

As mandated by the policy document, the National Steering Committee is currently elaborating a strategy for the implementation of the mental health policy, assisted by the World Health Organization.

In addition, pilot projects are now being run to show the feasibility and benefits of community-based mental health care.

Considering all the above, there are at present better chances than ever before of achieving comprehensive and accessible mental health services in Albania.

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SPECIAL PAPER

Current ethical issues for African psychiatry

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One of the challenges of medical practice is to resolve the conflicts that arise when a professional is required to choose between competing ethical principles. This is especially true in psychiatry. The answers to ethical issues are not necessarily right or wrong. Ethics in psychiatry is complex, and numerous dilemmas may confuse the picture. Clinicians and researchers bring their own values to the scenario, but they must also deal with the values of their colleagues and their patients, as well as those of the wider (multi-cultural) community. These conflicts traditionally concern confidentiality, informed consent, involuntary hospitalisation, the right to treatment, the right to refuse treatment and the regulation of psychiatric research, among others. These are universally encountered but present differently across the regions of the world.

Principles of the debate and the African perspective

The principles usually addressed in bioethics debates are particularly applicable to the practice of psychiatry in Africa. For example, the principle of autonomy is prominent in the changes from tribal or colonial dominance to democratic governance. Human dignity and respect, and the principles of beneficence and non-maleficence require consideration in the discussion. Patient confidentiality needs to be addressed in professional training and the formulation of policy. Respect for the patient is shown in the efforts made to restore or maximise the mentally ill patient's competence or other capacities. The more we aim to restore capacity, the nearer we come to the ideal of respect for persons. The principle of justice is probably

the most important, however, in light of the scarcity of resources.

Since ethics involves a set of principles, doctors are tempted to seek answers in law or in professional codes of ethics when they encounter problems. These approaches do not necessarily solve problems – certainly not in Africa.

The themes are common but some of the ethical issues for African psychiatry are different from those in developed countries and the approach needs to be somewhat less Western. The emphasis in Africa should be on the ethical educational input and general sensitisation, on ongoing training and thus on the circumstances of professional practice. Public sanction and support are essential, as are the involvement of the community and concern for the safety and well-being of its members. Indigenous healers (as an example of a cultural factor) must be carefully considered. Their involvement is being formalised in many countries and is a topic of discussion in itself.

What of international standards? Although universal principles are accepted, care must be taken to avoid the trap of imposing 'their' views and solutions on 'our' situations. The Madrid Declaration drawn up by the World Psychiatric Association attempts to meet this need for its smaller member countries. The 2000 revision of the Helsinki Declaration recognises the vulnerability of developing countries with a poor resource base in research.

The essence of an ethical dilemma is that there is no simple correct solution. Africa has raised key ethical issues, from apartheid, genocide and pandemic illnesses to the role of women, AIDS, poverty and tribal wars. All these have had an influence on the mental health of its populations. Certain issues need to be focused on in an approach to the dynamic area of ethics in Africa – a large and complex continent. These are discussed below.

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Mental health legislation

Laws change and different circumstances may govern their application. The law and ethics are different in approach and often in conflict. This becomes evident in the revision and formulation of new mental health law. Do rules as postulated internationally have equivalent application to African psychiatry? Mental health legislation must always be reviewed and updated, in line with a contemporary understanding of human rights. Each problem has to be analysed individually and the solution directed towards the interests of patients and of others, including the community.

Many countries, but particularly African ones, have obsolete, archaic or non-existent mental health legislation. However, most of those that do have such legislation, or that are in the process of revising it, have achieved very high standards. Consultation has proved important. In most cases the psychiatric profession is driving the process and this must be encouraged, in keeping with modern psychiatry.

National mental health policy

Mental health policies are being most keenly promoted in areas where they were often previously non-existent. The focus of policy is pleasingly also moving to preventive aspects of mental health. Treatment of the more serious mental illnesses is being addressed, together with the development of psychosocial rehabilitation programmes involving the communities. The standards of care include consideration of the cultural influences of the patient's background.

The professionals comprising the multi-disciplinary team are all in short supply. Projects of support between regional countries are underway. For example, there are placements of supernumerary registrars at the University of Cape Town for training as psychiatrists. These professionals will return to apply their skills and knowledge in their home countries. This programme has proved very successful, in that the nature of the disorders and circumstances of the population are similar. Further initiatives are needed to ensure the future provision of psychiatric practitioners.

Research into the countries' specific needs is being undertaken. More attention should be given to the subject of domestic abuse and violence and the increasing problem of substance misuse. Planning is required to provide mental health services to post-conflict societies, including the needs of children in these traumatised populations. The importance of an awareness of the severe psychological reactions to trauma cannot be overemphasised.

