

Are you ok? I'am not: A call from Africa

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Summary

The big surge in mental health issues such as depression, psychosis, psychotic disorders and other allied ailments in Africa call for immediate and serious attention of the global community. A deep insight into these reviews exposes a highly important point that limited studies have been done on psychotic disorders in the African subcontinent. It is evident from these reviews that psychological problems are varied in nature and occurred due to a number of causes. The letter is an effort to bring attention of the research community that Africa required the maximum number of psychotic studies due to its socio-economic, psychological, medical and educational situation.

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Ranging from simple agony to severe trauma, all of us have suffered with some degree of mental stress during this pandemic and shall surely come out of it as did Africa in 2016 by surviving Ebola epidemic with a total of 28616 cases and more than 11, 310 deaths [1]. When a practicing European doctor in Congo asked a native Mr. ABC about the COVID position, the response was not only emotional but also atypical reflecting the adjustment syndrome (ICD-10) [2]. Ever continuing assaults in the form of outbreaks of infectious diseases had instilled adverse psychological effects on the mental health of many Africans. It is the irony that the sustained stressful conditions often lead to low self-esteem through borderline personality disorder (BPD) [3], post-traumatic stress disorder (PTSD) [4] and many more; in each and every African victim.

A review by Andrea Raballo and colleagues [5] in the *Archives of Psychiatry and Psychotherapy*, re-

vealed the risk syndromes associated with psychiatry. Moreover, the paper discussed about the ultra-high-risk (UHR) [6] paradigm developed as a preventive intervention, Comprehensive Assessments of At-Risk Mental States (CAARMS) [7] and structured interview for prodromal syndromes (SIPS) [8] might be the tools to measure extent of mental risk. Simultaneously, it included the risk syndromes associated with bipolar disorders and the remedial measures for them with an argument on the development of psychopathological frameworks of at risk mental states (ARMS) [9] to resolve these traumatic disorders. Earlier through a review-meta-analysis in *The Lancet Public Health*, Jongsma et al. [10] tried to portray the incidence of psychotic disorder and the related variations around the globe by examining the demographic characteristics and study methods. Of the 56721 identifiable records with 177 inclusions, the extensive study could report the pooled incidence of all psychotic disorders at 26.6 per 100000 person-years. Moreover, marked variation in incidence of psychotic disorders by personal characteristic and place was also divulged in that report. The review incorporated about 79% (140)

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from Europe, followed by North America with 8% (14) and rest from North America and others with almost no data from Asia and/or Africa or in combination.

A deep insight into these reviews exposes a highly important point that limited studies have been done on psychotic disorders in the African subcontinent. It is the misfortune of the subcontinent that not much attention being paid to a place that required the maximum number of psychotic studies. An African inhabitant can only feel the mental pressure that is poured into the day to day life in the form of harsh environmental conditions and miserable socio-economic status which is further deteriorated due to the periodic outbreak of lethal diseases. One of the major health challenges in Africa is the recurrence of dreaded infectious diseases like Measles, Ebola etc. Perennial infections like Malaria, Tuberculosis, HIV/AIDS along with various malignancies, cardiovascular diseases and Diabetes and none the less the latest global pandemic of SARS-CoV-2 only added to their woes. Issues have been compounded by persistent negligence of health infra, political instability, ethnic violence, poverty and significant health inequalities amongst the population [11]. These health related factors led the state to loss of jobs, sufferings, extreme poverty and ultimately to poor mental health. While, developed countries with a fat purse and state of the art health care system can combat this global challenge easily, it rather becomes impossible for most of the African nations to face these health care challenges. And the outcome is a big surge in mental health issues such as depression, psychosis and other allied ailments. Alas, most of them go unreported!

Impacts of various tropical infections come in the form of direct and the associated stigmas. Concurrent distress can lead to social detachment and neurological problems followed by aggressive mental disorders including substance abuse and deliberate self-harm (suicide). Present revelations are only the tip of the iceberg of mental health in Africa. Therefore, the cause underneath needs not only to be recognised but also to be addressed through appropriate psychological, pharmacological and educational interventions as early as possible checking further injus-

tice to this poorest of the poor region. Africa requires more concerted effort by policy makers, health service providers, fund raisers and executors and at all levels [12]. As a last word, the note ends with the quote by A. A. Gill "You either get the point of Africa or you don't. What draws me back year after year is that it's like seeing the world with the lid off."

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