A review of health and mental well-being indicators and its assessment in Sub-Saharan Africa

Jumoke Iyabode Oladele
University of Ilorin, Nigeria

How to cite this article (APA)

The readers can link to article via https://doi.org/10.24036/020231218-0-86

Correspondence regarding this article should be addressed to:
Jumoke Iyabode Oladele. University of Ilorin. Address: 1515, P.M.B, Ilorin, Nigeria. Email: oladele.ji@unilorin.edu.ng

Universitas Negeri Padang (as publisher) makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications. However, we make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors and are not the views of or endorsed by Universitas Negeri Padang. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Universitas Negeri Padang shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to, or arising out of the use of the content.

KONSELOR is published by Universitas Negeri Padang comply with the Principles of Transparency and Best Practice in Scholarly Publishing at all stages of the publication process. KONSELOR also may contain links to web sites operated by other parties. These links are provided purely for educational purpose.

This work is licensed under a Creative Commons Attribution 4.0 International License.
A review of health and mental well-being indicators and its assessment in Sub-Saharan Africa

Jumoke Iyabode Oladele*
University of Ilorin, Nigeria

Abstract: Health and mental well-being are shaped by multiple factors which should be considered for a wholistic assessment. This need is strengthened considering that health is not just the absence of illness but a complete state of well-being. This fact leads to a sharp turn to psychological measures for understanding and ascertaining the construct which has been explored extensively in developed countries. Understanding the construct through the sub-Saharan African lens becomes necessary for accuracy in the assessment to improve the population’s health mental-well-being and to reduce the risk of those impending effects in case of the reverse. With the need for comprehension across multiple factors, scientific consensus is considered necessary for reflexivity and applicability, deployable at medium-scale level. Adapting the POWER framework while leveraging the Web of Science data base complemented with random Google-led searches, this paper reviewed related literature on mental health and well-being revealing that the construct is fast gaining attention in sub-Saharan African space with heavy reliance on western-developed/validated assessment instruments majorly deployed as paper-pencil. The adaptive forms which are largely non-existent becomes a direction for research considering the need for accuracy in mental well-being and a framework for action to ensure transdisciplinary science of sustainability which is fast-gaining relevance for tackling complex problems in a bid to promote health and mental well-being in a targeted population.

Key Words: Health; Mental well-being; Indicators; Assessment; Sub-Saharan Africa.

INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. As such, health is the absence of illness and a complete state of mental, physical and general human well-being. Mental health is conceptualised as a state of well-being in which the individual realises their abilities, can cope with the normal stresses of life, work productively and fruitfully, and contribute to their community (World Health Organisation-WHO, 2013). A paradigm shift has occurred in health management strategies of illness treatment to health promotion and illness prevention (Slade, 2010). Sustaining this shift necessitates health-oriented rather than illness-oriented services, which have proved rather more difficult, while efforts to generate a science of illness have been very successful, with shared taxonomies to identify types of illness, established and validated interventions to treat and manage these identified illnesses, and clinical guidelines and quality standards available to increase efficiency and equity. This position is relevant as optimal mental health enables people to realise their potential, cope with the normal stresses of life, work productively, and contribute to their communities (WHO, 2013). Saxena (2013) highlighted four key objectives of the action plan focusing on strengthening effective leadership and governance for

*Corresponding author: Jumoke Iyabode Oladele. University of Ilorin. Address: 1515, P.M.B, Ilorin, Nigeria. Email: oladele.ji@unilorin.edu.ng
mental health; providing comprehensive, integrated and responsive mental health and social care services in community-based settings; implementing strategies for promotion and prevention in mental health. Furthermore, strengthening information systems is required for mental health and well-being research. The plan also highlights the importance of protecting and promoting human rights and includes a central role in providing community-based care and support.

