

Symposium

📅 Thu. Sep 25, 2025 4:25 PM - 5:55 PM JST | Thu. Sep 25, 2025 7:25 AM - 8:55 AM UTC 🏢 Session Room 6 (Conference Room B)

[Symposium 19] AFRICA SYMPOSIUM: WORKING WITH GOVERNMENT HEALTH SYSTEMS TO REDUCE THE TREATMENT GAP FOR MENTAL DISORDERS IN AFRICA

Moderator: Kiyoshi Yoshikawa

[SY-19]

AFRICA SYMPOSIUM: WORKING WITH GOVERNMENT HEALTH SYSTEMS TO REDUCE THE TREATMENT GAP FOR MENTAL DISORDERS IN AFRICA

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[SY-19-01]

Distinctive social situations related to mental health in African countries

*Akira Takada (Kyoto University(Japan))

[SY-19-02]

Strengthening CARE in collaboration
with People with lived Experience of psychosis in Uganda (SCAPE-U)

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[SY-19-03]

Community-informed perspectives of implementing interpersonal psychotherapy for couples
to reduce situational intimate partner violence and improve common mental disorders in
Mozambique

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Keywords : Africa、Mental disorders、innovation、psychotherapy、treatment gap

This symposium was organized to explore the current situation and future of mental health care in Africa, where mental health resources are still inadequate, and to contribute to the consideration of the state of affairs in psychiatry. To gain an understanding of mental health and the general situation in African countries, Professor Takada of Kyoto University, who has extensive research experiences in the region, will give first an introduction to mental health and the general situation in the countries from which the speakers came, and then invite speakers from three sub-Saharan countries where mental health resources are insufficient. The three leading African researchers will talk about the current situation and the innovations they are working on in their respective fields. The first innovation, an intervention from Kenya was designed to treat Depression and PTSD in the public sector primary health care setting, presented by Professor Muthoni Mathai. Despite interventions by general practitioners, innovative interventions have been reported to achieve extremely high outcomes for depression and PTSD. By the second, a collaboration between health workers and persons with lived experience designed to strengthen services for persons living with Psychosis in Uganda will be presented by Dr. Byamah Mutamba and the third, a multilevel stakeholder in their communities' consultative process to inform a pilot trial of couple-based interpersonal psychotherapy (IPT-C) for intimate partner violence in Mozambique, presented by Dr. Palmira Fortunato dos Santos. New African psychiatric initiatives that are innovating traditional methods and making scarce psychiatric resources more effective will inspire participants to improve their daily clinical practice and research.

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[SY-19-01] Distinctive social situations related to mental health in African countries

*Akira Takada (Kyoto University(Japan))

Keywords : Africa、mental health、social changes

As is well known, colonialization by European powers accelerated in many areas of the African continent from the 19th century onwards. Even before that, it was common for many ethnic groups and cultures to interact in complex ways, forming "plural societies". Many African countries achieved independence in the 1950s and 1960s. However, reflecting the above history, their national borders do not necessarily coincide with ethnic or cultural boundaries. As a result, these countries have faced various challenging issues in building nation-states. Among others, the establishment and penetration of public healthcare systems is one of the most important issues, but many African countries face numerous difficulties in securing the human and material resources necessary for efficient medical practice, developing infrastructure, and nurturing trust in the healthcare system among local residents. In this situation, traditional medicine and religious practices, which serve as alternative medicine, also play an important role, especially in mental healthcare. In this presentation, I will provide an overview of the social circumstances related to mental health care in Kenya, Uganda, and Mozambique, where three invited speakers (Drs. Muthoni Mathai, Byamah B. Mutamba, and Palmira Santos) have been engaged in medical activities, as well as that in Namibia, where I have been conducting research for many years. Through this, I will discuss the relationship between the mental health (e.g., PTSD, adjustment disorders, attachment formation, neurodevelopmental disorders) and rapid social changes experienced by people living in each of these countries. I will also argue the human and material resources needed in the medical institutions of these countries in order to improve the mental health of residents, and the importance of support from NGOs and communities (e.g., the possibility of cross-border collaboration, non-pharmaceutical interventions) to supplement these resources.

