

Essay

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Introduction

Depression is a serious concern in Africa, and it is necessary to have a clear idea about how countries across the continent are engaging with it, and what Interventions can be effectively deployed to minimise it's impact on the mental health burden. This essay will first discuss the prevalence of depression in African countries. Next, this essay wil discuss what Interventions have been tested, whether they have been effective, and where they have been effective. The quality of the evidence for these Interventions will be analysed, before a final reflection will be made on the state of depression Interventions and possible future directions for research and policy makers.

Depression and anxiety are among the most common mental disorders globally, and cause a disproportionate amount of the global disability based healthcare burden, a major contributor to morbidity, and a contributor to lower standard of life (Chibanda et al., 2015; Chibanda et al., 2016; Doukani et al., 2021; Fernando et al., 2021; Lofgren et al., 2018; Lund et al., 2014).

Africa bears the brunt of the burden of common mental disorders, with coutries across sub-Saharan Africa alone accounting for at least 19% of the global mental health burder (Lund et al., 2015). In specific countries, at least 16.5% of adults in South Africa present with a common disorder (Lund et al., 2014), and at least 30% of people attending primary healthcare facilities in Zimbabwe present with depression and anxiety symptoms (Chibanda et al., 2011; Chibanda et al., 2015).

Further, Africa has the highest rates of people living with HIV/AIDS, a population that is especially vulnerable to depression as compared to a general population, and the highest rate of people living with HIV related depression (Lofgren et al., 2018; Petersen et al., 2014). This is a serious problem because depression is strongly associated with lower rates of antiretroviral therapy adherence which is necessary for good management of HIV/AIDS (Lofgren et al., 2018; Lund et al., 2014; Petersen et al., 2014). On a similar front, depression severely affects young and expecting mothers, increasing the risk of complications during pregnancy, impairing caregivers' ability to create an environment suitable for a child, and limiting caregivers'

ability to cope with parenthood (Fernando et al., 2021; Nyatsanza et al., 2016).

Despite the high prevalence of depression and other common mental disorders across Africa, there is a serious lack of access to treatment and support (Chibanda et al., 2011; Chibanda et al., 2015; Chibanda et al., 2016; Doukani et al., 2021; Fernando et al., 2021; Lofgren et al., 2018). This is exacerbated by the fact that only half of African countries have a mental health policy to speak of (Lund et al., 2014; Lund et al., 2015), and most governments do not have the ability to allocate the necessary funds to implement one if they had it (Doukani et al., 2021; Lofgren et al., 2018). The general lack of resources and infrastructure for providing effective treatments means that there is an urgent need to develop interventions that work, that have lasting effects, and that can be deployed cheaply and efficiently (Doukani et al., 2021; Lund et al., 2014; Lund et al., 2015; Osborn, Wasil, et al., 2020; Osborn, Venturo-Conerly, et al., 2020; Osborn et al., 2021).

Interventions

Generally, most of the data on low-cost interventions for low and middle income countries comes from outside Africa, and while studies have been done more recently in Africa, they are almost all from sub-Saharan Africa (Lofgren et al., 2018). Most of the readily available studies discuss interventions based on some form of cognitive behavioural therapy (CBT), are deployed by lay health workers, and are low-intensity and rather short interventions (Chibanda et al., 2011; Fernando et al., 2021; Lofgren et al., 2018; Lund et al., 2014).

Quality of Evidence

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