The vision of the action plan is a world in which mental health is valued, promoted and protected, mental disorders are prevented, and persons affected by these disorders can exercise the full range of human rights and access high-quality, culturally-appropriate health and social care in a timely way to promote recovery, to attain the highest possible level of health and participate fully in society and at work, free from stigmatisation and discrimination. This paradigm shift focuses on mental disorders; depression, closely associated with stress, anxiety and destructive lifestyles, is currently affecting 121 million people worldwide (WHO, 2007). Whereas previous healthcare interventions for depression, anxiety and stress focused predominantly on psycho-pharmacological medication, contemporary approaches have utilised psychological well-being promotion strategies (Han & Lee, 2015; van der Meer & Wunderink, 2019). Although effective, medication can have varying side effects resulting in possible addiction and toxicity of the human system (Coleman & Pontefract, 2016). Natural health promotion methods complement the body and immune system and improve biopsychosocial well-being at a much reduced financial and physiological cost. Exercise is also a cost-effective health promotion strategy (Zayed et al., 2018).

Health and Well Being (HWB) is the foundation of a sound and prosperous society with a positive relationship to happiness. HWB was described as an integral, multi-aspected and functional notion premised on innate functions of nature and individual consideration of the good things of life and external functions, which are the extent to which potentials are realised and societal leverages for ascertaining the quality of life (Alatartseva & Barysheva, 2015). Two substantial aspects have been distinguished in conceptualising HWB, which are objective and subjective well-being. The objective aspect of well-being may be described as external functions which are influenced by such factors as the level and stability of income, the conditions of residence, the opportunity of having education, the quality of the social and natural environment, safety and security, and the opportunity to realise social and civil rights and needs while, the subjective aspect of well-being is characterised by the innate functions driven by individual experiences such as respect and self-respect, confidence, satisfaction, harmony, harmonious physiological and psycho-emotional state, awareness of the purport of life and the person’s meaning and significance in the social and political systems and the universe, the feeling of love, affection, friendship, necessity, the person’s place, implementation of the person’s calling (Alatartseva & Barysheva, 2015).

Da Silva et al. (2022) stressed that subjective well-being had been frequently studied in Positive Psychology, framed by two major theoretical approaches: hedonic and eudaimonic. The hedonic perspective asserts that happiness is determined by pleasurable situations driven by self-evaluations of worth measured through specific life domains (e.g., education, job and marriage-cognitive components) and emotional state (which included the positive and negative continuum-affective components). The eudaimonic perspective presents happiness as the ultimate purpose of human existence, reached through achieving one’s highest needs leading to self-realisation irrespective of external stimuli. A safe practice would be to carefully integrate both perspectives to understand mental well-being and take sides only with empirical proof. A codependent relationship was described between objective and subjective well-being. The subjective aspect is largely determined by the objective aspect but not vice-versa.

As a component of general health and well-being, mental health has been widely researched over the last two decades. Alegría et al. (2018) noted that mental well-being has a social determinant that aids in understanding how circumstances in which people live and work shapes their health outcomes. People’s social affiliations influence their health outcomes in myriad ways. This stance is further supported by Mpofu and Machina (2022), who stressed religious affiliation as the most dominant social affiliation defined by their physical community driven by a sense of connectedness that impacts people’s health status. As such, social affiliation is a strong determinant of healthy practices that results in the mental health of a population strengthened by the ethics of community over autonomy in Africa.
Economic opportunities are construed as upstream social determinants which act as “fundamental causes” and typically impact health while living conditions are regarded as downstream social determinants. The concept of social determinants is broadened to include non-medical factors influencing health, including fixed individual characteristics such as gender and race/ethnicity and more malleable factors like educational attainment, occupational status, and social support. Social determinant drives circumstances believed to drive many deep-rooted world health inequalities, such as lower life expectancy, higher rates of child mortality, and greater disease burden among disadvantaged populations. Davies-Cooper et al. (2014) and Okoji et al. (2014) examined how the built environment can affect and enhance the well-being of society while providing insight and guidance for designing, creating, or providing environments that improve well-being. Cianconi et al. (2020) concluded that high-impact events could act through mechanisms similar to traumatic stress, leading to well-understood psychopathological patterns further strained by the consequences of exposure to extreme or prolonged weather-related events in impacting mental well-being. Therefore, the measurement and evaluation of mental health should be carried out as the combination of objective and subjective well-being, the subjective ascertained through a variant of determinants to reliably ascertain how many people have reached a particular factor following a particular indicator, how stable this achievement is, how many people have not reached it and why, what caused the delay, and what has to be done to eliminate it, in describing this aspect of well-being.

