

Mental Health and Public Sector performance:

***Exploring root causes of Public Administrative
dysfunction beyond conventional thinking.***

Case study of Lesotho Civil Service.

Makatleho Manyamalle

Table of Contents

AFRICAN ASSOCIATION FOR PUBLIC ADMINISTRATION AND MANAGEMENT (AAPAM)	Error! Bookmark not defined.
ABSTRACT.....	2
CHAPTER 1	3
1.1 Background and Country Context.....	3
1.2 Problem Statement.....	3
1.3 Objective of the study.....	5
1.4 Significance of the Study.....	5
CHAPTER 2: LITERATURE REVIEW	6
2.1 Definition of key terms	6
2.2 Conventional root causes of dysfunctional public administration	8
2.3.2 Depression.....	10
2.3.3 Post-Traumatic Stress Disorder (PTSD).....	10
2.3.4 Schizophrenia.....	10
CHAPTER 3.	12
3.1 Methodology.....	12
3.2 Research Procedure	12
3.3 Population and Sampling	12
3.4 Limitations.....	12
CHAPTER 4	14
4.1 Findings	14
CHAPTER 5.....	19
5.1 Discussion.....	19
CHAPTER 6	23
6.1 Conclusion.....	23
6.2 Recommendations	24
Chapter 7.....	26
7.1 References	26

ABSTRACT

Lesotho is characterized by poor service delivery and maladministration. Scholarly literature argues that the root causes are political interference, nepotism, technological gaps, corruption, financial constraints, and knowledge gaps. Nonetheless, this paper argues that analysis of the root cause requires exploration of the unseen dimensions-unaddressed mental health issues in the public sector. Mental health issues-stress, low morale, anxiety, depression, burnout- can cause behavioral changes in the workplace capable of stifling agility and citizen-centered public service delivery. Integrating mental health and wellness in public administration policy can unlock positive attitudes and innovation geared towards the desired African public administration. The study references People management theories, Behaviorism theories, Emotional and psychological theories, and a case study, to prove that mental health is a menace to development. The study calls for a paradigm shift from traditional hierarchical government structure to human capital-centered systems that put mental health and wellness of public officers at the center of development dialogues. It further acknowledges mentally healthy public officers as an innovation hub capable of driving the achievement of agile public administration and citizen-centric public service delivery.

CHAPTER 1

1.1 Background and Country Context

Lesotho, officially known as the Kingdom of Lesotho, is a landlocked country and enclave, surrounded by its only neighboring country, South Africa. Its capital and largest city is Maseru. The name *Lesotho* translates roughly into *the land of the people who speak Sesotho*. Lesotho covers an area of 30,355 km² (11,720 sq mi) and has a population of approximately 2,363,325.

The Country is not only characterised by the dramatic landscape of highlands and plateaus, but also ranked the 52nd country globally, and the 38th country in Africa by the Public Service Index, which measures the quality and availability of Public Services. This suggests that the public administration is not agile enough, and an improvement is urgently needed as a need for achievement for the desired Agile Public Administration that will drive for human-centric governance.

1.2 Problem Statement

Lesotho has been listed among the unproductive countries with poor service delivery which compromises the agile public administration. With the public sector being the primary and majority employer, the poor service delivery experience is largely blamed on maladministration which results in failure to deliver human centric services. The Government of Lesotho introduced the rules and regulations governing the Civil service, for example, the Public Service Act 2005, The Public Service Regulations 2008 and The Codes of Good Practice 2008-to monitor and manage the public servant's behaviour. These laws mainly focus on dictating how a public servant is expected to behave both at the workplace and privately, and what remedial actions should be taken if they fail to do so. Despite the clear implementation of these rules and regulations, the employee's unwelcome behaviour persists. To control and curb the behaviour, the Government further initiates training, conferences and other activities to

strive for better behaviour to enhance agile public administration for achievement of human centric governance.

However, this paper argues that all these initiatives are implemented without considering an employee as an individual but rather a machine that is expected to behave in robotic manner and deliver services against all odds. Previous researchers to concluded that the root causes of public administrative dysfunction emanate only from identified causes like corruption, nepotism and knowledge gaps. This paper argues that this was an omission and an oversight that overlooked the fact that the Public Sector is composed of individuals as employees with different backgrounds, experiences, goals, and lifestyles. When conducting their research, they focused solely on the holistic root causes of administrative dysfunction, ignoring the mental health and wellness of employees as individuals.

