

A vision for Africa

The recent launch of the African Union in Durban (South Africa) was witnessed by a galaxy of African leaders all united in their vision of a future for Africa representative of the African Renaissance as conceptualised by Nelson Mandela.

Thousands of miles away, in the land of the Rising Sun, the city of Yokohama witnessed the birth of another African child, conceived, carried and delivered by a group of men and women of similar commitment to the continent of Africa. What the Yokohama fête lacked in pomp and colour was more than made up for by the visible and at times palpable resolve. It was indeed an event representative of the triumph of hope over (bad) past experience. The relief of the launch was visible all round and was witnessed by leaders in psychiatry from all over the world.

For three years, the executive committee of the World Psychiatric Association, under the wise leadership and encouragement of Norman Sartorius, Lopez Iboz and currently Ahmed Okasha, worked hard to bring to the fore aspirations of African mental health workers. In a unique project involving leaders of psychiatry from sub-Saharan Africa, the Africa Association of Psychiatrists and Allied Disciplines was launched.

As founder President, I accept the honor with humility, with the promise of dedicated service to mental health in Africa and the world.

Africa will in the course of time shed the label of the 'dark continent' when young (and old) work together to fight the three scourges that have traditionally plagued the continent — these are poverty, ignorance and disease.

The World Bank Report (2000) shows that most of Africa lives on

under a dollar a day. This level of poverty seems to be getting worse in some parts of the continent. Fuelled by AIDS, drought and civil strife, the poor are in many countries getting poorer.

Less than half of schoolgoing children in Africa go to primary school. The rest languish in ignorance that will follow them to their graves as the rest of the world moves on with increasing speed. Education is a route to the liberation of Africans. Africa is not getting its share.

Enough has been said about the AIDS pandemic as a threat to the continent in economic, population and security terms. That the pandemic rides on a continent already carrying malaria, measles and water-borne diseases makes a serious situation critical.

As though the above is not enough, Africa has many other independent risk factors for mental disorder: internal and cross-border displacement, wars, drought, starvation, domestic and political violence as well as poorly developed medical facilities, all conspiring to sit on the shoulders of a tired continent.

At the political level, poor governance, abuse of human rights and intolerance of dissent have led to strained relations with the traditional donor communities who insist on a particular level of accountability before aid can be given.

All very depressing indeed. Is there a way out?

I dare to suggest that Africa is the continent of the future. Our launch as an Association in the land of the rising sun was more than coincidental. It was symbolic of a new dawn. It must have had this deeper meaning. NEPAD (New African Partnership in Development), the African Union, and other regional economic and political initiatives together with the recent resolution of conflicts in the DRC, Sierra Leone and the current peace initiatives in the Sudan and Somalia, coupled with peaceful political transitions in East and West Africa, all augur well for Africa.

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For us in mental health, however, a special and heavy responsibility is thrust on our already crowded agenda.

More than any other discipline in medicine, the pain and suffering of our people is most visible to mental health experts. We see the sufferers of post-traumatic stress disorder from wars and domestic and political violence, as well as starving millions of refugees and their displaced children. We also see other mental consequences of poverty and displacement, which are pushed to us by our medical and other colleagues because we are expected to heal the wounds of social neglect and chaos!

The political and other leaders look up to us to guide them on the human suffering. They believe we can help them control their suffering populations by 'talking to them'. After all, we are the experts.

In the circumstances, we as mental health workers must therefore abandon our traditional ghettos in neglected mental asylums and come to where we can have real impact — at tables where policy is formulated. We must claim our rightful roles in all policy-making bodies in governments, telling the world what it does not know (in some cases does not want to know). The world must be told of the burden of disease due to mental disorders. The world must know that by the year 2020, 15% of disability-adjusted life-

years will be due to neuropsychiatric disorders. We must claim our fair share of national resources.

The world must be told of the human rights of our patients, the world must be told of the issues of stigma and our plans for fighting it. The world must know about proactive and promotive mental health practices. We must increase our visibility in all areas of human endeavour. We must shed our ill-fitting modesty and stand up with our principles to be counted with the pioneers. We must in this respect expect to present our views in the print and electronic media. We must be prepared to speak to politicians and other opinion leaders. Indeed we must of our own right be the leaders of opinion on behalf of voiceless millions of our patients suffering from institutionalised ignorance and neglect. This is our duty to our conscience.

We can do all the above as a united force, a force brought together by a clear, dedicated and visionary leadership. The executive committee of the Association is trying to develop all the above. With your help, the Dark Continent shall be no more, and light will shine on Africa to defeat the darkness.

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