

# Prevalence of common mental illnesses in Ethiopia: A systematic review and meta-analysis

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## ABSTRACT

**Background:** Common mental health illnesses including depression, anxiety and psychological distress are public health problems, with detrimental physical health, psychosocial and economic consequences. Ethiopia has been experiencing staggering patterns of common mental health problems. This is further complicated by lack of scientific evidence about the magnitude of the problem across population characteristics. This meta-analytic review thus aims to pool the prevalence of common mental health problems by clinical status, demographic subgroups, types of mental illnesses and time.

**Methods:** A systematic review and meta-analysis was conducted to estimate the national pooled prevalence of common mental illness among Ethiopian general and patient populations. A search of published studies was done using PubMed, MEDLINE, CINAHL, African Journals Online, and Google Scholar. I2 statistics and Egger regression asymmetry test used to assess heterogeneity and publication bias, respectively. Random-effects model was used to pool the prevalence of common mental illnesses using STATA software.

**Results:** The prevalence of common mental illnesses was higher among patients with comorbid conditions (36.43%). The prevalence of common mental illnesses in Ethiopian general population was also high (21.58). Women experienced higher rates of mental illnesses than their men counterparts (OR = 1.52). Common mental illnesses were consistently prevalent across other study population characteristics.

**Conclusions:** A significant proportion of Ethiopian population is affected by common mental illnesses particularly depression and anxiety, although the rates are fairly higher in women than men. Routine screening for mental illnesses in patients with other comorbid diseases or in the general public may benefit the mental health status of Ethiopians.

## 1. Introduction

Common mental health illnesses including depression, anxiety and psychological distress are public health problems (Association, 2013), with detrimental physical health (Penninx, Milaneschi, Lamers, & Vogelzangs, 2013), psychosocial (Weintraub, Van de Loo, Gitlin, & Miklowitz, 2017) and economic (Harada et al., 2017) consequences such as interpersonal problems (DiBello, Preddy, Overup, & Neighbors, 2017), marital instability (Sandberg-Thoma & Kamp Dush, 2014) and high healthcare utilization (Sherbourne et al., 2017). Globally, these mental health disorders are so prevalent and are associated with a range of factors including poverty, lifestyle and other social disadvantages (Desjarlais, 1995; Patel & Kleinman, 2003). For example, there was up to a 31% increase in depression rate in the last three consecutive decades (Marcus & Olfson, 2010; Olfson et al., 2002; Skaer, Sclar, Robison, & Galin, 2000). The rate of chronic diseases morbidity and mortality is

also higher in people with mental illnesses with a twofold mortality among people with mental illnesses (Robson & Gray, 2007) both from natural and unnatural causes (Walker, McGee, & Druss, 2015). Overall, mental illness is responsible for 14.3% (8 million each year) of all deaths globally (Walker et al., 2015). Cognizant to this, UN's Sustainable Development Goals (SDG), Target 3.5, ambitiously targets to reduce the rate of premature mortality by one-third through effective prevention and treatment of common mental health problems by 2030 (UN, 2016). However, little is known about the prevalence of these problems by clinical status, across clusters of gender, types of mental health problems and other peculiar population characteristics. This may hinder tailoring appropriate interventions to achieve this target.

Ethiopia, as nation, has also been experiencing staggering patterns of common mental health problems (Fekadu, Medhin, et al., 2014). For example, some subpopulation experience up to 29% depression (Hailemariam, Tessema, Asefa, Tadesse, & Tenkolu, 2012; Mossie,

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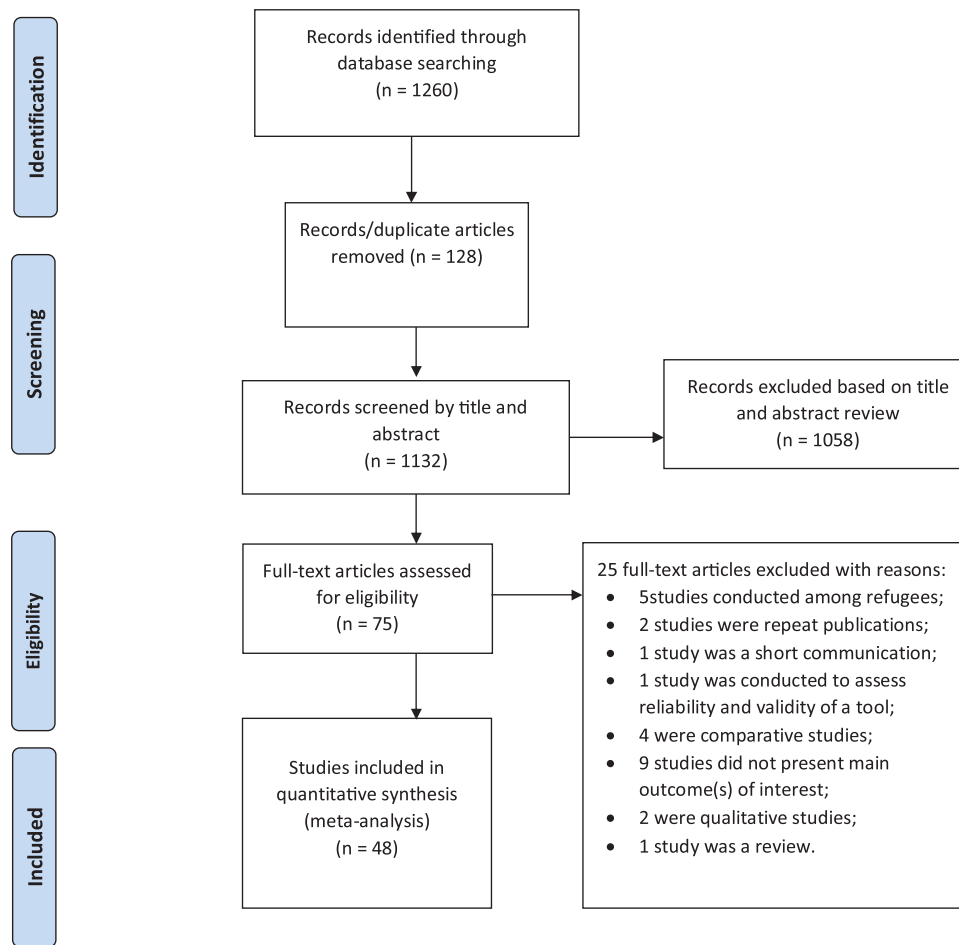


