



# Mental Health Services in Namibia: Challenges and Prospects

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**Abstract**—An analytical research approach was used to critically analyse information and facts that are already available on the services, gaps, challenges and opportunities of mental health in Namibia. Information on the current status as well as on the factors that directly and are strongly related to mental health and well-being such as, alcoholism, gender based violence, HIV/AIDS, chronic diseases, education and road traffic accidents was compiled and evaluated. This was done in order to provide support to the fact that there has been a neglect of the right to mental health and well-being and that urgent action needs to be taken to mediate the situation. This action will be in line with goals outline in Namibia vision 2030 in which health and well-being is clearly stated as one of the priorities or goals. This article concludes by providing informed recommendations on the immediate steps that can be implemented to improve the situation of mental health in the Namibia.

**Index Terms**—Mental health, wellbeing, gender based violence, depression, schizophrenia, suicide, diabetes mellitus, mortality, and HIV.

## INTRODUCTION

Mental Health is one of the key human rights that should be enjoyed by every human being. It falls under the right to health mentioned in the numerous international conventions on human rights including the Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities [1]. Mental Health is defined as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” [2]. While all countries have endorsed that the right to health is a critical issue, many countries particularly in the sub-Saharan Africa have failed to effectively revise and implement mental health policies. Mental health is an issue that has been overlooked in Namibia over the years.

Mental health is an issue that has been overlooked in Namibia over the years. This is evidenced by the fact that the Mental

Health Legislation that is currently being utilised is the South African Mental Health Act no. 18 of 1973 [3].

According to a research on mental health policy implementation in Namibia, mental health still receives low priority because of the limited resources which are often directed to communicable and life threatening diseases [4]. This has resulted in lack of services, poor treatment and rehabilitation outcomes of individuals diagnosed with common mental disorders. Consequently, this leads to the development of permanent or chronic pathologies.

Statistics on mental health disorders according to the Namibia demographic health survey of 2013 indicate that mental health problems are rapidly increasing in the country [5]. Schizophrenia has been noted as a common disorder followed by depression. Namibia is rated first in the world when it comes to road traffic accidents, meaning that there is also a high incidence in trauma and stressor related disorders of which most go untreated [6]. Namibia suicide rate is one of the world’s highest. Additionally, the incidents of Gender Based Violence (GBV), intimate partner violence, HIV/AIDS and child abuse cases have reached critical level. Alcoholism in the country is very high, meaning that substance abuse related disorders are present. With children, conduct disorders have been indicated to be on the rise by the Ministry of education and these have resulted in only 30% of the learners in the country completing secondary school (Legal Assistance Centre (LAC) [7]. The above data shows clearly why mental health needs urgent attention in the country.

While the statistics above show high incidence of mental health problems in the country, the contrast with the number of health care professionals is shocking. According to the study [8], only 2 psychologists, 3 psychiatrists, 43 psychiatric registered nurses and 3 social workers are currently employed in psychiatric hospitals in the country. While private mental health professionals are available, they are few, and worse still, the majority of the citizens cannot afford their services. Furthermore, there are only 2 psychiatric hospitals in the



country and no community mental health clinics. It is in this regard that this article intends to analyse available information on this subject in order to reveal the challenges and gaps so as to facilitate change.

#### CURRENT STATUS ON MENTAL HEALTH IN NAMIBIA

As noted above, the current status on mental health in Namibia is far from being ideal. The number of mental health hospitals, the number of mental health professionals and the incidence of mental health problems is highly disproportionate. According to the Deputy Minister of Health and social service the country has a shortage of mental health workers (“Namibia treats 8000 for mental illness in 2015” [9]). Additionally, mental health legislation is outdated. The current situation in Namibia is also that there is a rapid increase in the number of incidence of psychosocial problems for example GBV, suicide, alcoholism and Road Traffic Accidents (RTAs) which are directly linked to mental health problems. This only serves to emphasise that mental health in Namibia has been neglected, and the current situation is dire and needs urgent attention.

#### SUICIDE AND MENTAL HEALTH

Suicide is the third most common cause of death in adolescence and young adults. Generally, women attempt more suicide than men however men tend to be successful in committing this act. Indeed, this is one of the major public health concerns in Namibia and a study conducted on Suicide and attempted suicide verifies this [10]. People with suicidal ideation undergo a variety of emotional and physical strains such as self-blame, feelings of worthlessness and hopelessness, emotional exhaustion and often the self-esteem is low which leads to distorted judgements. Often many people who commit suicide suffer from mental illnesses or have mental problems and thus need psychological interventions. According to study [11], “disorders leading many to suicide attempts are treatable: depression can be treated and alcoholism can be overcome”. This goes to show that difficult life moments that seem unbearable can be surpassed with better solutions, given some times; and that negative emotions people experience when depressed such as feelings of hopelessness and worthlessness amongst others can be overcome with proper psychiatric or psychological help which results in suicide prevention.

