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THE SITUATION OF MENTAL HEALTH IN CAMEROON

Cameroon faces many mental health challenges, including limited access to psychological care services, insufficient awareness and persistent stigma. Mental health accounts for around 2% of public health expenditure, but this is still relatively low given the prevalence of mental health problems such as depression and schizophrenia (Nguimfack, 2021). According to Fokoua (2019), there is still a shortage of specialist staff, with only 0.06 psychiatrists per 100,000 inhabitants, which is below WHO recommendations.

Infrastructure is also limited, with most services concentrated in major cities such as Yaoundé and Douala, leaving rural populations with little or no support. Cultural and religious influences often affect perceptions of mental health, leading to traditional treatments rather than contemporary medical approaches (Mbono, 2022).

To remedy this situation, action is being taken to improve mental health care, such as the implementation of the National Mental Health Programme in 2016. (Ngando, 2021).

KEYS MESSAGES OF SYSTEMATIC REVIEWS

1. Mental Health First Aid as a tool for improving mental health and well-being

Mental health first aid (MHFA) is help given to people who develop a mental disorder, aggravate a mental problem or find themselves in a mental health crisis. First aid is provided until professional help is received or the crisis is resolved. MHFA is a training programme designed to teach community members mental health first aid strategies. The training is designed to improve the literature on mental problems and reduce stigma. Trainees will learn how to provide immediate help and referrals to specialist services.

This review attempts to answer the questions; how does Mental Health First Aid (MHFA) training influence mental health and wellbeing, use of mental health services and adverse outcomes in individuals in the community where the training is provided? The main criterion for evaluating the effectiveness of MHFA training on mental health and well-being was the effect of MHFA on the well-being of individuals at a selected time between six months and one year. Three comparisons were made:

- MHFA compared with no intervention,
- MHFA compared with alternative interventions aimed at improving mental health literacy, and
- MHFA compared with an active control, such as physical health training.

However, only low confidence data were found for this criterion, preventing definitive conclusions.

The data only concerned our comparison between MHFA and no intervention, not referral to mental health services or unavoidable effects at the chosen point.

The limitations of the data are that they are unreliable due to problems in research methodology, variations in results from different studies, and lack of precise results due to small numbers of participants in many studies. The lack of evidence for unavoidable effects is also a limitation, as it cannot be assumed that different types of interventions are risk-free. Further research is needed to better understand the potential effects of MHFA.

Citation: Richardson R, Dale HE, Robertson L, Meader N, Wellby G, McMillan D, Churchill R. Mental Health First Aid as a tool for improving mental health and well-being. *Cochrane Database of Systematic Reviews* 2023, Issue 8. Art. No.: CD013127. DOI: 10.1002/14651858.CD013127.pub2.

2. Do psychological and social interventions promote improved mental health in people living in low and middle-income countries affected by humanitarian crises?

A humanitarian crisis is an event or series of events that threatens the health, safety and well-being of a community or group of people, usually over a wide area. Examples of such crises include war, conflict, famine and disasters caused by hazards such as earthquakes, floods and submergence. People living in a humanitarian crisis may experience physical and mental suffering, resulting in extremely difficult circumstances that make them vulnerable to mental health problems such as post-traumatic stress disorder, depression and anxiety.

Psychological and social interventions, also known as psychosocial interventions, recognise the importance of the social environment in shaping mental well-being. They generally consist of

psychological components (linked to the person's mental and emotional state, such as relaxation) and social components (such as efforts to improve social support). These interventions can either promote positive aspects of mental health (e.g. increasing hope and social support, parenting skills) or prevent and reduce psychological distress and mental health problems.

To investigate the possibility that psychosocial interventions could promote positive mental health outcomes in individuals living in humanitarian crises in low- and middle-income countries, researchers conducted 13 studies with 7917 participants. The studies selected representative assessment criteria for positive emotions, positive social engagement, good relationships, meaning and fulfilment, which correspond to the definition of mental health given by the World Health Organisation. The average duration of the studies was 18 weeks, with most studies funded by grants from universities or non-governmental organisations. The studies measured mental well-being, functioning and prosocial behaviour at the beginning, at the end and three or four months later. Results were compared between those who received the intervention and those who did not. The results of the review are insufficient to draw definitive conclusions. For children and adolescents, psychosocial interventions may have little or no effect on improving mental well-being, but the evidence is very uncertain. For adults, encouraging data suggested that psychosocial interventions may slightly improve mental well-being, but no data were available on other positive dimensions of mental health. The main limitation of this review is that the data produced cannot be guaranteed to be reliable due to the limited amount of data related to the research question. Participants in the studies knew what treatment they had received, and not all studies provided data on all relevant aspects.