Fig. 1. Flow diagram of the included studies for the meta-analysis of prevalence of common mental illnesses in Ethiopia.

Kindu, & Negash, 2016), 28% anxiety (Mekuria et al., 2017) and 40% mental distress (Dachew, Azale Bisetegn, & Berhe Gebremariam, 2015; Melese et al., 2016), as well as a combination of one or more of these problems (Tegegne et al., 2015; Tesfaw et al., 2016; Tsegabrhan, Negash, Tesfay, & Abera, 2014). These disorders are associated with a shift in family dynamics, socio-demographic and lifestyle characteristics (Deyessa, Berhane, Alem, Hogberg, & Kullgren, 2008; Gelaye et al., 2012; Hailemariam et al., 2012; Melese et al., 2016; Mossie et al., 2016). These figures represent that the problem is well beyond the DSM-IV cutoffs for common mental illnesses (Kendler & Gardner, 1998). The rapidly increasing pattern of these mental health problems in the country may intertwine with rampantly common communicable diseases (e.g., HIV, TB) (Ambaw, Mayston, Hanlon, & Alem, 2017; Duko, Gebeyehu, & Ayano, 2015; Parcesepe et al., 2017; Tesfaw et al., 2016), non-communicable chronic diseases (Birhanu, Alemu, Ashenafie, Balcha, & Dachew, 2016; Dejenie Habtewold, Radie, & Sharew, 2015; Hailemariam et al., 2012), unintended teenage pregnancy (Ayele et al., 2016; Bisetegn, Mihretie, & Muche, 2016; Mossie, Sibhatu, Dargie, & Ayele, 2017), malnutrition (Jebena et al., 2016; Medhin et al., 2010) and insecurity including violence (Deyessa et al., 2009). These problems presumably compete for dearth healthcare resources that may have a domino negative effect on the overall well-being of the community as evidenced, for example, by 23% healthcare services uptake for depression (Hailemariam et al., 2012). In addition, the country's healthcare system lacks a scrutiny to common mental health problems, for lack of both physical and human resources (Hailemariam et al., 2012) as well as lack of commitment by key stakeholders (e.g., government). This is further complicated by the lack of scientific evidence about the magnitude of the problem across

population characteristics. For example, the country's Demographic and Health Survey (DHS) does not assess any type of mental health problems (Central Statistical Agency - CSA/Ethiopia, ICF, 2017) nor has it a separate survey that assesses these problems. That may challenge the allocation of available resources and that may apparently hinder the monitoring and evaluation of the achievement of respective SDG (UN, 2016).

This meta-analytic review thus aims to pool the prevalence of common mental health problems including depression, anxiety and mental distress in Ethiopia. It also explores the prevalence of these problems by clinical status (i.e., clinical vs. general population), across demographic subgroups (e.g., gender) and geopolitical administration clusters. As well, the study explores the magnitude of these problems in terms of the types of mental illnesses and time trend.

## 2. Methods

### 2.1. Study design and search strategy

This systematic review and meta-analysis was conducted to estimate the national pooled prevalence of common mental illnesses among the patient and general population in Ethiopia. A search of published studies was done using PubMed, MEDLINE, CINAHL, African Journals Online (AJOL) and Google Scholar. All studies published from 1999 up to October 23, 2017, were included in the review. Additional eligible articles were also retrieved by reviewing the references of the included studies. The search terms included "prevalence of mental illness OR depression OR anxiety OR mood disorders OR mental distress OR psychological distress OR psychiatric problems AND Ethiopia." Preferred Reporting

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