Several theories including Maslow Hierarchy of needs, self-determination theory, Job demands-resource theory, Emotional intelligence and positive psychology support the need for mental health wellbeing of employees in the workplace. Maslow proposed that human needs are hierarchical, ranging from basic physiological needs to self [actualisation. He](#) further suggested that employee's mental health and well-being are essential for meeting higher level needs, such as esteem and self actualisation.

The country has a national policy framework that are implemented for the nation as a whole not linking or cascade down to the Public Service regulations governing the public sector. The gap between the National policies, strategies, and other interventions and the Public Service policies calls for review of the public service regulations, so that both initiatives integrate. It is with this background that the paper aims to further prove that the inclusion of mental health wellness and wellbeing for the Public Officers will assist the government in achieving agile public administration for human-centric governance.

1.3 Objective of the study

- The paper aims to look beyond the previously identified root causes of Public Sector Administration dysfunction and explore the impact of unseen factors, such as unaddressed mental health issues experienced by the employees. With the use of theories and a case study, this paper seeks to show that mental health is a threat to better development if neglected, which can hinder agile public administration.
- It further aims to look at the performance of the current integrating mental health and wellness programmes to unlock potential, innovate, change attitudes, and motivate employees to work towards human-centric governance and desired Agile public administration.

1.4 Significance of the Study

- The study will shed light to policy-makers and the Ministry of the Public Service can integrate both the national and the public service policies, as public servants will be considered as individuals with different backgrounds, challenges and experiences that have shaped how they behave and think. By exploring these underlying root causes, mental health issues will be considered or added to the list of root causes of employees' behaviour in the workplace.
- The study will also assist the country in formulating more effective mental health policies and programs, and enhance the implementation of current policies to achieve challenges, to achieve human-centric governance without hesitation.

CHAPTER 2: LITERATURE REVIEW

2.1 Definition of key terms

2.1.1 Mental Health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning.

(<https://Who.int/newsroom/fact-sheets/details/mental-health-strengthening-our-response>)

2.1.2 Mental Health Issues

A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as *mental health conditions*.

Mental disorders (Reference)

2.1.3 Public Sector

According to this paper, the public sector is a part of the economy that comprises all organizations that are owned and operated by the government. This includes Ministries and Agencies in Lesotho. The main purpose of the public sector is to provide services that are considered essential for the well-being of society.

2.1.4 Dysfunctional Public Sector

In simple terms, an organization is dysfunctional when it operates in a way that is not consistent with the goal it's supposed to pursue.

2.2 Conventional root causes of dysfunctional public administration

However, Scholarly literature argued that the conventional root causes of administrative dysfunction in the Public Sector are as follow

2.2.1 Political interference and Nepotism

These are considered to contribute to maladministration and dysfunction of the country's Public Sector because they undermine the key principles of good governance. For example, politicizing the Public Service (recruitment and promotions) and Security forces, as well as the erosion of meritocracy and accountability, reduce efficiency and competence, resulting in an unagile public administration.

2.2.2. Corruption and Bribery

Corruption's contribution leads to misappropriation of funds, undermining of institutional integrity and creation of an environment of inefficiency. In Lesotho, both practices hinder agile public administration and minimise human-centric governance and service delivery, particularly in critical areas like public procurement.

2.2.3. Technological, knowledge, and information gaps

A lack of modern infrastructure and digital skills prevents the practice of agile public administration in serving the Basotho nation. Both gaps negatively impact the human centric governance and create weakened decision-making and planning by government ministries which often lack the data and analytical tools needed to make informed decisions. For example, many government processes depend on outdated, paper-based systems, leading to slow processing times for services such as licenses and passports. Without uniform and integrated digital platforms, it is difficult to track government spending and processes, which can lead to corruption and mismanagement.

2.2.4 Financial Constraints

Limited financial resources are a leading contributor to maladministration and dysfunction. As limited as they are, issues such as corruption, mismanagement of revenue, and rigid public wage bill create an environment of limited resources for essential services. This leads to a decline in service delivery and a cycle of fiscal instability, which results in a failure to meet developmental goals and practice of an agile public administration.