Citation: Papola D, Prina E, Ceccarelli C, Cadorin C, Gastaldon C, Ferreira MC, Tol WA, van Ommeren M, Barbui C, Purgato M. Psychological and social interventions for the promotion of mental health in people living in low- and middle-income countries affected by humanitarian crises. *Cochrane Database of Systematic Reviews* 2024, Issue 5. Art. No.: CD014300. DOI: 10.1002/14651858.CD014300.pub2.

3. Mental health support in the community for refugee children and adolescents in high-income countries

Due to the multiple challenges they face before, during and after migration, refugee children and adolescents in high-income countries are confronted with mental health problems.

There is insufficient evidence to recommend clinical interventions for refugee children and asylum seekers. To determine what works in mental health support for this population, it is necessary to evaluate programmes and interventions for the promotion, prevention and treatment of mental health within the refugee community. Some programmes may focus on mental health promotion through community building and social support, while others may focus on the treatment of mental health problems through specialist care.

As of February 23, 2021, 38 studies were searched, including those involving children or adolescents aged 18 years or younger and evaluating a community-based mental health intervention in a high-income country. Three studies used a randomised trial design, with treatments allocated at random, providing high confidence data on treatment effects. These studies were used to assess the effectiveness of the interventions as well as their appropriateness and tolerability in relation to unavoidable effects.

However, there were limitations to the available data, including a lack of data on the acceptability of the interventions and a lack of data on the effectiveness of mental health problems, psychological distress and behaviour. There was no difference between the intervention and control groups on the waiting list for any of the three studies.

Citation : Soltan F, Cristofalo D, Marshall D, Purgato M, Taddese H, Vanderbloemen L, Barbui C, Uphoff E. Community-based interventions for improving mental health in refugee children and adolescents in high-income countries. *Cochrane Database of Systematic Reviews* 2022, Issue 5. Art. No.: CD013657. DOI: 10.1002/14651858.CD013657.pub2.

4. Shared decision-making interventions for people with mental health conditions

There are many different mental health problems. In general, they are characterised by a combination of abnormal thoughts, perceptions, emotions, behaviours and relationships with others. It is vital to have access to healthcare and social services that can offer treatment and social support.

Shared decision making is a communication between consumers and professionals, where all parties (patients, carers, both, and their clinicians) are recognised as bringing equally important experience and expertise. They work in partnership to formulate recommendations and make treatment decisions. This approach is seen as part of the broader recovery and person-centredness movement in behavioural health. The emphasis on recovery and individual responsibility for understanding and managing symptoms in collaboration with professionals, carers, peers and family members is also fundamental to this approach.

Decision support": videos, brochures or online tools, containing information about treatments, the benefits and risks of different options, and identifying ways of making the decision that reflects what is most important to the person. The process of shared decision-making may also involve a non-directive person accompanying the decision. We are investigating whether shared decision-making interventions are more effective than usual care in improving the situation of people with mental health problems.

A study was conducted to examine the impact of shared decision-making interventions compared with usual care for people with mental health problems. The researchers found 15 studies involving 3141 adults from six countries: Germany, Italy, Japan, Saudi Arabia and the United States. The studies covered primary care, community mental health services, outpatient psychiatric services, specialist outpatient services, forensic psychiatry and nursing home services. The conditions studied were schizophrenia, depression, bipolar disorder, post-traumatic stress disorder, dementia, substance abuse and several clinical conditions, including personality disorders. Providers included homemakers, clinicians, case managers, nurses, pharmacists and peers. Three studies used interprofessional collaboration.

The study found that although people with mental health problems benefited from shared decision-making interventions, their clinical status did not change. They may have experienced greater engagement in decision-making processes compared to those receiving traditional care. However, this remains uncertain when participation was measured differently or at later points after the consultation.

The study also revealed that shared decision-making interventions did not change criteria such as reintegration, patient satisfaction, healthcare professional satisfaction, knowledge, continuity of treatment/medication, patient participation, relationship with healthcare professionals, length of hospital stay or potential adverse effects. Further research is needed to better understand the long-term impact of shared decision-making on quality of life, frequency and severity of crises, hospital

admissions, stability of vital functions, work, housing, overall health and satisfaction with decision-making. The review is scheduled for January 2020.