Resources (justice principle)

The justice principle, in relation to resources, is probably the most relevant to the ethics of mental health policy in Africa. In this context it can be understood as the fair distribution and application of psychiatric services. Treatment choice for persons with mental illness is greatly limited by economic restrictions in the public sector and by

the introduction of managed health organisations in the private sector. Effective treatments are available but are not always accessible. The lack of human and economic resources makes it particularly difficult to deliver efficient interventions. The lack of facilities, and especially those allocated to mental health, is well known in developing countries. The lack of psychiatrists on the continent is a cause for concern. It is distressing that there are programmes of active recruitment and 'head-hunting' of young psychiatrists (e.g. from South Africa) on the part of developed countries. A focus on delivering mental health services at primary care level has been one of the solutions sought.

Human rights

Can there be a right to effective treatment in psychiatry? Is this absolute in all areas?

The right to treatment of patients who have been hospitalised involuntarily (as opposed to mere custodial care in adequate and acceptable facilities) does not require further debate but its application in developing countries requires a different approach. However, a shift is underway from large custodial facilities to community-based programmes, many of which are unique and in themselves could be examples of progressive mental health policy.

Anti-stigma campaigns have been introduced and accepted in various African countries. The World Health Organization's initiative in 2001, with the theme 'Destigmatisation', was launched on World Mental Health Day in Africa, in Nairobi, Kenya. Progressive patients' rights charters have been adopted or are being drafted, with international guidance and support. The inclusion of patients' rights in mental health legislation, as in the new Mental Health Care Act in South Africa and in other countries, is significant. These often appear to be more advanced than those of more developed countries.

Psychiatric research ethics

Research ethics has achieved a high profile in international circles in recent years and an understanding in the African context is important. Updated guidelines were issued in the revised Helsinki Declaration, of October 2000. A link to a universal standard is important in psychiatric research, because of the nature of multi-centre drug trials. Exploitation (often termed 'research imperialism') and conflicts of interest are high in profile. Financial, professional and business interests are evident. The Helsinki Declaration refers to vulnerable populations, especially economically or medically disadvantaged groups, including those with a mental illness. Those incompetent to consent or who may consent under duress are specifically mentioned, as are those for whom research is combined with care.

Research in developing countries by wealthy industrialised countries for their own benefit has been around for some time but must be accepted only with caution. Research in developing countries needs to be of benefit to the people concerned. Two key questions arise:

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The most difficult issue is whether a global standard can be accepted as the 'best' treatment. The debate continues regarding whether there should be one global standard for all or local standards.

Health care systems need the influence of appropriate research to extend their approach towards the social constructs of disease and suffering, and to develop an approach to mental health that could complement and enhance the physical health care of individuals in the developing continent.

- Are drug trials serving the interests of the investigator or company, rather than those of the population?
- What about the influence of incentives and payments to investigators and subjects?

The research must benefit participants as well as non-participants in the developing country. The risk of exploitation and conflicts of interest remain. Experience has demonstrated that the potential for abuse is significant when local circumstances cannot support the research initiatives that may be advantageous to the needs of the population. The result is that the investigator is easily seduced by the attraction of research support and participation.

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Teaching of psychiatric ethics

The training of psychiatrists for practice within the region should be attempted in the region itself. Currently, medical ethics is attracting much public and professional interest, but it is generally not taught to trainees in a satisfactory manner. It has until recently been given little or no attention in training programmes. The traditional view is that the trainees model themselves on the consultant to whom they are apprenticed, and assimilate an appropriate system of values for application in their subsequent careers. The aim is not to convert students into amateur moral philosophers and ethicists, but to sensitise them to the complex and intricate ethical issues that commonly face mental health professionals. The topics and concepts which have a bearing on day-to-day professional practice in Africa have been introduced into training. Students need to appreciate that no ready-made solutions are available to overcome all problems. With increased awareness progress can be made.

Social dysfunction, poverty and disaster

The effects on the practice of psychiatry of social disruption from a variety of causes is seen in modern-day Africa. This topic embraces bioethical principles and illustrates the problems facing the provision of mental health care in Africa. Although comparable conditions may occur elsewhere, they are generally more severe in Africa. Social circumstance and its relevance to mental health need not be stressed. However, mental health care professionals need to broaden their understanding of the influence of such stressors on mental health.

The term 'social suffering' describes the human suffering, group and individual, associated with the social conditions thrust upon them. Unlike physical suffering or more formal mental illness, it is largely unrecorded. New measures, such as disability-adjusted life years (DALYs), neglect most of what is at stake for African populations. Awareness of the effects of social suffering on the mental health of the population requires extensive discussion and

attention. Social suffering evolves from poverty, illiteracy, natural disasters and climatic influences, as well as the earlier years of colonial exploitation.

The Universal Declaration of Human Rights and international law were expected to reduce human suffering at the end of the last century, but not sufficiently so in Africa. Unprecedented population growth, ethnic and gender conflict and global economic trends have rendered millions vulnerable to poverty, disease, genocide, torture and sexual abuse. Suffering is now present to a greater degree than in the past through poverty and deprivation, and has been increased both by diseases, including AIDS, and by the use of military force. These have, unfortunately, become accepted as inevitable aspects of modern life in the communities affected. The suffering linked to violence is built into the lives of many African societies. The tragedy of Rwanda has been evident from descriptions of health workers; in that modern tribal war populations were brutally victimised.