#### GENDER BASED VIOLENCE AND MENTAL HEALTH

Gender Based Violence (GBV) is of great concern in Namibia, according to the LAC, it is to the extent that it has reached epidemic proportions (“LAC says GBV has reached epidemic proportions” [12]). Mainly women and girls are victims of GBV although men and boys are also fall victim. In a period of three years, 2013 – 2015, the Namibian Police had registered 10 142 incidents of GBV with mainly assault, rape and assault with grievous bodily harm (“10 000 GBV cases reported in three years”, 2016). Intimate partner killing is

referred to as a foulest form of GBV that the country is dealing with and society refers to it as “passion killing”[13], they describe it as an act by which “a couple that is supposedly in love with each other would kill the partner and in some instances would also commit suicide”.

GBV not only affects the survivor, but society at large and it can have long lasting effects not only on the survivor but on those that witness it including children. The psychological impact of gender based violence. In a study [14] that was conducted on the costs and impacts of gender-based violence in developing countries, they found that GBV may lead to the inter-generational transmission of violence, such that women who are abused by physical violence were more probable to use violence in their child rearing practice; whereas, children who were exposed to GBV were more likely to be aggressive and engage in delinquent behaviors. This means that the victims become perpetrators and so the cycle of violence continues hence the need for mental health interventions this cycle.

#### ALCOHOL AND MENTAL HEALTH

Another significant social problem in Namibia is underage alcohol abuse, although alcohol consumption is not only limited to those that are underage. A 2006 UNICEF study in Namibia found that, in a focus group of 10-14 years old, one in ten had already used alcohol beginning at the age of 10 on average. A study [15] conducted on Alcohol and Youths in Namibia reported that “youth had easy access to alcohol, and almost half felt the different communities were contributing to alcohol use by youth in some way”. Another study by WHO (2014) indicated the prevalence of alcohol use disorder was 5.1% of the entire population and alcohol dependence is 2.2% [30].

According to the World Health Organisation (WHO) 2015, world alcohol consumption report, Namibian women are ranked first in Africa in terms of alcohol use, each individual drinking an average of 5 litres of pure alcohol per year [16]. The second ranked country in this category utilised an average of less than 2 litres a year. Men in Namibia are ranked second in this category following South Africa which is ranked first. However, with the combined statistics of both men and women, Namibia ranks first in Africa in terms of alcohol use (WHO, 2015). These statistics indicate that substance and alcohol related disorders, although unrecorded, may be prevalent and may be the underlying causes of other problems such as GBV and possibly Road Traffic Accidents (RTA).

In addition, according to a study [17] conducted on Factors Leading to Drug and Alcohol Use and Abuse by Namdeb Employees they stated, “The abuse of alcohol and drugs can have a serious impact on individuals, families and communities, as well as organizations where people work and



there are various socio-economic, psychological and structural factors that can lead to the use or abuse of alcohol and drugs". Alcohol and drug abuse in the study was attributed to the following factors: Mine workers live far from their families as many of them moved to Oranjemund just for employment. During their time off from work, workers are often bored and lonely leading to substance abuse. Alcohol is a social lubricant at official events and during socialization and because most of these workers earn decent wages they are able to spend a lot of money on different harmful substances. Lastly, these substances, especially alcohol are easily available all day long in locations. Alcohol in Namibia is surely a nationwide problem however those especially employed in mines like NAMDEB's situation factors further contribute to the abuse these substances even more.

#### CHRONIC ILLNESSES AND MENTAL HEALTH

##### *Cancer*

In a study [18] Depression in advanced cancer-assessment challenges and associations with disease load, people diagnosed with advanced cancer/patients with advance cancer frequently experience multiple somatic symptoms which overlap with the diagnostic criteria for depression. Cancer is associated with a lot of physical and psychological distress such as worry, anxiety and other symptoms that lead to a diagnosis of depression. These symptoms are often severe and the overall functioning of patients is impaired as the disease progresses.

##### *Stroke*

According to a study [19] conducted on depression in stroke survivors has a prevalence of 27%, which was significantly high. This indicates that there is a comorbid depression in despondence to stroke. It is common in older people particularly men and consequently stroke affects individuals holistic well-being.

##### *Diabetes*

A study [20] conferred that "depression and Type 2 diabetes mellitus (DM) often co-occur". In the same study on Depression and risk of mortality in individuals with diabetes, up to 30% of individuals with DM showed significant number of depressive symptoms on the depression rating scale and about 12-18% met diagnostic criteria for Major depression. In addition, a study indicated that "anxiety is a comorbid with DM" [21]. The prevalence of anxiety in people with DM is considerably higher than in the general population, and it is seen to increase the risk of depression or worsen the depression symptoms. Therefore, the depression which accompanies diabetes is also linked to increase mortality in patients diagnosed with diabetes, a mortality which is attributed to the severity of the disease.