A significant shift has been made in approaching Mental health from psychological diseases and related health issues with a focus on anxiety, depression, stress, anger, and fear, and almost nothing about affection, compassion, and forgiveness to that of the positive psychology standpoint which beams light on affection, compassion, and forgiveness while emphasising the contextual, metatheoretical and meta disciplinary perspectives (Chowdhury, 2019; Wissing et al., 2022). This change is fueled by viewing mental health as consisting not merely of the absence of illness or disorder but also positive indicators of well-being (Marques et al., 2011; Wilson-Fadiji et al., 2022). Positive psychology is the science of what is needed for a good life and values subjective experiences such as contentment and satisfaction (in the past), hope and optimism (for the future), and flow and happiness (in the present) as an indicator of mental well-being. At the individual level, it is about positive traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Slade, 2010).

Marques et al. (2011) highlighted positive characteristics such as hope, self-efficacy, flow, self-esteem, optimism, courage, gratitude, and the promotion of positive development as tenants of positive psychology. As such, positive psychology researches the emotions, strengths, processes, conditions, and relationships that foster optimal functioning and flourishing in people, groups, and institutions. Three waves of positive psychology were summarised, starting with the era of positive human functioning and global applicability of western research findings (first wave) through the era where context, culture and negative facets of human life became germane to understanding the nature and dynamics of well-being (second wave) and now to the need for a relational ontology which exrays properties of the construct of well-being as well as related sub-constructs, the relations between them and reality mediation through contextualisation, interconnectedness while building transdisciplinary solutions to complexities (Oladele, 2022; Wising et al., 2022). The need for an Africa(n) Centred Positive Psychology concerning well-being was also emphasised for cultural and social relevance and responsiveness (Wilson-Fadiji et al., 2022).

Albert Ellis’ ABCDE Model in Cognitive-behavioral therapy (CBT) Theory was adopted. This theory is deemed appropriate to strengthen the shift in approaching mental health and well-being, focusing on the mere absence of illness to more of a psychological standpoint. The ABCDE Model consist of: A: Activating Event (something happens to or around someone), B: Belief (the event causes someone to have a belief, either rationally or irrationally), C: Consequence (the belief leads to mental health and well-being state, with rational beliefs leading to mentally healthy individuals and irrational beliefs leading to mentally unhealthy individuals), D: Disputation (if one has held an irrational belief which has results to mentally unhealthy individuals, they must dispute that belief and turn it into a
rational belief) and E: New Effect (the disputation has turned the irrational belief into a rational belief, with mentally healthy persons). Further, the model states that it is not a simple matter of an unchangeable process in which events lead to beliefs that result in consequences; the type of belief matters, and we have the power to change our beliefs.

Selva (2018) explained that contemporary treatments for psychological anomalies focus too much on past events rather than current happenings. Therefore, the basic idea behind the ABCDE model is that mental health (C: Consequences) are not directly determined by life events such as Covid-19 (A: Activating Events) but rather by the way these events are cognitively processed and evaluated (B: Beliefs) external events (A) do not cause emotions (C), but beliefs (B) and when irrational leads to D: Disputation of Beliefs and resultant E: Effect, or the result of holding healthier beliefs” (Jorn, 2016; Sarracino et al., 2017; Oltean et al., 2017). Disputation is not an original part of the ABC Model, as it happens outside of the “ABC” part (such as in the case of disputing an irrational belief to turn it into a rational belief), and the new Effect is another subsequent factor: the result of that disputation.

With the ABCDE Model and a popular notion in most forms of therapy, one does not necessarily have to change their environment to become happier and healthier. They have to recognise and change their reactions to their environment. This process takes a little self-awareness, which requires an inner drive from individuals. Bernard et al. (2006) added that self-sensibility drives effective social cohesion, which can be enhanced by using cognitive therapeutic approaches which, when operationalised effectively, serve as an intervention designed to alter the attitudes, thoughts, feelings and actions of the young person who has sought or been brought to treatment with distress and maladaptive behaviour for enhancing mental health and well-being.