2.3 Mental health issues as underlying causes as per the paper

This paper argues that the underlying root causes of public administration dysfunction cuts deeper than the identified root causes that generalised individuals as employees or civil servants. The paper is to focus on causes of their behaviour as individuals. It is suggested that the public servant's mental health wellness be considered. And mental health issues to be considered and mental health issues should be considered underlying root causes of employee's behavior, especially when they are when they are conversant with laws governing them, such as The Codes of Good Practice 2008.

The following are some of the mental health issues believed to play a part in employees' behaviour both at the workplace and in their private lives.

2.3.1 Anxiety disorders

Characterised by excessive fear and worry and related behavioral disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several types, such as generalised anxiety disorder, panic disorder and social anxiety disorder.

2.3.2 Depression

Different from usual mood fluctuations and short-lived emotional responses. During a depressive episode, the person experiences a depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for at least two weeks. Other symptoms include poor concentration, feelings of excessive guilt or low self-worth, hopelessness, disrupted sleep, changes in appetite. People with depression are at an increased risk of suicide.

2.3.3 Post-Traumatic Stress Disorder (PTSD)

May develop following exposure to an extremely threatening or horrific event. It is characterised by re-experiencing the event or events in the present (intrusive memories, flashbacks), avoidance of thoughts and memories or people reminiscent of the event, and persistent perceptions of heightened current threat. These symptoms persist for at least several weeks and cause significant impairment in functioning.

2.3.4 Schizophrenia

Characterised by significant impairments in perception and changes in behaviour. Symptoms may include persistent delusions, hallucinations, disorganised thinking, or extreme agitation. People with schizophrenia may also experience persistent difficulties with their cognitive functioning.

2.3.5 Disruptive behaviour and dissocial disorders

This disorder, also known as *conduct disorder*, is one of two disruptive behaviour disorders, the other is oppositional defiant disorder. These disorders

are characterised by persistent behaviour problems that violate the basic rights of others or major age-appropriate societal norms, rules, or laws.

2.3.6 Neurodevelopmental disorders

Behavioural and cognitive disorders that arise during the developmental period, and involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions. This includes intellectual development, autism spectrum disorder (ASD), and attention deficit hyperactivity disorder (ADHD). ADHD is characterised by a persistent pattern of inattention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning.

CHAPTER 3.

3.1 Methodology

The study aims to examine the impact of mental health issues on employees' behaviour at the workplace and how this contributes to agile public administration. The paper will discuss the issues that hinder Human-Centric governance and current national different programmes and policies drive human-centric governance.

To conduct this research, the mixed-method design incorporating both qualitative and quantitative strategies will be used. This approach will help the researcher gain a comprehensive understanding of the relationship between mental health wellbeing and employee behavior, as well as contextual information, and ensure the validity and reliability of the findings.

3.2 Research Procedure

The research will be conducted using questionnaires and in a participatory observation method, where respondents will be assisted in going through the questionnaire. National reports will also be used.

3.3 Population and Sampling

The Civil Service of Lesotho consists of various Ministries with a population of a certain number of employees, with different grades and positions. Through a random sampling technique, six(6) ministries will be used, and employees will be divided into three categories by the grades they occupy. Each category will be represented by 5 respondents.

3.4 Limitations

The mixed-method approach requires careful planning on how to combine the findings

and resolve potential discrepancies. It also requires significant resources, including time, effort, and expertise. The researcher did not have much time to administer the questionnaire to other districts of the country, especially the rural areas.

CHAPTER 4

4.1 Findings

The questionnaire administered to the employees was to determine the impact of mental health issues on employee's behaviour at the workplace and assess the effectiveness of current national policies and interventions on Mental Health wellness.

Ninety percent of the employees are familiar with the rules and regulations governing the public service, although they are not happy with their focus. As the paper mentioned earlier that the rules and regulations concentrate more on directing employees towards good behaviour that will lead towards maximum production and good service delivery. Their unwelcome behaviour perceived as misconducts by employer, regardless of the underlying root causes.

The paper will now delve more deeply into the findings on each sampled mental health issue and how it affects employee's behaviour and disrupts agile public administration.

4.1.1. Anxiety

Eighty percent of respondents agreed that the constant worry and intrusive thoughts consume mental resources, making it difficult for an employee to concentrate on tasks. This leads to increased errors, missed deadlines, and a general decline in the quality and quantity of work produced. They also mentioned that anxiety sometimes triggers a situation where an employee becomes so overwhelmed by the fear of making a mistake that they struggle to make any decision at all. Through their experience with colleagues who were disciplined, they fear even being creative and going beyond their job descriptions as they are often in a "fight-or-flight" mode, which narrows their focus and stifles creative thinking. This makes it difficult to innovate, brainstorm new ideas, or find effective solutions to complex problems.

