Position Statement on Decolonising Mental Health and Promoting Mental Health Education in Africa

We, the Global Mental Health Peer Network (GMHPN), hereby issue this position statement to address the urgent need to decolonise mental health systems and promote mental health education in Africa. As an organisation committed to advocating and promoting the rights of persons with psychosocial disabilities, we recognise the critical importance of culturally relevant mental health care and the empowerment of communities through education.

Background Information

Mental health systems across Africa are deeply influenced by colonial legacies that prioritise Western approaches, often at the expense of indigenous practices and culturally relevant care. For example, Kenya's Mental Health Act (1989), recently revised in 2022, originally mirrored colonial frameworks emphasizing institutionalisation and biomedical treatments, sidelining community-based and culturally rooted care. Similarly, South Africa's Mental Health Care Act (2002) reflects a shift from colonial asylum-based models but continues to struggle with integrating traditional healers, despite their recognition under the Traditional Health Practitioners Act (2007). These examples highlight how colonial systems shaped policies that often neglect the diversity of African cultural and healing practices, limiting access to holistic and culturally appropriate mental health services. According to the World Health Organisation's Regional Director for Africa, Dr Matshidiso Moeti, African countries have the world's lowest mental health workforce coverage, with only 0.9 mental health workers per 100,000 people in low-income settings (World Health Organisation, 2020). This scarcity is compounded by widespread stigma, lack of mental health literacy, and economic disparities that prevent access to care.

Colonial legacies continue to impact mental health systems, leading to alienation and distrust in formal care, while systemic barriers like poverty and gender inequality worsen challenges for marginalized groups. This statement proposes a twofold approach: decolonizing mental health care by integrating indigenous practices and promoting mental health education to combat stigma.

Statement of Concern

Africa's mental health systems remain shaped by colonial legacies that perpetuate inequality, alienate communities, and fail to integrate the cultural dimensions of mental health care. The emphasis on institutionalisation and the dominance of the biomedical model often disregards indigenous practices, undervalues community support, and contributes to stigma and human rights violations. This misalignment with cultural contexts contradicts Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD), which emphasises the right to health care that is accessible, affordable, and culturally sensitive. Furthermore, it undermines Article 8, which seeks to combat stigma and promote awareness of the rights and dignity of persons with disabilities. Addressing these challenges is essential to achieving UN Sustainable Development Goal 3 (Good Health and Well-being), which calls for universal health coverage and equitable access to mental health care. Transforming mental health systems to embrace culturally relevant, rights-based, and community-centered approaches is crucial for building equitable and inclusive health systems across the continent.

Simultaneously, the absence of robust mental health education leaves individuals ill-equipped to understand, address, or seek help for mental health conditions. Widespread misinformation and cultural misconceptions perpetuate stigma, social exclusion, and discriminatory practices, as highlighted by the Lancet Commission on Ending Stigma and Discrimination in Mental Health (2022). The publication emphasises that these factors not only harm Persons with lived experience but also create barriers to accessing care and achieving social inclusion, underscoring the urgent need for evidence-based interventions and public education to combat stigma globally. This vacuum in education affects not only individuals but also families, schools, and communities, creating a pervasive cycle of neglect and discrimination. These intersecting challenges demand immediate and coordinated action to decolonise mental health care and embed comprehensive mental health education into public and community systems.

Principles and Values

Decolonising Mental Health

To create mental health systems that genuinely serve African communities, it is essential to embrace principles of transparency, cultural relevance, and respect for indigenous knowledge.

Transparency ensures that mental health services are accountable and that individuals can trust the systems designed to help them. When care providers engage openly with communities about resources, practices, and limitations, they build a sense of ownership and reduce the mistrust that often hinders mental health care uptake. A participatory approach, which actively involves individuals and communities in shaping mental health services, further strengthens transparency by promoting collaboration and shared decision-making.

Cultural relevance requires adapting mental health care to reflect local values, languages, and belief systems. Western-centric models often fail to address the spiritual and communal aspects of mental health that are central to African cultures. For instance, up to 80% of Africans rely on traditional healers as their primary source of health care, including mental health care, as noted in the World Health Organisation's report on Traditional Medicine Strategy 2014-2023. Incorporating indigenous practices and the expertise of traditional healers ensures that care feels familiar and accessible, which is vital in overcoming stigma and barriers to service. Respect for indigenous knowledge goes beyond acknowledgment—it involves actively integrating traditional healing methods and cultural practices into mainstream care. For example, storytelling, communal rituals, and herbal remedies have long been used in many African communities to address mental distress. Recognising and legitimising these methods, as advocated by the WHO report, not only enriches care options but also empowers communities to see mental health care as an extension of their own cultural heritage.