The COVID-19 pandemic unarguably caught the world off-guard, with most nations being inadequately prepared to meet the challenges of this rapidly spreading virus that necessitated measures such as social distancing and lockdowns with cascading effects on both health and the economy. This occurrence necessitates an urgent situational evaluation and interventions as the world is gradually recovering from the shocks caused by the pandemic to ensure a progressive learning curve on students’ well-being with a focus on the aspect of mental health, which is as important to lifelong student success as their academic achievement (Plahotnik et al., 2021; Htay et al., 2021). Some resulting stressors were the fear of contracting the virus, economic hardship and job loss, social isolation and abrupt disturbances to daily life, schooling and working with untold pressure on individuals resulting in high levels of generalised anxiety, depressive symptoms, psychological distress, sleep disorders and post-traumatic stress disorders with a widespread deterioration of public mental health (Waters et al., 2020; Eric et al., 2020; Htay et al., 2021). Worthy of note is the fact that this situation only exacerbated existing ones.

Adolescents in sub-Saharan Africa were reported to be highly exposed to stressors and adverse childhood and family circumstances (Folayan et al., 2021). Reports by WHO (2020) show that relatively few people worldwide have access to quality mental health services. In low and middle-income countries, more than 75% of people with mental, neurological and substance use disorders receive no treatment for their condition at all (Keynejad et al., 2018). These issues are compounded by stigma, discrimination, punitive legislation and human rights abuses that are still widespread. This report shows that close to 1 billion people live with a mental disorder, 3 million die every year from the harmful use of alcohol, and one person dies every 40 seconds by suicide.

Moreover, billions of people worldwide have been affected by the COVID-19 pandemic, which further impacts people’s mental health. According to WHO (2013), the number of specialised and general health workers dealing with mental health in low-income and middle-income countries is grossly insufficient. Almost half the world’s population lives in countries where, on average, there is one psychiatrist to serve 200 000 or more people; other mental health care providers who are trained in the use of psychosocial interventions are even scarcer. Similarly, a much higher proportion of high-income countries than low-income countries report having a policy, plan and legislation on mental health; for instance, only 36% of people living in low-income countries are covered by mental health legislation compared with 92% in high-income countries.

Nigeria has eight psychiatric hospitals to serve a population of over 150 million, eight schools of psychiatric Nursing, and twelve medical schools, with all mental health services only being
provided at these institutions, which are concentrated in the southern urban areas with a few in the north and no services in rural areas (Jack-Ide & Uys, 2013; WHO, 2006a). The burden of mental health disorders is very high, with limited access to available and affordable mental health services (Wada et al., 2021). A similar situation exists in South Africa with no national mental health plan, as planning for service delivery is the responsibility of provincial governments. Of the nine provinces, only 1 has a separate strategic plan for mental health, and the remaining 8 have mental health plans integrated within the general health plan (WHO, 2006b). Schierenbeck et al. (2013) identified a lack of properly trained staff and organisational capacity as barriers to mental health care in South Africa. Mental well-being is a largely neglected area of public health and necessitates concerted efforts between relevant stakeholders (WHO, 2006a; Olugbile et al., 2008; Wada et al., 2021).

A major critique of well-being research in Africa is using assessment tools from the west without determining its ecological validity (Wilson Fadiji et al., 2019). Before we can begin the way forward towards generating ideas on African-centred positive psychology, there is a need to engage with the questions scholars have raised on the roots of African psychology (Wilson Fadiji et al., 2022). Furthermore, conceptualising well-being has become an arduous task in recent well-being research in Africa, with a need for more consensus on well-being. This challenge was reported partly because of the tendency to treat this construct as unidimensional rather than considering its multi-faceted nature. This stance will form the next research directions for African mental health and well-being.

As a component of general health and well-being, mental health has been widely researched and evaluated over the last two decades. Slade (2010) examined mental illness to reorient health services around promoting well-being. Marques et al. (2011) examined positive psychology constructs (e.g., hope, self-worth, satisfaction with life) and the relationship between these constructs concerning mental health and academic achievement of students in Portugal. The study’s findings revealed hope and life satisfaction as the strongest predictors of students’ academic achievement and mental health. WHO (2014) examined social determinants of mental health to enhance knowledge of the interacting forces that shape individual and collective levels of mental health and well-being while outlining actions that can be pursued to promote and protect good mental health. Allen et al. (2014) reiterated that a person’s mental health is shaped by various social, economic, and physical environments operating at different stages of life.

