Review Article

Mental Health Research in Namibia: A scoping Review of Literature

Mwakanyadzeni Abigail Chipare[1*], Tracy Mupazvihwo[2], Roy Tapera[3]& James January[2]

[1]*The International University of Management (IUM), Namibia*
[2]*Department of Community Medicine, College of Health Sciences, University of Zimbabwe*
[3]*Deparment of Environmental Health, University of Botswana*

ABSTRACT

Background: Mental disorders contribute significantly to the global burden of diseases affecting about 30% of the population. In Namibia, there has been very little research on mental health to inform policy and interventions.

Aim: This review sought to explore the extent to which mental health disorders have been researched in the southern African country.

Methods: A scoping review of studies conducted in pre- and post-independent Namibia was carried out. Electronic databases of published articles were searched using the terms such as: "mental illness", "psychological disorders", "Namibia", and "South West Africa".

Results: The searches produced 11 900 hits and 14 studies met the inclusion criteria. Results indicated that there have been relatively few publications on mental health. Studies focused mainly on depression as compared to other mental illnesses.

Conclusion: There is still need to invest more in research on mental health in Namibia in order to craft appropriate evidence based interventions to improve mental well-being of the population.

INTRODUCTION

Mental health disorders are a major leading cause of disability in the world, with an estimated 30% of the global population being affected by either mood, anxiety or substance use disorders[1]. Low and middle income countries (LMICs) are disproportionately affected[1]. Despite this, most studies on mental health are conducted in high-income countries (HICs) which makes it difficult to craft policies and interventions which are specific to LMICs[3-4]. In Namibia, there is high prevalence of mental disorders reported in literature[5-8]. In order to develop culture specific, reliable and valid assessment tools for screening and diagnosing mental illnesses, there is need to invest in mental health research in Namibia. Such research would also aid in crafting relevant interventions and policies to promote mental well-being in the local context. Although mental health services in the country have been scaled up since independence in 1990, there still remains gaps in achieving universal mental health coverage. In an effort to scope the extent to which mental health has been researched on in Namibia, this review set out to answer the following questions: (i) what is the amount of published studies on mental health in pre- and post-independence Namibia? (ii) what is the scope of mental health research in Namibia? and (iii) what can be done to address these challenges?

METHODS

Study setting:

Namibia is located in the south-western part of Africa and borders Angola on the northern side, Botswana to the east, Zambia and Zimbabwe to the

[*]**Corresponding author:**
Mwakanyadzeni Abigail Chipare
The International University of Management (IUM), Namibia
Email:machipare@africaonline.com.na

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northeast, South Africa to the south and the Atlantic Ocean on the western side. Its surface area is 824,116 km^2 and it has a relatively young population, with 43% below 15 years, with less than 4% being aged over 65 years[9]. Most (67%) of the population resides in rural areas and the population density is 2.8 persons per square kilometre. Historically, the country was known as German South West Africa before it came under the rule of apartheid South Africa prior to independence in 1990[10]. On attainment of independence, the country introduced a number of social initiatives such as the protection of human rights and access to health and education[9].

Scoping review

This review adopted a scoping approach where preliminary assessment of potential size and scope of available research literature is done aiming mainly at identifying the nature and extent of research evidence[11]. The review was guided by the Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) statement[12]. PRISMA focuses on ways which ensures transparent and complete reporting of systematic reviews and meta-analyses.

Literature was retrieved from studies that were done in Namibia focusing on mental health. We searched both pre- and post-independence studies and the main electronic databases that were used included PubMed, Google Scholar and African Journals Online (AJOL). Subject headings which were employed in the search included "mental illness", "psychological disorders", "depression", "schizophrenia", "psychotic disorders", "mood disorder", "substance use disorders", "mental health policy", "Namibia" and "South West Africa". Bibliographic lists of retrieved articles were also scrutinized to identify any additional important and applicable articles. Articles which were included in this scoping review were written in English language and based in Namibia. No constraints were enacted on the types of studies included in the review.