Mental Health Education

Mental health education is critical to creating informed and resilient communities capable of addressing the growing burden of mental illness across Africa. However, the region faces significant challenges due to widespread gaps in mental health literacy. Less than 30% of individuals in Sub-Saharan Africa can identify common mental health conditions, perpetuating stigma and discouraging early intervention, as highlighted in the World Health Organisation's Mental Health Atlas 2020. This lack of awareness underscores the need for mental health education and public awareness campaigns to combat stigma, improve mental health literacy, and encourage timely access to care.

Misconceptions such as attributing mental illness to spiritual causes remain widespread, creating social barriers and delaying care. The consequences of limited mental health education are severe. Stigma, driven by misinformation, isolates individuals and prevents them from seeking help. A recent study in Nigeria revealed that 70% of people with mental health conditions never access care, underlining the role of stigma and misinformation, as documented in the Lancet Global Health Commission on Mental Health and Sustainable Development (2018). In some cases, families resort to practices such as chaining or isolating individuals, a phenomenon also highlighted in the Human Rights Watch 2020 report on the shackling of people with psychosocial disabilities, which reflects the urgent need for awareness, education, and human rights-based approaches to mental health care.

The impact of stigma is personal for many within the Global Mental Health Peer Network (GMHPN). Deborah Omage, a GMHPN Country Leadership Committee member from Nigeria, shares her experience of facing stigma when she first spoke openly about her mental health challenges. *"In 2022, after finally gathering the courage to speak about my struggles, I was met with dismissive and stigmatising remarks: 'If you like, run mad; it's none of my business.' Worse still, I was mocked with the suggestion that I should open a psychiatric home in someone's name for 'my kind of people.'"* These responses reflect the deep-seated misconceptions that isolate individuals and discourage help-seeking. For Deborah, mental health education has been the cornerstone of her recovery. Despite actively seeking professional help for a long time, she found little support until her condition escalated from mild distress to major depressive disorder.

"It was only through education- learning about my condition, understanding my experiences, and connecting with others that I began to truly heal."

Every dollar invested in mental health education yields a fourfold return, demonstrating its immense value. UNICEF's *State of the World's Children* report (2021) reveals that school-based interventions targeting anxiety, depression, and suicide prevention provide a return on investment of $21.5 for every $1 spent over 80 years. The impact is even greater in lower-middle-income countries, where the return reaches $88.7 per dollar invested. These figures highlight that prioritising mental health education today will shape a healthier, more resilient future for Africa's youth.

Call to Action

We urge governments, NGOs, international agencies, and community leaders to take bold steps in transforming mental health care across Africa, as mental health challenges increasingly impact individuals and communities.

Strengthening community-based programmes is essential to ensuring accessible and culturally relevant mental health support. Partnering with traditional healers, faith leaders, and grassroots organisations can help build trusted care networks. Expanding services in underserved areas through mobile clinics and telemedicine will bridge existing gaps by reaching those who need it most. Mental health services must be co-designed with individuals with lived experience, ensuring solutions that are both effective and locally grounded.

Mental health education plays a key role in dismantling stigma and promoting well-being. Public awareness campaigns can challenge misconceptions, normalise mental health discussions, and encourage early intervention. Integrating mental health education into school curricula will nurture early awareness and resilience, while training health professionals, teachers, and community leaders in culturally sensitive approaches will equip them to provide effective support.

Collaboration and innovation are key to lasting change. Building strategic partnerships between governments, NGOs, and academic institutions will unify mental health efforts, while leveraging digital tools and technology can expand access to education and care.

As global funding for mental health continues to wane, the emphasis on self-driven education and resilient mental health care systems has never been more urgent. Communities and individuals must take proactive measures to educate themselves about mental health, learning how to recognise symptoms, provide support, and implement coping strategies. Empowering individuals with knowledge builds resilience and a sense of agency in managing mental well-being.

Local support networks and community-led initiatives can significantly enhance the reach and impact of mental health services. Digital platforms provide accessible and cost-effective tools for mental health education, counselling, and peer support. An inspiring example of this is the Friendship Bench initiative in Zimbabwe, which trains community health workers to provide accessible, evidence-based mental health support through problem-solving therapy on park benches, a model that has been successfully adapted in other low-resource settings.

While urgent and sustained funding remains necessary to drive long-term investments in mental health care, strengthening self-driven education, harnessing community-led approaches, and embracing digital innovations will ensure mental health systems remain impactful even in the face of funding challenges. The time to act is now.

Conclusion

Decolonising mental health and promoting mental health education are intertwined goals that, together, address the roots and manifestations of Africa's mental health challenges. Through culturally relevant care, informed communities, and inclusive policies, Africa can redefine its mental health systems to serve all equitably and effectively.

This position statement was compiled by Deborah Omage (Nigeria) and Constance Mabia (Kenya) and supported by the Global Office team.

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