Similarly, Alegria et al. (2018) examined social determinants to understand how the circumstances in which people live work and shape their health outcomes. Empirical evidence supports how social determinants of unemployment, precarious employment, and employment conditions impact mental health outcomes within specific populations (Han & Lee, 2015; Reibling et al., 2017). Waters (2022) examined positive psychology with components of meaning, coping, self-compassion, courage, gratitude, character strengths, positive emotions, positive interpersonal processes and high-quality connections as significant factors in mental health during COVID-19 concerning well-being. Similarly, da Silva (2022) examined the correlation between virtues and character strengths, well-being, and academic achievement. The overall well-being score is positive and significantly correlated with all virtues and the majority of character strengths with scarce correlation with academic achievement.

Existing mental well-being-centred research was also examined. Eric et al. (2020) examined mental well-being and exercise participation during the covid-19 pandemic with adult residents of Niger Delta Nigeria as study participants, and the result showed a positive outcome. Obadeji et al. (2020) examined the relationship between substance use and psychosocial factors as determinants of mental well-being among adolescent high school students in Nigeria. Folyan et al. (2021) studied the interactions between oral health and mental health, focusing on suicidal ideation/attempt in Nigeria, which established significant correlates. Htay et al. (2021) conducted a cross-sectional multi-countries study on coping strategies among healthcare workers during the COVID-19 pandemic with implications on mental health. The majority of the respondents identified the application of positive psychology as an effective coping method during the COVID-19 pandemic, while digital psychological and mental health support interventions were recommended to support teams and protect mental well-being (van Agteren et al., 2021).

Marques et al. (2011) magnified the need to integrate positive and negative well-being indicators into mental health assessment for a broader functioning picture. This need was strengthened
by examining psychological aspects of well-being which consists of the development of individual potential or self-actualisation and engagement in meaningful activities with interest in qualities such as the pursuit of excellence, self-realisation, and feelings of engagement (da Silva, 2022). Also, an experiential approach to the conceptualisation of mental well-being assessment points to a bottom-top approach to problem-solving (Wilson Fadiji et al., 2022). Wealth, status, health, activity limitation, race and age were reported to be significantly associated with happiness across the gender divides favouring males. Similarly, a sustainable financial stance was poised as an important predictor of happiness while achieving intrinsic life goals by youths has also been explored as a background characteristic predicting well-being, as shown by studies in South Africa (Wilson Fadiji et al., 2022). The authors further stressed the need for contextual relevance, which must emerge from a relational perspective since relationships lie at the heart of the experience of well-being. This need should also be put into cognisance in mental health and well-being assessment while examining and learning from existing assessment tools.

A study on factors contributing to student well-being by Eloff et al. (2022) revealed the learning environment and support structures as two major themes interlinked. It together ensured the fulfilment of undergraduates’ needs and their well-being. This revelation is a clear departure from the amplified emphasis on academic outcomes frequently, which disregards the holistic nature of university education and the importance of the subjective well-being experiences of university students. ICANotes (2021) reiterated that mental health and well-being assessment tools are used to determine the presence of specific disorders and their nature and severity and help to dig deeper into screening results.

WHO produced the 5-item World Health Organization Well-Being Index (WHO-5) for assessing subjective well-being reported by Topp et al. (2015) as widely used questionnaires assessing subjective psychological well-being consisting of 5 simple and non-invasive questions on a six-point scale graduated from All of the time (5) to at no time (0), which tap into the subjective well-being of the respondents. A good validity as a screening tool for depression and as an outcome measure in clinical trials was reported but through western-centred research. Wissing et al. (2022) reported emerging themes in African well-being research, such as spirituality, relationships/social bonds and emotional stability. The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AMIS) is also a tool for collecting essential information on the mental health system regionally and primarily targeted at low- and middle-income countries. WHO-AIMS 2.2 consists of 6 domains, 28 facets and 156 items to cover the key aspects of mental health systems. Collecting this information improves mental health systems and provides a baseline for change monitoring.