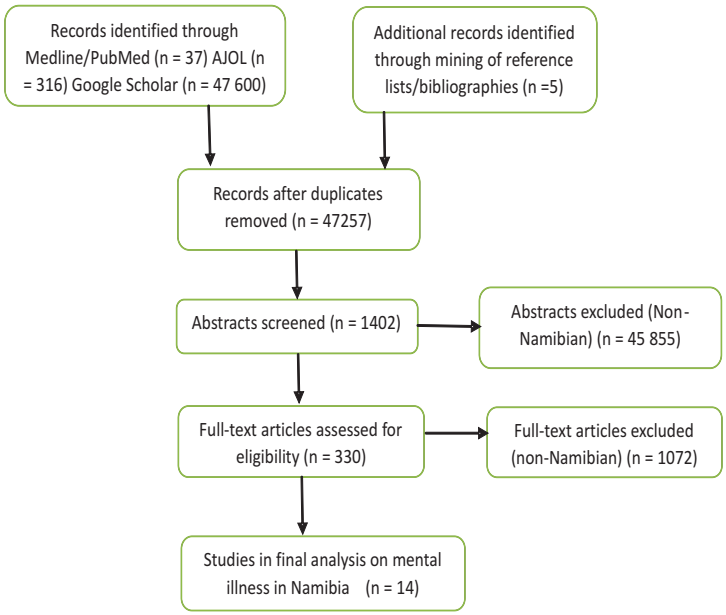

Figure 1: PRISMA Flow Diagram for review process

RESULTS

A total of 14 papers published between pre- and post-independence were retrieved. Results indicated that Namibia has relatively few publications on mental health. Most of the studies focused mainly on mental disorders like depression, substance abuse, anxiety disorders, schizophrenia, generalised anxiety disorder and psychosis with prevalence ranging between 6%[13] and 77%[14]. The other studies looked at mental health policies[14], barriers to mental health care[15] and traditional mental health care[15]. A summary of the retrieved papers is presented in Table 1:

Table 1: Summary of mental health researches in Namibia

Year/Author	Main outcome variable	Sample size	Study design	Setting	Prevalence	Screening or diagnostic tools
Shisana and Celentano, 1985	Generalised anxiety disorder	88	Exploratory and cross sectional design	Equatorial region of South West Africa	6-23%	Interviews
Maslowski et al., 1998	Schizophrenia	113	Qualitative analysis	Namibia and South Africa	25%	Interviews
Shifiona et al., 2006	Depression	10	Qualitative	Peri urban Namibia	-	Interviews
Ruiz-Casares et al., 2009	Depression	157	cross sectional	Kavongo and Caprivi regions	Single orphaned 21.9% Double orphaned 30.4%	Child Depression Inventory
Razzouk et al., 2010	Depression, Anxiety disorders, Psychosis and substance abuse	83	cross sectional	All regions including Namibia	10%	Questionnaire
Coomer 2013	Barriers to mental health care	41	Qualitative	Namibia	11%	Focus group discussions
Ashipla 2013	Mental health integration	64	Descriptive design	Oshana region	77%	Open and closed ended self-administered questionnaire
Seth et al 2014	Depression	200	Qualitative	Namibia , Tanzania and Kenya	12.30% Namibia	Interviewer guided questionnaire
Seth et al., 2015	Alcohol abuse	639	Cross sectional	Katutura	40%	Sociodemographic survey
Kalomo et al., 2017	Depression	89	Cross sectional	Omusati	22.4%	face to face interviews
Shirungu and Cheikhyoussef, 2018	Traditional mental health care	24	Qualitative	Kavango	7.4%	Observation and ethno botanical surveys
Kalomo and Liao, 2018	Depression	97	Qualitative	Rural Northern Namibia	15.42%	survey
Besthorn et al., 2018	Anxiety	132	Cross sectional	Katima Mulilo	26.5%-	Face to face interviews
Bartholomew and Gentz 2019	Psychological distress	7	Qualitative	Aawambo	12-13%	Grounded theory ethnography

DISCUSSION

The results have shown that there are a relatively few publications on mental disorders during the pre- and post-independence periods in Namibia. This is also happening in other LMICs[17-18] as a result, policies and interventions are made through learning from researches done mostly in HICs. Although generalising findings from international mental health research is vital for constructing locally appropriate practical basis for clinical practice, it is not always sufficient[19]. Therefore there is need for research at a local basis in-order to avoid over generalisation and ensuring optimal contextualised models of mental health care.

