HEALTH & BEAUTY

Why mental illness is on the rise in Uganda

By Lillian N. Magezi

EXPERTS SPEAK OUT

Mental disorders are on the increase worldwide, especially in sub-Saharan Africa countries like Uganda, said Dr David Basangwa, a senior consultant psychiatrist and executive director of Butabika Hospital.

Speaking during a two-day conference organised by the Uganda Psychiatric Association and the Neuro-psychopharmacology Congress, Basangwa noted that according to the World Health Organisation (WHO), mental disorders constitute 12.3% of the global burden of disease.

The conference, held at the Silver Springs Hotel in Kampala, drew local, regional and international delegates from the different fields of psychiatry.

Basangwa noted that projections show that mental disorders will constitute 15% of the global disease burden by 2020.

He noted that communities in sub-Saharan Africa, Uganda inclusive, are more affected by mental illnesses because they have most of the risk factors.

Basangwa noted that there is a heavy burden of mental illness in Uganda. He disclosed that between 25-35% attendance at the primary healthcare level are due to mental illness, adding that over three million Ugandans are estimated to have mental illnesses.

According to information from the health ministry, at least one in four adults will experience mental health difficulties at one time in their lifetime.

Risk factors

- Multiple environmental factors such as war. Massive internal and external displacements of people arising from civil strife lead to post-traumatic stress disorder.
- Infections and diseases such as HIV (about 75% global burden of HIV/AIDS is in sub-Saharan Africa).

In addition, Basangwa notes that developing countries in Africa are facing a double disease burden (both communicable and non-communicable) with insufficient resources and technology to deal with them

- Alcohol/drug abuse
- High levels of poverty and unemployment
- Genetic predisposition, low self-esteem and stress.

Categories

According to WHO, common mental disorders are categorised into two — depressive and anxiety disorders.

Depressive disorders

Prof. Emilio Ovuga, a psychiatrist at Gulu University, explained that depressive disorders are characterised by sadness or a feeling of distress.

According to WHO, depression can be recurrent, substantially impairing an individual's ability to function at work or school or cope with life.

Ovuga noted that if left untreated, depression can lead to commiting suicide.

Anxiety disorders

On the other hand, according to WHO, anxiety disorders refer to a group of mental disorders characterised by feelings of anxiety and fear.

Other mental conditions are schizophrenia, bipolar disorder, alcohol and substance use.

Schizophrenia

It is one of the most common forms of mental illness. It alters an individual's perception, thoughts, affection and behaviour.

Schizophrenia presents with memory loss, difficulty in concentration, social withdrawal and unusual behaviour.

Symptoms also include delusions (intense belief in something that has no evidence), running commentary (patients believe someone is telling them about their every action), hearing commanding voices, irritability and paranoia.

Treatment

Prof. Seggane Musisi, a psychiatrist at Makerere University, noted that with proper diagnosis, mental illness can be managed with medication, behavioural change therapy or psychosocial support, which can enable patients to lead productive lives.

Therefore, family members and caregivers are urged to seek medical care from reputable facilities before the conditions become complicated and should also desist from hiding patients from the public or seeking spiritual healing.

Challenges

Musisi noted that when it comes to mental healthcare in Uganda, there are several challenges patients, caregivers and healthcare workers suffer.

According to Basangwa, there is an inadequate number of mental health specialists in Uganda.

He notes that there are only 33 physiatrists and 50 clinical psychologists, who are few against a population of 36 million.

Basangwa also notes that general health workers are not trained to handle mental health patients.