##### *Human Immunodeficiency Virus (HIV)*

Namibia is one of the countries in the world with a high HIV prevalence. Although there was an increase in the prevalence amongst people aged 15 - 49 from 1992 (4.2%) and 2002 (22%) a decline has been observed since 2002 (19.7%) and 2014 (16.9%) though the Ante Natal Care (ANC) sentinel surveillance, which is a system that was adopted by the government of Namibia to assess the status of the epidemic [5, 22]. Compared to uninfected people, people living with HIV (PLHIV) face greater mental health issues such as loneliness, depression, anxiety, distress, anger, low self-esteem, and low self-efficacy as a result of HIV/AIDS stigma, poor coping skills and marginalization [23]. In Namibia the total population of PLHIV aged 15 – 49 years was estimated to be 260,000 in 2014, it is projected to increase to 273,000 by 2017, and over 296,000 by 2020 [24]. An increased number of HIV infections automatically increase the demand on medical and mental health services.

#### EDUCATION AND MENTAL HEALTH

When it comes to education in Namibia, research and evidence reveals the only 30% of pupils enrolled for grade one end up completing secondary school [7]. Often, one of the major causes of school drop outs is misconduct which is most frequently also coupled with alcohol and substance use and teenage pregnancies. There are two psychologists working in the Ministry of education for the whole country and a handful of school counsellors in some of the regions of the country. Life skills teachers in schools who handle cases of misconduct among others are expected to report to, receive guidance from, and refer difficult cases to these qualified school counsellors. Yet school counsellors are not sufficient to cover the regions. The practicality of the whole process is questionable and hence the children who might be suffering from conduct disorders seldom receive adequate assistance apart from being identified. This again echoes the shortage of mental health professionals in the country in contrast to the huge need that is present. Education is one of the main sustainable development goals that the country has committed to as it is directly related to the economic development of the country. It is also listed in the Namibia vision 2030 [25]. The children are the future of this country and more needs to be done to ensure that they receive an education. Hence attention to their mental well-being should be highly prioritised.

While still on the aspect of education, recently the University of Namibia has reintroduced the Master of Arts Clinical Psychology program in order to train qualified psychologists to fill the shortage gap of mental health professionals in the country. This is a positive stride to address the concerns over neglect of the mental well-being in the country, as well as a positive step towards facilitating change, but more still need to be done to reach especially the disadvantaged who cannot afford such services.



The Deputy Minister of Health and Social Services also alluded to the fact that “children who experience better mental health and wellbeing maybe be more likely to do better at school increasing their career prospects later in life, and children who experience severe behavioural problems generate high demands on the education and social care systems as well as on health services with adverse consequences that can persist into adulthood” [26].

#### ROAD TRAFFIC ACCIDENTS AND MENTAL HEALTH

According to the WHO (2015), Namibia is ranked first in the world in terms of the number of road deaths per 100 000 residents. With these statistics, the number of cases of mental disorders due to head injuries is also increasing [16]. This means that there is need for more neuropsychologists, yet there is only one in the country.

#### MENTAL HEALTH IGNORANCE

Equally important when it comes to mental health in the country is the issue of mental health ignorance by the general public. According to a study [27], several studies examining the level of public knowledge about the nature and dynamics of mental illness in sub-Saharan Africa in the last decade have concluded that such knowledge was poor and have called for further public enlightenment”. Additionally, several studies conducted in different African countries are consistent with the finding that mental illnesses are largely attributed to witchcraft and spiritual possession or demons and they also mostly proposed public mental health enlightenment as a panacea to poor orthodox mental health service utilization [27]. Indeed, this is also the case in Namibia and it is extremely important that efforts to intensify public health service on mental health, as well as to increase mental health professionals in the country be combined with public mental health enlightenment which will include creating awareness and educating the public on what mental health is. It is imperative to consider how best to contextualize public mental health enlightenment in the country and how to improve and influence policy initiatives that can improve mental health service utilization.