Most low and middle income countries tend to allocate the largest share of their budgets to issues that needs immediate attention and that which is considered the national priority. According to Bartholomew, 2016 research priorities are often guided by national priorities, and regrettably, mental health is often not considered as such in Namibia[20]. As a result mental health practitioners may have limited resources to undertake mental health research hence very little research done in the field.

The low numbers of research papers on mental health in Namibia could also be linked to limited training in mental health practitioners in the country who could have expertise in designing and executing scientific studies in the field. For instance, although the country has made some strides in offering programs in psychiatric nursing, clinical psychology and social work, the number of mental health practitioners remains low[20,21]. The few practitioners who may be available could also be more focused on providing mental health interventions thus leaving little or no time for research.

CALL TO ACTION

To reduce the issue of shortage of mental health research, there is increasing need to channel more resources into studies focusing on mental health in the country. There has to be intensive information dissemination on the importance of using evidence-based mental health interventions which are based on locally generated data. Furthermore, data may be collected from already existing mental health services that are provided to the population.

Mental health research in Namibia can be improved through increasing collaborations[28]. Researchers can collaborate at regional, national or even at international level. That way they will be able to see how other successful researcher from other regions and countries have done. This will give rise to increased number of publications in related areas meaning that overgeneralisation is reduced. Another useful yet neglected opportunity in Namibia and other African countries is use of religious and traditional medical practitioners as entry points for research opportunities. As reported by Shirungu and Cheikhyoussef[16] and Vranckx[29] that many people in the Namibian community tend to seek mental health assistance elsewhere other than health centres it will be prudent to involve traditional healthcare providers and spiritual healers so that they help raise mental health research and awareness in their respective communities. Community based mental health research programmes may also be useful in targeting those who do not utilise health care facilities. This will also give room for more researches on mental health based in both health facilities and the communities.

There is also the need to strengthen the research capacity for mental health practitioners and other research cadres in Namibia. This can be done though research mentorship programmes and putting an emphasis on evidence-based mental health programming. Another strategy the government can use is giving incentives to private sectors to give more focus to mental health research and practice[31].

There is also need to strengthen research infrastructure in the mental health field[28]. There is need to seek for external funding through writing up of proposals on mental health research. The funding can be used in structuring more mental health and research institutions. It is also ideal to come up with more research associations where mental health practitioners, authors and other professions come together and discuss more on research and challenges they are facing and try and come up with way forwards. This can give room to freshmen in research to learn more thus increasing the number of mental health research.

Information dissemination to the government, various stakeholders and the community at large is also vital[1]. On every mental health research done in any region of the country, information on the findings should be disseminated to relevant parties. This will make them fill important and more involved resulting with the population wanting to be

part of the researches that will come on afterwards. Through involving the government, it means that they will create policies that are in favour of mental health and the field can be moved to the national priority hence an improved budget allocation[21].

LIMITATIONS OF THE REVIEW

Only published literature was looked at in this article overlooking grey literature and others unpublished information that may be important. Also the study was focusing on Namibia only which may be difficult to generalise findings to other LMICs.

CONCLUSION

In conclusion, there is has been limited research on mental health in Namibia notwithstanding the high prevalence of mental disorders reported in the literature. Although there is evidence that mental health services have been scaled up since independence, there still remains an underrepresentation in mental health research. There is therefore need to invest more in research on mental health in Namibia in order to craft appropriate evidence based interventions to improve mental well-being of the population.

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