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Moderator: Kiyoshi Yoshikawa

[SY-19-02] Strengthening CARE in collaboration with People with lived Experience of psychosis in Uganda (SCAPE-U)

*Byamah Brian Mutamba¹, Muthoni Mathai², Palmira Fortunata³ (1.1. Butabika Hospital 2. YouBelong Uganda(Uganda), 2.2. University of Nairobi(Kenya), 3.3. National Institute of Health, Ministry of Health(Mozambique))

Keywords : Integration、 Health systems、 Public sector、 lived experience

Mental health services are most effective and equitable when designed, delivered, and evaluated in

collaboration with people with lived experience of mental illness. Unfortunately, people with lived experience are rarely involved in health systems strengthening, and when they are, it is limited to specific components (e.g., peer helpers) rather than across-the-board collaboration in the continuum of health services.

We are proposing a novel approach for collaboration with people with lived experience of psychosis that includes involvement at the primary care, community, and home settings. By collaborating on health systems strengthening across these multiple levels, we foresee a more in-depth

contribution that can lead to rethinking how best to design and deliver care for people living with psychosis.

We piloted this multi-tiered collaboration with people with lived experience in Uganda because low-income countries represent the greatest gaps in access to evidence-based mental health care.

Using a pilot cluster randomized controlled trial ,we evaluated the feasibility and acceptability of SCAPE-U; which involves training people with lived experience of psychosis using PhotoVoice and other methods to participate at three levels: primary health care, community and home level.

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Moderator: Kiyoshi Yoshikawa

[SY-19-03] Community-informed perspectives of implementing interpersonal psychotherapy for couples to reduce situational intimate partner violence and improve common mental disorders in Mozambique

*Palmira Fortunato dos Santos¹, Jennifer Mootz^{2,7}, Leyly Moridi³, Kátia Santos⁶, Myrna Weissman^{2,7}, John Oliffe⁴, Sandra Stith⁵, Saida Khan⁶, Paulino Feliciano⁶, António Suleman⁶, Stephanie A Rolin², Ali Giuto^{2,7}, Milton L Wainberg^{2,7} (1.Mental Health Trauma and Violence Program, National Institute of Health(Mozambique), 2.Department of Psychiatry, Columbia University, New York(United States of America), 3.School of Global Affairs, Yale University, New Haven(United States of America), 4.School of Nursing, University of British Columbia, Vancouver(Canada), 5.Couple and Family Therapy Program, Kansas State University, Manhattan(United States of America), 6.Mental Health Department, Ministry of Health of Mozambique.(Mozambique), 7.Division of Translational Epidemiology and Mental Health Equity, New York State Psychiatric Institute, New York(United States of America))

Keywords : CFIR、LMIC、common mental disorders、domestic violence、interpersonal psychotherapy

Background: High rates of intimate partner violence (IPV) and mental disorders are present in Mozambique where there is a significant treatment gap. We aimed to report Mozambican community stakeholder perspectives of implementing couple-based interpersonal psychotherapy (IPT-C) in preparation for a pilot trial in Nampula City.

Methods: We conducted 11 focus group discussions (6-8 people per group) and seven in-depth interviews with key informants in mental health or gender-based violence ($n = 85$) using purposive sampling. We used grounded theory methods to conduct an inductive coding and then deductively applied the consolidated framework for implementation research (CFIR).

Results: For the outer setting, local attitudes that stigmatize mental health conditions and norm IPV as well as an inefficient legal system were barriers. Stakeholders expressed high acceptability of IPT-C, although a lack of resources was a structural challenge for the inner setting. Adaptation of the approach to screen for and address potential mediators of IPV was important for adopting a multisectoral response to implementation and planning. Delivering IPT-C in the community and in collaboration with community stakeholders was preferable.

Conclusion: Stakeholders recommended multilevel involvement and inclusion of community-based programming. Task shifting and use of technology can help address these resource demands.