#### PSYCHOLOGY IN NAMIBIA

Psychology is a relatively new discipline in Namibia. For individuals to practice as professionals in the country a registration with the Health professions Council of Namibia (HPCNA) is required. The University of Namibia (UNAM) is currently the only institution offering psychology programmes, such as the Bachelor of Arts in Clinical, Industrial Psychology, Bachelor of Psychology in Clinical Psychology and this year a Masters in Clinical Psychological was introduced into the curriculum [28]. Every year an approximate of 200 students are admitted into the University’s Psychology department. The

specialized program, Bachelor of Psychology (BPsych) which begins in third year only admits a maximum number of 14 students into the programme. Upon graduation of all these students, the Health profession Council of Namibia (HPCNA) is only able to register the 14 students with a Bachelor of Psychology qualification. The other remaining students who are not able to register with the professional body are consequently disadvantaged in terms of employment as professional registration is a requirement in almost if not all Psychology related vacancies. In addition, an issue of concern is the post graduate internship as per requirements of HPCNA to obtain registration as a psychological counsellor or psychologist. There are limited accredited practices authorized by HPCNA to train psychology interns in Namibia. Currently the only institutions training interns are MoHSS [24], Okonguarri Psychotherapeutic Centre and the Ministry of Labour, Industrial Relations and Employment Creation. Previously, Ministry of Safety and Security and My Wellness Centre used to train psychology interns but they no longer do, whereas My Wellness Centre has closed. It is evident that psychology is in demand in the country although there is a lack of qualified professionals to address the various social problems in the country. Psychological distress following diagnoses with diverse diseases is high hence the need for mental health professionals. Finding solutions to these social problems will not only create employment for the youth who are the leaders of tomorrow particularly the recent graduates, but also different national issues will be tackled leading to a healthier, productive Namibia striving towards the attainment of vision 2030 [25].

#### METHODOLOGY

This is a review of various documentation and data available in relation to mental health in Namibia. The Analytical research approach was used in which “data and other important facts that pertain to a subject, topic or issue are compiled and evaluated to prove a hypothesis or support an idea” [29]. The researcher has to use information already available and analyse these to make a critical evaluation of the material. The research was therefore based on the critical analysis of available information and facts on mental health in the country with the aim of trying to project the significance of the current situation and to magnify the need for urgent action in this regard. Journal articles, research theses, reports, books, fact sheets, statistics and newspaper articles were utilised to come up with this analysis.

#### DISCUSSION

The above information clearly shows that the current status of mental health in Namibia is perplexing and individuals from the low socioeconomic status are hugely affected by this. Firstly, laws regarding mental health are outdated and the policy that emanated from the outdated laws lack





implementation. While the implementation of mental health policies in most sub-Saharan African countries has been challenging due to limited resources, in Namibia the situation can be considered a result of disregard rather than limited resources. Namibia is now classified as an upper middle income country, and yet it only has 3 psychologists and 2 psychiatrists working in the meagre 2 state mental health facilities supposedly serving a population of about 2 million people.

Secondly, the rapid increase in psychosocial problems incidence for example those of GBV are a sign that mental well-being is not being addressed in the country. Namibia ranks in high categories on issues of alcohol use, motor vehicle accidents, school drop outs and HIV prevalence, all of which are problems directly and strongly related to mental problems and mental well-being. Studies have shown that community based psychological interventions can be useful in bridging the gap and addressing the issue of reach. Through psychological oriented community interventions, public enlightenment on what mental disorders are will be enhanced and utilisation of public mental health services will be improved.

The positive aspect about the situation in Namibia is that mental health professionals, academics, policy makers and politicians have acknowledged that there is a problem and there is a need to act urgently. The University of Namibia, has taken the first step of reintroducing training of clinical psychologists in the country. The Deputy Minister of Health and Social Services acknowledges that a problem does exist when it comes to mental health and well-being in the country, highlighting how it even affects education and success of children. However more needs to be done in the country in relation to policy development, employment of more mental health professionals and increasing the number of public mental health institutions in the country.

The limitation of this research review has been that not many academic studies have been conducted in Namibia on mental health and well-being, hence no statistics are available on the prevalence and incidence of specific mental disorders. The recommendation therefore is that there should be deliberate effort and focus on gathering mental health statistics through research.

#### CONCLUSION AND RECOMMENDATIONS

Statistics from various studies indicate that mental health (an issue which has been overlooked in Namibia) is a serious holistic social problem necessitating the country's attention. Schizophrenia and depression are some of the reported psychopathologies in the country. The issue on mental health is of great concern because Namibia as a nation has one of the world's highest suicides rates and recorded road traffic accidents. In addition current social problems in Namibia

including GBV, chronic illnesses, substance abuse and school drop outs have reached a critical level. Additionally, the number of mental health hospitals, the number of mental health professional and the incidence of mental health problems is highly disproportionate. Therefore it is recommended that the legislation and mental health policies should be reviewed, revised and consistently monitored during implementation. Secondly, there is a need for community psychology as this will provide a platform to decentralise mental health services and address mental needs in a larger context. Finally, it is strongly recommended that the government develops clear strategies on how to increase mental health services in the country including in remote areas as well as recruiting more qualified that will be able to cater for larger communities. No Namibia citizen should feel marginalised when it comes to mental health.

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