Also widely used is the Mental Health Continuum (MHC) - which are self-assessed questionnaire with items that indicate one’s current level of psychological functioning measured via the positive emotional, psychological and social well-being scale with 40 and 15 items with a 7-point response format that assess subjective well-being representing the long and short forms respectively (Keyes, 2002). Both forms of the instrument have been subjected to research using various samples, such as Karaś et al. (2014) with a Polish sample; Petrillo et al. (2015) used in the Italian context; Franken et al. (2018) with adult samples; Appiah et al. (2022), using a rural Ghanian Sample both on establishing the validity of the scale through various factor analytic procedures concluding it has been beneficial from contextually relevant positive psychological interventions and may also buffer against psychopathology predominantly with relevance for the western population. da Silva et al. (2022) also used the Short Form Mental Health Continuum. They aimed to understand the relationships between virtues, character strengths, subjective well-being, and academic achievement in Angolan university students. Furthermore, the Global Mental Health Assessment Tool-primary care version (GMHAT/PC) is a linear computerised clinical assessment tool developed to assess and identify various mental health problems (Sharma et al., 2004). These empirical efforts point to the growing interest in African mental health and well-being research and heavy reliance on western-developed mental health assessment tools. Also, all the existing tools are deployed either as paper-pencil forms. The adaptive forms are largely non-existent. These are not without implications for accuracy in assessment which is a gap begging to be filled in literature.

Universitas Negeri Padang, Indonesia
https://doi.org/10.24036/020231218-0-86
METHOD

Study Design: The Planning, Operationalizing, Writing, Embedding, and Reflecting (POWER) framework was adapted for the making an historical inquiry through literature. This framework was deployed in three phases for reviewing the literature to gain a requisite understanding of mental health and well-being (Rana & Singh, 2022). The POWER framework is depicted as shown in Figure 1.

![Figure 1 Literature Review Framework (Adapted from Rana & Singh, 2022).](image)

The original framework named the first phase involvement was modified as the Initialisation phase (I). In this phase, the lead author conducted random internet searches in planning and operationalising the concept of mental health and well-being. This phase was carried out by identifying relevant information using electronic databases, reference lists, hand searches, and grey literature on health and well-being. This phase was deemed necessary to adequately inform the author on the construct and streamline contents from a broader worldview. The initialisation phase yielded an outline which informed the article’s structure consisting of a brief introduction to prepare the reader’s mind in a streamlined manner. This literature review touched on issues relevant to health and mental well-being, a concise problem statement, a Theoretical Model for ensuring proper perspectival positioning of thoughts and empirical studies on Mental Health Assessment aimed at exraying efforts made in the fields for ease of gap identification. This structure informed the direction for the impression phase, which yielded the main write-up phase (II). Adhering to the mapped-out structure, consulted manuscripts were retrieved from online sources through the web of science (WoS) with the coverage of the fields- social sciences, life sciences and clinical medicine citation index and emerging sources citation, current content- social and behavioural sciences, open access, category- psychology, social issues, social sciences generally, country (Ruccolo, 2022). The obtained resources from WOS were supported by materials from random searches from google and those provided by the co-authors and carefully embedded into the write-up. This add-on was deemed necessary to avoid monopolising readings and thoughts to aid broad applicability leading to the impact phase (III). At this phase, reflections were carried out on the write-up by the authors to evaluate the impact rendered as the framework for action while taking cognisance of impending limitations..

Data Analysis

A progressive literature search from the web of science was conducted in August 2022 to identify manuscripts on mental health and well-being as the major keyword. Results of the literature using the search strings of quotation marks on the subject of “mental well-being” for concepts with English as the language criteria and filters such as year, source, institutional affiliation, and subject area, with country-specific results (South Africa and Nigeria respectively) are shown in Figures 2 to 4.
As shown in Figure 2, the search produced 22 pieces of literature published in South Africa from 2014 to 2022 and 5 pieces of literature published in Nigeria from 2019 to 2022. Based on the WOS database, this result shows that intellectual, mental health, and well-being efforts commenced earlier in South Africa.

As shown in Figure 3, filtering the search by affiliation resulted in 26 manuscripts across higher institutions in South Africa and eight manuscripts with various organisations. This result shows that mental health is predominantly treated within academics in South Africa but by various stakeholders in Nigeria.
As shown in Figure 4, mental health, and well-being surface in the areas of health, environment, Arts and Humanities, Agriculture, Economics, Nursing, Psychology and Social Sciences in South Africa. Similarly, Nigeria’s subject areas are Social Science, Multidisciplinary, Health, Environment, and Biochemistry. This result shows that mental health and well-being are relevant in various subject areas and can be regarded as cross-cutting subjects.

