

## **Bridging Gaps in Mental Healthcare: Towards a Shared Path for Mental Wellbeing in Cameroon, Chad, Central African Republic, Sudan, and Eritrea**

### **Background**

There is no health without mental health. It is starting from this assumption that we can unhinge all the preconceptions that revolve around this topic. Mental health touches everyone's lives and, to that extent, represents a collective responsibility: it is vital to public health and to move towards universal health coverage.

But it is also much more. There is an intrinsic relationship between promoting mental health and reaching the sustainable development goals: progress in one sector will impact the other and vice versa, as they both need a multisectoral and multidisciplinary response.

Furthermore, the final SDG goal is to ensure strong partnerships. There can be no culturally sensitive and accessible mental health systems without the collaboration among civil society, private sector, governments, and non-governmental organizations, as no individual or organization can succeed in meeting the challenge.

The COVID 19 pandemic had an overwhelming impact on the social determinants of health, amplifying structural inequalities. In terms of mental health, it had the double consequence of negatively affecting people's mental health and creating new barriers for those already suffering from mental illness and substance use disorders.

WHO latest report on Mental Health<sup>1</sup> reveals that, all over the world, mental healthcare is under-resourced in too many countries: needs are high, but responses are insufficient and inadequate.

Today more than ever we need to promote adequately staffed community-based mental health services that reflect people's needs, allowing communities to be engaged in their own care, thus empowering them, and achieving an essential step towards mental health equity.

## **Mental Health Care in Cameroon, Chad, CAR, Sudan, and Eritrea: current status and key issues**

From a comparative analysis of mental health systems in Cameroon, Chad, Central African Republic, Sudan, and Eritrea, multiple converging elements emerge that trace a path starting from a common assumption: creating a functional, resilient, and highly reactive healthcare system.

In general, a lack of data makes it difficult to accurately measure the resources these countries invest in mental health care. Starting from the governance system, we can state that Sudan is the only country with a mental health policy and legislation. While Cameroon, Chad, Central African Republic, and Eritrea have a mental health policy, they do not have a mental health legislation.

The main gaps in mental health and psychosocial support can be divided into two areas that belong to the institutional sphere and the social one.

The first includes inadequate inpatient and outpatient health care facilities, concentrated in only some parts of the country, thus leaving behind the majority of potential users. Addressing geographic maldistribution is necessary to improving access to mental health services for underserved populations.

Dedicated and motivated health workers are essential to deliver efficient and effective health services and to meet the rising mental health care demand. One of the biggest issues these countries face

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<sup>1</sup> <https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report>

revolves around the workforce shortage: the average number of human resources working in mental health facilities is way below the needs.

The lack of trained mental health personnel strongly affects people's perceptions and attitudes towards mental health. Research suggests families seeking care for mental disorders often consult traditional healers as their first care providers. The reason behind this choice is found firstly in the lack of knowledge: more information and awareness are needed on where to seek help to prevent people from turning to alternative services that are also a barrier to early identification and intervention. Another barrier is the stigmatization and social exclusion of people with mental health issues. The impact of these negative attitudes is becoming more relevant after the spread of COVID-19, as the already existent mistrust between health care providers and patients is exacerbated by the daily stress and burnout of a workforce exposed to physical and mental exhaustion.

Finally, these countries are weakened by protracted conflicts and affected by humanitarian crises that exacerbate mental health issues: vulnerable groups are further susceptible to developing depression and other stress-related conditions. The critical challenge is to build sustainable mental healthcare systems during and after emergencies, rethinking MHPSS programmes by integrating them into existing care systems.

## Looking Beyond Medicalisation: Empowering people as Agents for Their Own Mental Health

As previously outlined, mental health is a vitally important aspect of public health, too often neglected. About one in eight people in the world live with a mental disorder<sup>2</sup>. Unmet mental health needs affect the wellbeing of entire communities, leading to unquantifiable costs in terms of health, social equity, and economic development.

The COVID-19 pandemic has shed light on the importance of mental wellbeing and self-care, having an unprecedented impact on mental health issues that are more widely and openly discussed. Despite this, a great deal of work still remains.