Physical symptoms like headaches, fatigue, and muscle tension makes it difficult for them to come to work or perform effectively.

4.1.2 Depression

95 percent of the respondents agreed that depression has a serious and dangerous impact on employee's behavior at the workplace, affecting both individuals and teams. The most discussed impact was "*presenteeism*," where an employee is physically at work but is not functioning at full capacity. This is often more costly to employers than absenteeism. When they feel depressed, their brain functionality decreases, and they experience difficulty concentrating, memory problems and poor judgment and difficulty prioritizing and completing tasks. A lack of interest or pleasure in activities or assignments previously enjoyed leads to a decrease in motivation and a reduction in creativity and innovation. Due to the cognitive and motivational challenges, they miss deadlines and produce work of a lower quality.

4.1.3. Stress

One hundred percent of respondents indicated that stress critically impacts employees' behaviour, leading to negative changes in conduct. High levels of stress often lead to presenteeism. When stressed, they experience an increase in errors and a decline in work quality. Stress leads them to take continuous sick days and is a primary reason for them to want to leave their jobs, although they cannot do so because most are in debt. They mentioned that when stressed, they become more irritable, impatient, and withdraw from social interactions, which lead to increased conflicts with colleagues and supervisors. A stressful environment leads to lower overall morale and job satisfaction, which can create a toxic atmosphere.

4.1.4. Schizophrenia

Respondents highlighted that they might have experienced Schizophrenia symptoms without being aware of what was affecting their behaviour. They experience social withdrawal and find social interactions draining, which is often misinterpreted by colleagues as being antisocial, leading to isolation. Some of their colleagues with disorganized speech make conversations difficult to follow, while others with delusions and hallucinations exhibit unusual or socially inappropriate behaviour. Some employees are always paranoid or suspicious, which creates a hostile environment.

4.1.5. Burnout

Forty percent of respondents described that they might not know if they are experiencing burnout or just being mentally and physically tired. While sixty percent concluded that during a burnout, their ability to perform their job effectively declines. They make more mistakes, struggles to meet deadlines, and produce subpar work due to a lack of mental and physical energy. This often manifests as "presenteeism," where the employee is physically at work but mentally checked out. They often have difficulty concentrating, remembering key details, and making sound decisions. Their problem-solving and creative thinking abilities diminish as their energy is consumed by feelings of exhaustion and cynicism. Employees who once felt competent now feel like they cannot accomplish anything. This lack of achievement leads to a loss of motivation and a sense of hopelessness. When experiencing what some perceive as burnout, they often become cynical and irritable, which leads to increased conflict with colleagues and managers. They become mentally distant from their jobs and stop caring about their work, colleagues, or the organisation's goals.

4.1.6. Disruptive behaviour and dissocial disorders

Some respondents were not familiar with the disorder's name but had a full picture of how the employees with the disorder behaved when it was explained to them by the researcher. Eighty percent mentioned that the behavioral manifestations of these disorders can damage an organization's culture and its employees' morale. Employees with these disorders may experience negative interpersonal relations, as there is a lack of empathy and remorse, which can manifest as bullying, intimidation, and a tendency to blame others for their own mistakes. They also agree that their colleagues and they sometimes experience hostility and aggression, which leads to frequent conflicts, verbal abuse, or even physical altercations. This hostile behavior creates a fearful environment. People with these disorders actively resist or defy authority figures, leading to a consistent refusal to follow company policies, which creates a challenge for leadership.

4.1.7. Neurodevelopmental disorder

Respondents indicated that they have noticed colleagues who they believe have noticed colleagues who they believe neurodevelopmental disorder. They have noticed colleagues who have difficulties with focus and organisation. For example, inattention and impulsivity leads to difficulties with time management, prioritizing tasks. As a result, employees sometimes miss deadlines, struggle with long-term projects, or produce work of a lower quality.

The respondents also remembered that they have as well noticed colleagues who are challenged with social communication and have difficulties with social interactions and interpreting non-verbal cues. They also struggle to adapt to changes in routine, which

can hinder productivity.