Literature established health and mental well-being as an integral, multi-faceted concept inclusive of objective and subjective aspects. A safe practice would be to carefully integrate both perspectives for understanding mental well-being and taking sides only with empirical proof (Alatartseva & Barysheva, 2015). da Silva et al. (2022) further stressed that health and mental well-being are determinants of happiness which can be approached either hedonically and eudaimonically as supported by Albert Ellis’ ABCDE Model in Cognitive-behavioral therapy (CBT) Theory and, resultantly, the quality of life driven by the “now happenings”. These submissions connote that a wide net is required for a wholistic perspective of the concept, considering that about two decades of research have brought to light an array of social-economic determinants, environmental and religious aspects (Alegria et al., 2018; Davies-Cooper et al., 2014; Okoji et al., 2014; Cianconi et al., 2020; Mpofu & Machina, 2022).

Recent trends also show a significant shift to viewing mental well-being as a psychological disease requiring psychological interventions while considering positive indicators for improving mental states of well-being (Chowdhury, 2019; van Agteren et al., 2021; Wilson Fadiji et al., 2022; Wissing et al., 2022). Empirical reviews revealed that researchers in the west produce available instruments for mental health and well-being assessment. Understanding the construct of mental health and well-being through the African specs makes for meaningful understanding, development and interpretation of instrumentatation research to aid improved outcomes applicable to a different population. Owing to its estimation accuracy, the adaptive form of mental well-being assessment is an area for research exploration.

Also, the need for a comprehensive and coordinated response to mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors, as well as the private sector, as appropriate to the country situation (WHO, 2013). This approach must be adopted at the African regional level to account for region-specific situations. Considering that no blueprint action plan fits all countries, as countries are at different stages in developing and implementing a comprehensive response in the area of mental health, effective implementation of the global mental health action plan will require transdisciplinary networks consisting of academic and research institutions including the network of WHO collaborating centres for mental health, human rights, development agencies including international multilateral agencies such as the World Bank and United Nations development agencies, regional agencies, health and educational miniseries/agencies, and social determinants of health and other related networks, within Africa.

Others are civil society, including organisations of persons with mental disorders and psychosocial disabilities, service-user and other similar associations and organisations, family member and career associations, mental health and other related nongovernmental organisations, community-based organisations, human rights-based organisations, faith-based organisations, development and mental health networks and associations of health care professionals and service providers. The identified groups’ roles often overlap and can include multiple actions across governance, health and social care services, promotion and prevention of mental health, and information and commissioned evidence-based research. Country-based assessments of the needs and capacity of different partners will be essential to clarify the roles and actions of key stakeholder groups. This position points to the role of transdisciplinary sustainability science, characterised by reflexivity and applicability, on a meta-level regarded as a novel approach to mental well-being research (Spangenberg, 2011). Eloff et al. (2022) highlight that while well-being research has grown exponentially in the last two decades, student well-being research at the tertiary level (Baik et al., 2019; UNICEF, 2022) is still an emerging field in Africa. This stance forms a strong basis for further research in this direction.

Multi-phased constructs are embedded in a broader context of the situation, knowledge and learning spheres within a field of vision. However, fields of vision are limited to the research team’s
experiences, knowledge and worldviews. The transdisciplinary science of sustainability is an approach to tackling complex adaptive mental health and well-being systems (Medni, 2010) through the lens of the involved researchers and participants. Beyond this field of vision is the unknown, including future persistent uncertainty (Mitchell et al., 2015); that is, what we do not know, we do not know, such as future shocks. The boundary acknowledges that project resources also bound research in time and space, requiring strategic thinking about realistic spheres of influence and how contained research projects can leave a wider positive legacy.

ACKNOWLEDGEMENTS

This publication was made possible (in part) by a grant from the Carnegie Corporation of New York. The lead author gratefully acknowledge support from the Future Africa Research Leader Fellowship (FAR-LeaF) Programme at the University of Pretoria. The statements made and views expressed are solely the responsibility of the authors.

REFERENCES