One of the important lessons the world has learned since the pandemic broke out, is the interconnectedness of physical and mental health and the urgency to change the way mental health services are framed and delivered, focusing on a person-centred approach. It is only through actively engaging users and families into decision-making practices and arenas that we can implement effective and efficient mental health policies and accountable, inclusive, and respectful services.

“Empowerment” is a core concept of Italy’s vision of health promotion. In a mental health context, empowerment refers to the level of choice, influence and control that users of mental health services can exercise over events in their lives<sup>3</sup>. Italy is firmly committed to providing technical assistance on mental health programming and research and to supporting initiatives aimed at reshaping the environments that influence mental health.

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<sup>2</sup> <https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report>

<sup>3</sup> [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0020/113834/E93430.pdf](https://www.euro.who.int/__data/assets/pdf_file/0020/113834/E93430.pdf)

Seizing the moment to mainstream debate and consciousness on mental health, the Italian Agency for Development Cooperation (AICS) organizes the conference: “Bridging Gaps in Mental Healthcare: Towards a Shared Path for Mental Wellbeing in Cameroon, Chad, Central African Republic, Sudan, and Eritrea”.

Highlighting on the ground practices and experiences, the event will be a forum for these countries to share knowledge and experiences for effective mental health interventions.

## **Objectives:**

### **Connect, Share, and Engage**

- Explore under-researched areas and strengthen data sharing
- Facilitate research collaboration and build partnerships with stakeholders from different sectors
- Attract investments
- Share evidence-based approaches and lessons learnt to be transferred or replicated across the region
- Share policies and actions for scaling up mental health services in Cameroon, Chad, Central African Republic, Sudan, and Eritrea

### **Drive for Change**

- Catalyse community action to promote mental health and end stigmatization
- Influence policy formulation in mental health
- Improve the quality and accessibility of mental health research in Cameroon, Chad, Central African Republic, Sudan, and Eritrea.

## The conference programme

The programme agenda will focus on the following thematic areas with one common thread: promoting an integrated and multi-sectoral approach to mental health. This is because the transdisciplinary nature of mental health requires a multidisciplinary response that brings to the table all the stakeholders: users in the first place.

Particular attention will be placed on providing examples from the field to share best and promising practices, and offer insights into how we can achieve mental wellbeing for all.

### ***Promotion and Prevention: Creating a Mental Health Friendly Environment***

This area includes all interventions related to the structural determinants of mental health to increase protective factors and healthy behaviors, involving collaboration and coordination between multiple sectors: health, education, welfare, environment, and economy. Emphasis will be placed on the long-term benefits of preventive interventions to the individual and the entire community: reduced healthcare costs, more efficient use of resources, improved education outcomes, strengthened child and family services etc.

### ***Reorganizing Mental Health Services: Integrating Mental Health within Primary Healthcare and Strengthening Community-based Mental Health Services***

Integrating mental health into primary healthcare is the best way to ensure people have access to the mental healthcare they need<sup>4</sup>. Building upon this assumption, this thematic priority area digs into the current state of mental health systems in Cameroon, Chad, CAR, Sudan, and Eritrea, discussing how

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<sup>4</sup> <https://www.who.int/teams/mental-health-and-substance-use/world-mental-health-report>  
<https://www.who.int/publications/i/item/9789241563680>, <https://www.who.int/publications/i/item/9789241563680>

to bridge the main gaps in specialized and non-specialized services, professional capacity building, and community based mental health.

***Care and Reintegration of People with Mental Health Needs: Raising Awareness and Fighting Discrimination***

Despite significant progress, the topic of mental health is still shrouded in taboo and stigma in many areas of our societies. This session will focus on the barriers that influence whether, how and where people seek help. Much space will be devoted to discussing the benefits of involving persons with lived experience at all levels in mental health systems.

***Scaling-up Long-term Mental Health and Psychosocial Support Interventions in Protracted and Post-Conflict Settings***

This thematic area will explore how MHPSS interventions can be integrated within services for health, protection, and education in the humanitarian crisis affecting Cameroon, Chad, CAR, Sudan, and Eritrea.

In particular, the discussion will focus on the challenges UNHCR, and non-governmental organizations face to ensure that emergency responses are safe, participatory, dignified and community-owned; sharing lessons and best practices on how to reach sustainable and replicable outcomes in assisting refugees and other persons of concern.