4.2 Performance of National Mental Health Interventions

The study was to look at the performance of the current national mental health and wellness programmes. Ninety-four percent of the respondents were aware of the services offered by the government for mental health wellness, especially by Mohlomi Hospital. They stated that they access services provided for mental health wellness as Basotho citizens, not as public servants. They added that the Mental Health element is not considered in the public sector or its impact on their behaviour.

4.3 The Ministry of the Public Service (LIPAM)

Sixty percent of the respondents were not aware of the Public Service intervention on mental health wellness, while the remaining percentage were aware but did not think the initiative addressed the study's concern.

CHAPTER 5

5.1 Discussion

As per the findings, most respondents agreed that mental health issues have a direct influence on employees' behaviour. Some of the respondents did not have clear names of the mental health conditions, but were aware of the symptoms. The paper further discovered that the symptoms of the mental health conditions are similar to each other, which causes confusion.

This paper confirms that indeed mental health conditions are the underlying, unconsidered, and unaddressed root causes of dysfunctional public administration, more than the ones discussed by the previous scholars. The desired agile public administration we want is still a far-fetched goal if we ignore the fact that employees are individuals with different backgrounds, challenges, and experiences. The holistic behavioural expectation and disciplinary approach that the public sector is currently practicing on employees will not drive us towards human-centric governance.

The study was also supported by the responses that gave out practical examples of the employee behaviour when going through mental health conditions.

5.1.1 Absenteeism and presenteeism.

Respondents mentioned that they are often mentally absent while physically present at the workplace, and this costs the employer more than when the depressed employee is physically absent. They perform duties for the sake of performance, which results in more errors and delays. This results in a failed agile public administration as the clients are rendered substandard services by present public officers, while no services are rendered by absent employees.

5.1.2 Social isolation

When employees experience mental health issues like depression and anxiety, they isolate themselves from other colleagues and teams. This could be due to low self-esteem, fear, or avoidance of grounded places. Without colleagues' knowledge of what she is going through, her behaviour is often misinterpreted and results in conflicts and negative perceptions about her. As a result, the goal to achieve agile public administration fails, and the provision of human-centric services will be negatively affected as the colleagues might not share with her adequate information with her as a punishment.

5.1.3 Mood swings

Agile public administration thrives in a VUCA world—one marked by volatility, uncertainty, complexity, and ambiguity. But emotional volatility introduces its own challenges. When employees are experiencing mood swings, they disrupt decision-making. An example given by respondents about a Director who should make a decision that a decision made in a bad mood will not will not be the same as the decision made in a good mood, which means there will be no consistency in his/ her decisions. Agile governance demands rapid, iterative decisions. Mood swings can lead to inconsistent choices, hesitation, or impulsivity, undermining strategic agility. Emotional instability can erode psychological safety, reduce transparency, and create interpersonal friction, which can delay responses or cause erratic shifts in priorities, especially in crisis scenarios.

4.1.4 Turnover

Although the turnover rate is not that alarming, it happens. Hard-working and experienced employees resign due to the toxic work environment and unbearable working conditions brought on by colleagues with unidentified and unaddressed mental health conditions. This means the public sector keeps on recruiting and training new employees, which delays services offered to the nation and also costs the government, as the funds used to train new employees could have been used to address other needs.

5.1.5 Resistance to change, Insubordination and Hostile behaviour

These are symptoms of some mental health conditions experienced by the employees with disruptive behaviour and dissocial disorders. An employee with disruptive behaviour disorder is characterised by a behavioural pattern that violates social norms, rules, or the rights of others. One respondent supported that mental health conditions are a major cause of behaviour that does not promote agile public administration by giving an example of an employee who is forever against or challenges management decisions.

The second example was of a colleague who comes to work intoxicated and demands better treatment, claiming that he is entitled to do so as the Chief Accounting Officer of that Ministry is his relative.

5.2 National Interventions programmes.

The study's other objective is to assist the country in formulating more effective mental health policies and programs, and to enhance the implementation of current policies against all challenges, to drive us to human-centric governance. Lesotho continues to struggle with escalating mental health issues, despite the approval of a new Mental

Health Policy and Strategic Plan (2023-2027) launched at the end of 2024. According to the new nearly 431,000 out of Lesotho's population of 2.2 million people suffer from some form of mental illness. The numbers reflect a growing crisis that has put immense pressure on the country's only psychiatric hospital, Mohlomi Hospital. One of the most pressing challenges is a critical shortage of mental health professionals, which has left many patients in limbo. The lack of mental health professionals, combined with insufficient infrastructure, has led to a backlog of cases. While the new Mental Health Policy lays out several key initiatives to address these challenges, the implementation has been slow. One of the main goals—deploying at least two psychiatric nurses per district and training general doctors to handle mental health cases—has not yet been realized. Additionally, Lesotho continues to operate under its outdated 1964 Mental Health Law, with proposed amendments still sitting in Parliament.