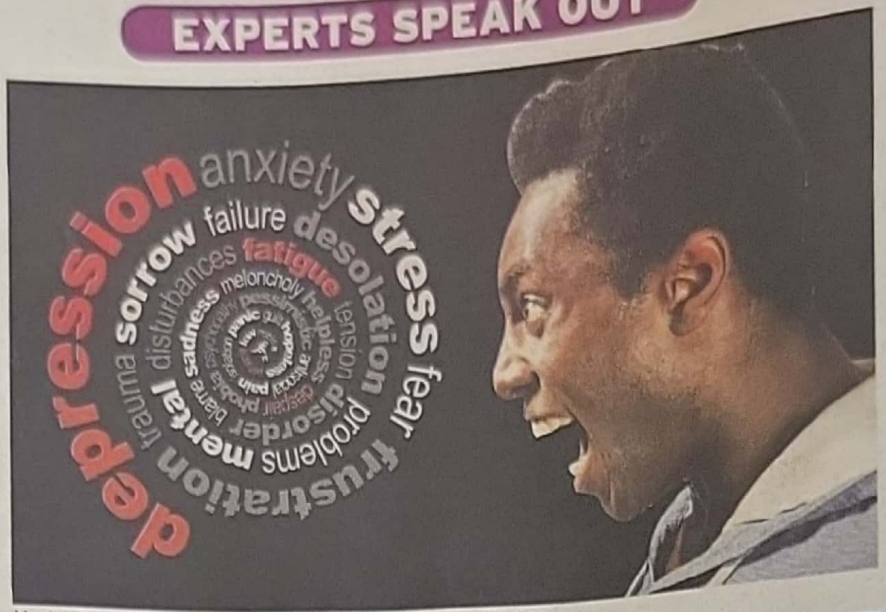
In addition, most of the services are concentrated in urban areas, yet 70% of Uganda's population lives in rural areas. Therefore, many patients with mental illness do not have access to medical care.

Musisi noted that the dichotomisation or separation of mental health services from those of physical illness has led to a situation where people consider mental health as not part of general health, discouraging individuals from seeking treatment for it.

Stigma

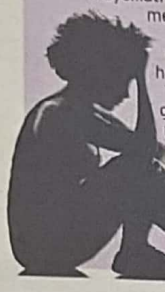
Musisi noted that because many people do not understand mental illness, patients and their families face a lot of stigma from members of the communities in which they live.

In addition, there are many misconceptions surrounding mental illness. Consequently, people tend to hide patients from the public, instead of helping them seek treatment.



Mental illness can be triggered by a number of environmental factors

Experts appeal to government



Psychiatrists noted that the Government needs to integrate mental healthcare into general healthcare.

There is also need to train general healthcare workers to offer basic mental healthcare in a primary healthcare setting.

They also noted that patients, caregivers and the greater community need to be empowered with the right information so they can demand and utilise mental health services.

The psychiatrists urged the Government to develop appropriate messages on promotion, prevention and early intervention in mental health to counter the stigma and discrimination surrounding mental illness.

MYTHS

✗ Mental health is caused by witchcraft or a curse and, therefore, patients should seek treatment with spiritual healers and not at a health facility because it cannot be cured in a hospital.

✗ Mental illness affects only mentally weak people.

✗ Africans do not suffer from certain forms of mental illness, such as depression.

Prof. Seggane Musisi and Dr David Basangwa emphasised that these are myths and urged caregivers of people with mental illness to encourage them to seek medical care.

NEWS

Women with gum disease have higher cancer risk

Women who have a history of gum disease face a higher risk of several types of cancer, particularly tumours in the oesophagus and breasts, a US study has found.

"A history of periodontal disease was associated with a 14% higher risk of developing any cancer," said the study published in *Cancer Epidemiology, Biomarkers and Prevention*, a journal of the American Association for Cancer Research.

"The strongest association was for cancer of the oesophagus, which was more than three times more likely in women with periodontal disease than women."

Researchers also uncovered a 'significantly higher risk' of lung cancer, gallbladder cancer, melanoma and breast cancer.

The study spanned 1999 to 2013, and involved more than 65,000 post-menopausal women who filled out questionnaires about their health.

The women, aged 54 to 86, were followed for an average of eight years.

Previous research has shown people with gum disease face a higher risk of certain cancers.

This study is the first to focus on gum disease's link to all cancers, and in an all-female population, said Jean Wactawski-Wende.

"This study is the first national study focused on women, particularly older women," said senior author Jean Wactawski-Wende, dean of the School of Public Health at State University of New York at Buffalo.

More research is needed to find out exactly how gum disease may promote cancer, she added.

One theory is that harmful pathogens could be carried in saliva and dental plaque or through diseased gum tissues into the blood circulation.

"The oesophagus is in close proximity to the oral cavity, and so periodontal pathogens may more easily gain access to and infect the oesophageal mucosa and promote cancer risk at that site," Wactawski-Wende said.

MOST COMMON

Oesophageal cancer

Scanned with CamScanner