What of traumatised children? International indifference is seen towards Africa, while the people of the continent suffer debt burdens, famine and cruelty (often that of their own governments). This is without even considering the relationship of economic and other factors to diseases such as AIDS, malaria and tuberculosis. The oppression of parts of society during the apartheid era in South Africa has, through the testimonies at the Truth and Reconciliation Commission, become well known; that Commission has shown the importance of public acknowledgement in dealing with human suffering.

Conclusion

While medicine has done much to advance health and prolong the lives of individuals, an improvement in the mental health of many of the populations of Africa will require profound social, economic, political and cultural changes. All mental health professionals have a challenge to broaden their understanding of health, disease and suffering, and of their role in society. Health care systems need the influence of appropriate research to extend their approach towards the social constructs of disease and suffering, and to develop an approach to mental health that could complement and enhance the physical health care of individuals in the developing continent. Respect for human rights is essential.

The social and legal environment is changing and requires professional accountability. The main principle of ethical practice is the autonomy of the person. Autonomy has replaced paternalism, but to what degree can this be applied in vulnerable mentally ill or handicapped persons and more especially in undeveloped areas and populations of the continent of Africa?

Are ethical issues for psychiatry in Africa really any different? Ethical issues receive a great deal of attention in developed countries when publicity is given to scandals concerning malpractice or sexual violations, or to public fears of people with mental illness who are homeless and who are perceived as dangerous. In Africa the emphasis is on promoting ethical standards of professional practice.

None the less, ethical conflicts often relate to social suffering arising purely as a consequence of severely limited resources.

Ethical issues necessarily relate to what is acceptable in our own societies, and to our responsibilities to those societies. The issues are not really different in principle in Africa but the emphasis is different. The culture of the

individual and multiple groupings must be respected in the planning and provision of psychiatric services. A continual process of seeking the highest ethical standards of care for everybody in mental health care must be the aim, without any differences regionally or within health care provision – that is, no discrimination for psychiatric patients, wherever they may be.

ASSOCIATIONS AND COLLABORATIONS

The World Health Organization's Mental Health and Substance Abuse Programme

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There has been a rapid rise in the number of people with mental disorders. These disorders represent a major challenge to global development. The burden will be higher in developing countries, which have the least resources to respond. World-wide, 450 million people are affected at any given time. No group is immune to mental disorders but the risk is higher among: the poor; children and adolescents; abused women; the unemployed; persons with little education; neglected elderly people; victims of violence; migrants and refugees; and indigenous populations.

Mental disorders can result in substantial disability, as well as social and occupational disadvantage, in both developed and developing countries. They impair psychological and social functioning, and individuals with mental disorders and disability end up in more socially disadvantaged circumstances.

We can say that mental ill health is a significant contributor to poverty. In addition, the poor have been shown to be more likely to have a mental disorder than those with higher incomes. People in socially disadvantaged situations are exposed to more adverse life events than those in more advantaged environments. We can say that poverty is also a significant contributor to mental ill health.

Finally, poor provision of mental health care results in poor outcomes, avoidable relapses and insufficient rehabilitation. We can say that poor mental health service provision is a significant contributor to the perpetuation of mental ill health and poverty.

However, effective (in some cases cost-effective) interventions are available for almost all mental disorders. These interventions often do not cure the disorders but substantially improve symptoms or decrease relapses, or lead to social (not clinical) recovery, or improve quality of

life. Programmes of mental health promotion and mental ill health prevention can reduce a population's overall vulnerability to disorders and improve its general mental health, through improved individual skills and resources, the empowerment of communities, and improvements in the socio-economic environment. Nevertheless, cost-effective interventions are not always implemented and there is a huge gap between treated and untreated (World Health Organization, 2003).

Closing this gap is therefore a clear obligation: otherwise no discourse around new classifications, concern about more sophisticated diagnosis, or the development of innovative psychopharmacological research can be credible, at least not from the global and moral perspective of the World Health Organization (WHO).

2001 was the Year of Mental Health. The WHO World Health Day in 2001 was a resounding success. Over 150 countries organised activities, including the delivery of major addresses by political leaders and the adoption of new mental health legislation. At the 2001 World Health Assembly, over 130 ministers responded positively, with a clear and unequivocal message: mental health, neglected for too long, is crucial to the overall well-being of individuals, societies and countries. The theme of the *World Health Report 2001* was mental health, and its 10 recommendations have been positively received by all member states (World Health Organization, 2001).

As a result of these activities in 2001, a Mental Health Global Action Programme (mhGAP) was created (World Health Organization, 2002a) to put strategic directions in place for addressing the findings presented in the *World Health Report*.

GAP logic is based on four strategies:

- *Increasing and improving information for decision-making and technology transfer.* We should know

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