CHAPTER 6

6.1 Conclusion

The mental health situation in Lesotho remains critical, with the government facing mounting pressure to implement the new Mental Health Policy and Strategic Plan (2023–2027) and address the issues at Mohlomi Hospital. The lack of proper facilities, a shortage of mental health professionals, and outdated laws have left many Basotho without the care they urgently need. However, the global call for transformation in mental health systems, as outlined by the WHO, offers hope that changes will be made to ensure that those affected by mental health issues in Lesotho receive the care and support they deserve.

The public sector automatically inherits the challenges experienced by the country, hence, which is why, until today, there is still no mental health policy for the Public Servants. As long as this challenge is ignored and priority is not given to the alarming impact of mental health conditions on public servants' behaviour, the agile public administration will never see the light of day. Mental health wellbeing should be a priority, a human right, and a basic need just like physical wellness to drive the country toward human-centric governance.

6.2 Recommendations

- Prior to drafting the Mental Health wellness Policy for the Civil Servants, the Government, through the Ministry of Health, should urgently drive the replacement of the outdated 1964 Mental Health Law with modern legislation aligned with WHO guidelines.
- Relevant stakeholders should be included during the drafting of the Public Service Mental Health Policy. For example, the Ministry of Health, Public servants who experienced Mental health conditions, etc.
- Urgent drafting of the policy, as each day employees are sitting in the disciplinary hearings and being dismissed, while some are contemplating resigning from the toxic work environment.
- Human Resources staff members, relevant consultants from Lesotho Institute of Public Administration and Management (LIPAM), and senior managers should be trained on mental health issues for uniform interpretation and handling of the cases. This will also expand the Mental Health workforce by the already serving officers to avoid increasing wage bill.
- Also, educating Civil Servants through the Ministry of the Public Service (LIPAM) consultants will also increase understanding of Mental Health wellness and minimise the degree of stigma attached to mental health issues.
- As per the new Mental Health Policy and Strategic Plan (2023-20270, the Ministry of Health plans to deploy at least two psychiatric nurses per district, which will assist the civil servants from the rural areas of Lesotho where some facilities are not easily accessible.
- The country should effectively implement the Community-based mental health interventions, which are primarily focused on decentralizing mental health services and

integrating them into the existing primary healthcare system. This approach is crucial given the country's rugged, mountainous terrain and the shortage of mental health professionals.

- Effective digital solutions for mental health interventions should be implemented. Lesotho is making strides in leveraging digital solutions to address the significant challenges in its mental healthcare system, particularly the severe shortage of professionals and the difficulty of reaching people in remote, mountainous areas.
- Mental health interventions for youth, gender-based violence survivors, and other vulnerable populations are primarily delivered through community-based programs and an integrated approach within the existing health system. These initiatives are often run by NGOs in partnership with the government to address the specific needs of these groups.
- Incentivize mental health specialization through scholarships and career development programs.
- Professionalisation of the field to ensure legal protections for patients, including rights-based approaches to care and treatment.
- Integrate Mental Health into Primary Care

Chapter 7

7.1 References

- (1) https://www.theglobaleconomy.com/rankings/public_services_index/
- (2) (<https://Who.int/newsroom/fact-sheets/details/mental-health-strengthening-our-responce>)
- (3) <rakolobe.zp184739.pdf>
- (4) Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx), (<https://vizhub.healthdata.org/gbd-results/>, accessed 14 May 2022).
- (5) Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*. 2019;394,240–248.
- (7) Laursen TM, Nordentoft M, Mortensen PB. Excess early mortality in schizophrenia. *Annual Review of Clinical Psychology*, 2014;10,425-438.
- (8) Mental health atlas 2020. Geneva: World Health Organization; 2021
- (9) Lesotho Faces Growing Mental Health Crisis Despite New Policy and Strategic Plan - Lesotho NewsDesk
- (10) Lesotho Faces Growing Mental Health Crisis Despite New Policy and Strategic Plan - Lesotho NewsDesk