

Honorable Speaker, Hon Members

*Hon. Juliet KAVETUNYA  
Deputy-Minister of Health*

Allow to express my gratitude to the thousands of Namibians who exercised their democratic right by taking part in the last election in large numbers, their votes gave me the opportunity to come back to this August house. My thanks to His Excellency The President of the Republic of Namibia, Dr. Hage Geingob is unending, for his wisdom to assign me to the Ministry of Health and Social Service, as a deputy Minister, here is where my passion for care is rooted.

With humility I <sup>am</sup> ~~will~~ <sup>sing</sup> a long lasting praise song for our former President, His Excellency Hifikepunye Pohamba for his discovery of this Human Gem and gratefully <sup>ed</sup> ~~to~~ assign me huge responsibilities as Deputy Minister in the Ministry of Youth, National Service, Sport and Culture, what an experience?

*delivering my maiden speech & equally contributing*

Honorable Speaker, I am standing here to educate, to advocate and to create awareness for better understanding on mental illness among fellow Namibians. I deemed it necessary to inform this house of the socio- economic impact that this situation is having on our communities, how stigmatization and discrimination against mental disorders can become an economical burden to our GDP and to enlighten this August House on why we should invest on mental Health. In the same vain I am raising my voice on behalf of thousands of Namibians who are suffering in silence, who are stigmatized and rejected by the ones they once gave their whole. This condition can affect anybody; it's only our reaction to the problem that distinguishes one group from another...

Honorable Speaker

**Mental health** is a level of psychological well-being, or an absence of a mental disorder; it is the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment. According to World Health Organization (WHO) mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others.

Honorable Speaker, Honorable Members

A **mental disorder**, also called a **mental illness** or **psychiatric disorder**, in our different vernaculars this state of mind is often referred to in very derogatory phrases, like madness, malgeit, oviyoze and the list goes on. Mental illness is a mental or behavioral pattern or anomaly that causes either suffering or an impaired ability to function in ordinary life (disability), and which is not a developmental or social norm. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or the rest of the nervous system, often in a social context. Mental disorder is one aspect of mental health. The scientific study of mental disorders is called psychopathology.

The causes of mental disorders varied, in some cases is unclear and theories may incorporate findings from a range of fields. Services of Mental illnesses are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, clinical psychologists and clinical social workers, using various methods but often relying on observation and questioning. Clinical treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options, as are social interventions, peer support and self-help. In a minority of cases there might be involuntary detention or involuntary treatment, where legislation allows. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion. Prevention of Mental illness became the modest paradigm shift in some mental health strategies

Honorable Speaker, Honorable Members

There are many different categories of mental disorder, and many different facets of human behavior and personality that can become disordered. Anxiety or fear that interferes with normal functioning may be classified as an anxiety disorder.

Commonly recognized categories include specific phobias or better known extensive fear, generalized anxiety disorder, social anxiety disorder, panic disorder, agoraphobia (fear for crowds or openness), obsessive-compulsive disorder and post-traumatic stress disorder.



Other emotion or mood processes can also become disordered. Mood disorder involving unusually intense and sustained sadness, melancholia or deep sadness is known as major depression. Bipolar disorder involves abnormally "high" or pressured mood states, known as mania or hypomania, alternating with normal or depressed mood.

Patterns of belief, language use and perception of reality can become disordered (e.g., delusions, thought disorder, hallucinations). Psychotic disorders in this domain include schizophrenia, and delusional disorder. Schizoaffective disorder is a category used for individuals showing aspects of both schizophrenia and affective disorders.

Personality is the fundamental characteristics of a person that influence thoughts and behaviors across situations and time, this may be considered disordered if judged to be abnormally rigid and maladaptive. A number of different personality disorders are listed, including those sometimes termed as "eccentric", such as paranoid, lack of interest in social relationships, secretiveness and solitary lifestyle personality disorders; types that have described as "dramatic" or "emotional" are antisocial, borderline, excessive attention-seeking emotions and inappropriately seductive behavior personality disorders; and those sometimes are fear-related, such as dependent, or obsessive-compulsive personality disorders. The personality disorders in general are defined as emerging in childhood, or at least by adolescence or early adulthood. This also has a category for enduring personality change after a catastrophic experience or psychiatric illness. There is an emerging consensus that personality disorders, like personality traits in general, actually incorporate a mixture of acute dysfunctional behaviors that may resolve in a person to develop an extensive complex about oneself, like all a sudden to see yourself very superior of very inferior. Acting like being a President of a country and to address non-existing big crowds are most common in this disorder.

Honorable Speaker, Honorable Members

Eating disorders involve disproportionate concern in matters of food and weight. Categories of disorder in this area include anorexia nervosa, bulimia (too much eating) nervosa, exercise bulimia or binge (night) eating disorder. Sleeping disorders

such as insomnia involve disruption to normal sleep patterns, or a feeling of tiredness despite sleep appearing normal. Sexual and gender identity disorders may be diagnosed including, ego-dystonic (Sexual Orientation) among homo or bisexuals.