Citation: Aoki Y, Yaju Y, Utsumi T, Sanyaolu L, Storm M, Takaesu Y, Watanabe K, Watanabe N, Duncan E, Edwards AGK. Shared decision-making interventions for people with mental health conditions. Cochrane Database of Systematic Reviews 2022, Issue 11. Art. No.: CD007297. DOI: 10.1002/14651858.CD007297.pub3.

5. Does stopping smoking improve mental health?

According to some health experts and smokers, smoking helps reduce stress and other mental health symptoms such as depression and anxiety. According to them, stopping smoking could lead to a worsening of mental health symptoms. However, research has shown that smoking can have a negative impact on people's mental health, and that quitting smoking could reduce anxiety and depression.

The study aims to understand the impact of smoking cessation on mental health, seeking to improve symptoms rather than worsen them. This could encourage more people to stop smoking and health professionals to help their patients. It could also discourage people from taking up smoking. The researchers carried out 102 studies on more than 169,500 people, including those who had stopped smoking at the start of the study. The studies measured anxiety, depression, stress, general well-being, mental health problems, social well-being, personal relationships, isolation and loneliness.

The majority of studies included individuals from the general population, while 23 included people with mental health problems. Other studies included those with physical or mental health problems, long-term physical problems, recent surgery, or who were pregnant. The researchers combined and compared the results of 63 studies measuring changes in mental health symptoms and 10 studies measuring how many people developed mental health problems during the study.

What are the results of the review?

The study found that people who quit smoking showed significant reductions in anxiety, depression, and anxiety and depression together. Confidence in the results was very low for depression, low for anxiety, and moderate for both. The level of confidence was reduced due to limitations in the design and implementation of the studies.

Compared with those who continued to smoke, those who quit showed significant improvements in stress symptoms, positive feelings and mental well-being. There was also evidence to suggest that those who stopped smoking did not experience a reduction in social well-being, but that it may have increased slightly. Compared with those who stopped smoking, new cases of anxiety and depression were less frequent than among those who continued to smoke. New cases of anxiety were also less frequent. However, the number of new cases of depression was not determined because of the variability in the results of the different studies.

In conclusion, individuals who have stopped smoking are not at risk of seeing their happiness deteriorate in the long term, whether or not they have had a mental health problem. They may also experience improvements in their mental health, such as a reduction in symptoms of anxiety and depression.

Citation: Taylor GMJ, Lindson N, Farley A, Leinberger-Jabari A, Sawyer K, te Water Naudé R, Theodoulou A, King N, Burke C, Aveyard P. Smoking cessation for improving mental health. Cochrane Database of Systematic Reviews 2021, Issue 3. Art. No.: CD013522. DOI: 10.1002/14651858.CD013522.pub2.

6. An overview of systematic reviews on mental health interventions for involuntary migrants

Refugees, asylum seekers and internally displaced persons are involuntary migrants who often experience distress during their journey, their stay and their settlement in a new country or environment. Mental health promotion, prevention and treatment of mental health problems such as depression, anxiety and post-traumatic stress may have a different effectiveness from that observed in the general population. This synthesis summarises the characteristics of the available systematic reviews on this topic to help determine research priorities for future Cochrane reviews.

The study found 23 systematic reviews and 15 protocols on the promotion, prevention and treatment of mental health in these populations. These reviews included 336 references, 175 of which were single studies. The studies focused more on children's wellbeing at school and the treatment of post-traumatic stress problems than on mental health promotion, prevention or treatment of depression and anxiety. The most likely studies included cognitive behavioural therapy, narrative exposure therapy, and integrative and interpersonal therapies.

However, certain problems have reduced the quality of these evaluations, in particular the lack of information on the methodology adopted. The data provided by the systematic reviews may not meet the need for evidence-based interventions on the mental health of involuntary migrants.

Reviewers should consider the relevance of categories such as refugees, children, those suffering from depression or anxiety, as well as relevant interventions in areas such as mental health promotion, prevention and other treatments beyond psychological therapy.

Citation: Uphoff E, Robertson L, Cabieses B, Villalón FJ, Purgato M, Churchill R, Barbui C. An overview of systematic reviews on mental health promotion, prevention, and treatment of common mental disorders for refugees, asylum seekers, and internally displaced persons. *Cochrane Database of Systematic Reviews* 2020, Issue 9. Art. No.: CD013458. DOI: 10.1002/14651858.CD013458.pub2

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