changes in the health system. It is important that proper planning of decentralization of mental health be done while making mental health for all through mental health in all policies a governmental priority. This way, it might be easier to finance mental health. Governance and leadership in mental health in Cameroon needs to be supported through training, knowledge exchange platforms, and direct funding to mental health, be it to the public or private sector and in this line Italy-Cameroon cooperation could be greatly brought to contribution.

The private sector can also support mental health development but requires adequate mechanisms, which have not yet been established. GriCoDa is already working to develop pathways towards a strong public-private partnership and collaboration in mental health in Cameroon. GriCoDa is also working to increase advocacy for human rights and mental health and the development of community-based human rights and inclusive person- centered mental health services.

Absence of mental health data to support evidenced informed decision making in all areas of mental health development. One direct consequence of the absence of a pragmatic vision of mental health in Cameroon is the fact that there is no way actually to know what works and what does not and why in the several mental health activities done by the sub-directorate and mental health stakeholders. Recently, the MoH formally decentralized mental health by appointing mental health focal points in the ten regions. I talked with one focal point to understand the mental health data paradox that people with mental health issues do visit not only the public psychiatric services and hospitals across Cameroon but also the few private health institutions. But at the end of each month, health data reports are collected monthly at the district level- nothing is observed consistently in the District Health Information Software (DHIS-2), a software used to collect data by the Ministry of Public Health at the district level.

There is a need at this point to invest a considerable number of resources in research on mental health. To understand why data is not available and to find ways to increase effective and accurate mental health data collection. Training and incentives to encourage more effective data to be collected. In fact, the absence of a sustained mental health culture even in the ministry of public health might be preventing mental health data to be collected as it ought too. In a consultation activity in the South West region of Cameroon for a local organization, and which I presented the results on the 10th of October 2023 during World Mental Health Day 2023, I showed that the data from the DHIS-2 does not match the data collected by INGOs, NGOs and the UN system in the Southwest region (17). Interestingly, the mental health revolution in Cameroon (15) has covered a good number of areas of mental health development, making it easier to know where to start work. Moreover, an important work by Fakembe et al. on mental health research from 2005-2021 published this year provides essential information on research directions and needs. I am currently trying to improve on my research skills to bring a robust contribution to mental health research in Africa and Cameroon.

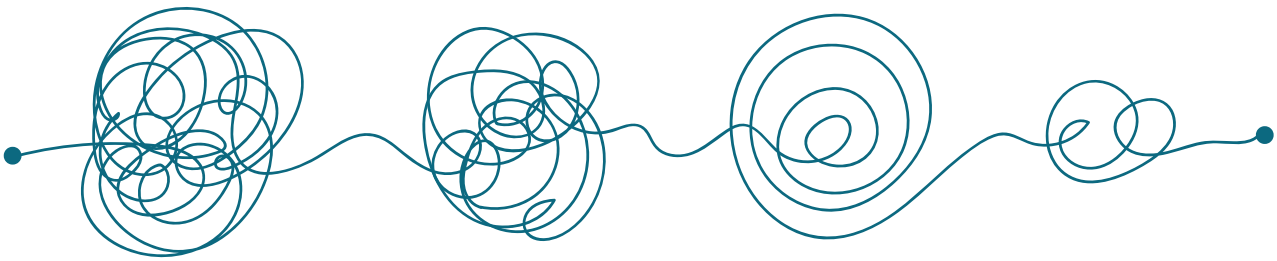
I believe that community mental health development in Cameroon and Africa is one of the most cost-effective means for mental health to develop and reduce the impact of colonial psychiatry on the one hand. On the other hand, it could greatly contribute to reducing the growing burden of mental health and now also non-communicable diseases (NCDs), which have come to increase the mental health burden due to the intricate link between NCDs and mental health, co-morbidity, and risk factors.

Therefore, there is a need for intensive multiform investment in local organizations working in communities, building and strengthening their capacities to deliver, supporting them to engage more pragmatically in psychosocial support interventions; supporting them to develop sustainability in the activities they do; strengthen the health system and engage policy makers to see the need to invest in mental health of populations. The community has resources which can be used to achieve the vision of mental health for all. People with a lived experience of mental illness, in Cameroon in particular, and in Africa in general, have to be given spaces to talk about matters that concern them (18). The need to build a community of practice online and off line surrounding community mental health in Africa would be a great way to ensure constant knowledge development and sharing, mutual support, resource mobilization, collaboration, partnership, and sustainability. GriCoDa is building on these values in its vision of building stronger and resilient communities in Cameroon and Africa. Mental health development in Africa in the context of global mental health is of great importance following the growing pivotal representativeness of Africa in global health (19). In fact, there is growing concern that the West or High-Income Countries (HICs) tendencies to" reducing complex matters of living, behaving and thinking to 'mental' health and disorder" (20) are just part of the story. Mental health justice matters, mental health equity matters as well. We can all work together to make mental health in our families, and communities a greater priority. I hope you can join me in this endeavor.

"**Freedom is therapeutic**"!

Didier Demassosso

Contributor: Fabio Monni - AICS Programme Manager



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