Various kinds of paraphilia or intensive sexual arousal are considered mental disorders (sexual arousal to objects, situations, or individuals that are considered abnormal or harmful to the person or others).

People who are abnormally unable to resist certain urges or impulses that could be harmful to themselves or others, may be categorized as having an impulse control disorder, and disorders such as kleptomania (stealing no reason) or pyromania (setting things on fire). Various behavioral addictions, such as gambling addiction, may be classed as a disorder. Obsessive-compulsive disorder can sometimes involve an inability to resist certain acts but is classed separately as being primarily an anxiety disorder.

The use of drugs (legal or illegal, including alcohol), when it persists despite significant problems related to its use, is defined as a mental disorder. Disordered substance use may be due to a pattern of compulsive and repetitive use of the drug that results in tolerance to its effects and withdrawal symptoms when use is reduced or stopped. There a number of memory or cognitive disorders, amnesia or various kinds of old age dementia, includes Alzheimer.

A range of developmental disorders that initially occur in childhood may be diagnosed, for example autism spectrum disorders, oppositional defiant disorder ,conduct disorder and attention deficit hyperactivity disorder (ADHD), which may continue into adulthood. Conduct disorder, if continuing into adulthood, may be diagnosed as antisocial personality disorder. Popularist labels such as psychopath or sociopath do not appear on their own, but are linked by some to these diagnoses.

Factitious disorders, such as Munchausen syndrome, are diagnosed where symptoms are thought to be experienced are deliberately produced and reported for personal gain. This might be instances like when a husband fakes a seizure or pretend to faint every time when the wife decides to go out, just to keep her home.

Honorable Speaker, Honorable Members





This are some facts that I would like the honourable members to take serious, as mental health is a real problem and require a massive intervention form us as individuals, parents, and Leader in our respective spheres. The situation needs real champions like me and you. 20% of the children and adolescents have mental disorders or problems! About half of mental disorders begin before the age of 14 and similar types of disorders are being reported across cultures. Neuropsychiatric disorders are among the leading causes of disability in young people. War and disasters have a large impact on mental health and psychosocial well-being. Human rights violations of people with mental and psychosocial disability are routinely reported, these include physical restraint, seclusion and denial of basic needs and privacy. There is huge inequity in the distribution of skilled human resources for mental health: In Namibia shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers in providing sufficient treatment and care. There are less 5 psychiatrists and handful psychiatric nurses in the entire Namibia. Among the facts is the reality at our Psychiatric division which is self explanatory and that sends an alarming sign to us as leaders: In 2014/2015 the statistics are as follows:

We recorded 613 new first visits; Our Patients/Clients which include Revisits, Home Visits, and Admissions were 6436 in total while Forensics Psychiatry recorded 125. The State President Patients were 7 and those who are Awaiting trials or under observations are also 7.

### **What are the long term benefits of investing in mental health for health and non health systems?**

In principle there are many benefits to be realised from better mental health. Good mental health implies that an individual is able to cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to the economic wellbeing of society. Children who experience better mental health and wellbeing may be more likely to do well at school, increasing the career prospects later in life. In contrast children who experience severe behavioural problems generate high demands on the education and social care systems as well as on health services, with adverse consequences that can persist into adulthood. Positive mental health or mental capital allows for cognitive and emotional flexibility, which is the basis for social skills and resilience in the face of stress. Better mental health has been

associated with better creativity and innovation. In contrast workers with recurrent bouts of depression will have higher than average absenteeism rates, and may be relatively unproductive when at work. Having a mentally healthy labour force is important Strategic goals. Older people may be at higher risk of depression and social exclusion, which in turn can have negative aspects on their physical health. New mothers can experience post natal depression which can have long term adverse consequences not only for their health, but also the health of their children and their work. Yet while work has been undertaken to support investment in health systems in general to help promote health and generate economic growth, however less attention has been paid to the specific contribution of mental health; in fact this lack of attention has meant that the potential economic benefits of investment in health systems are probably underestimated. This is of concern, given that historically mental health services can be very vulnerable to cuts when economic conditions are tight. Strengthening the emphasis on mental health within the public health and health promotion functions of health systems could help avoid some of the economic burden of poor mental health and potentially be economic attractive. Focusing on population level interventions, with major emphasis on prevention, small improvements can translate into significant public health gains.

In conclusion Honorable Speaker, Honorable Members, If I might touch a disorder that persistently bothering you in this speech I humbly urge you to consult a Psychologist or any other professional as soon as possible, this can be treated. At this juncture allow me to remind the Honorable members that we are having the right tools to change the negative perceptions regarding mental illnesses. Just go out with a positive outlook on these conditions inspired by the powerful phrase of Bill Clinton that says: "Mental Illness is nothing to be ashamed of, but stigma and bias shame us all."

I support the bill.

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**I thank you!!!**

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