# LIST OF FRAMEWORKS AND MODELS

**African Human Factor Perspective** *(Chivaura & Mararike, 1998)* A development framework grounded in African epistemology holding that human wellbeing depends on the cultivation of moral capital, values, and functional capability within community contexts. Human factor decay, the failure to fulfil social roles, is linked to self-destructive behaviour including suicide.

**Afrocentric Relational Theory** *(Owusu-Ansah & Mji, 2013; Rwabyoma et al., 2024)* Foregrounds communal healing, spirituality, and indigenous knowledge as central to mental wellbeing, reorients mental health from individual pathological concern to communal and spiritual responsibility.

**Afrocentric Social Support Framework** *(Ebörsöhn & Eloff, 2006)* Emphasises social networks, family, and indigenous support systems in fostering resilience. Applied to schools as culturally appropriate hubs where teachers, peers, caregivers, and community members collectively support children's holistic development.

**Aro Village System** *(Lambo, 1960)* A community-integrated mental health model developed in Nigeria in the 1950s in which patients and families were embedded in village life rather than isolated in clinical institutions. Established the foundational African principle that recovery is facilitated through belonging and communal participation.

**Cognitive Behavioural Therapy (CBT)** Evidence-based psychological therapy underpinning the Friendship Bench model, delivered in adapted form by trained lay health workers.

**Decolonial Social Work Framework** *(Masoga & Shokane, 2019)* Recognises that Western biomedical and clinical models may be inadequate in African contexts where spiritual, ancestral, and communal dimensions of distress are central. Argues for the indigenisation of social work education and practice through integration of IKS.

**Fanon's Structural Analysis of Colonial Psychiatry** *(Fanon, 1961)* Argues that colonial domination restructured colonised subjectivities, delegitimised indigenous healing systems,

and produced institutional mental health frameworks designed to manage rather than heal colonised populations. Grounds the volume's argument that treatment gaps and distrust of Western services are structural rather than cultural failures.

**Friendship Bench Model** *(Chibanda, 2006–present)* A community-based mental health intervention in which trained lay health workers (community grandmothers) deliver structured problem-solving therapy on wooden benches outside primary health care clinics. Grounded in CBT and PST; endorsed nationally in Zimbabwe (2019); applied across Africa, Asia, and North America.

**Group Support Psychotherapy (GSP)** *(Nakimuli-Mpungu et al., 2015)* An integrative group-based intervention combining emotional support, livelihood training, and collective problem-solving. Demonstrated superior mental health outcomes compared to individual clinical intervention in Uganda. Provides empirical grounding for the volume's community-based care argument.

**Hurukuro Dialogue Model (HDM)** *(Mushunje, 2026)* An African dialogue-based framework for psychosocial support grounded in the Shona practice of *hurukuro* (purposeful conversation). Positions dialogue within family and community structures as the primary medium of healing.

**IASC Four-Tiered Pyramid of MHPSS Services** *(Inter-Agency Standing Committee, 2007)* A layered model for delivering mental health and psychosocial support services ranging from universal supports (basic services and security) at the base through community and family supports, focused non-specialised supports, and specialised clinical services at the apex.

**Indigenous Health Theory** *(Tshamano et al., 2023; Mkhize, 2020)* Positions wellbeing as holistic, relational, and inseparable from spiritual, emotional, physical, and social dimensions. Directly challenges the compartmentalisation of physical and mental health in the Western biomedical model.

**Integrated Clergy–Social Work Model** A partnership model in which clergy and social workers collaboratively promote mental health among African Australians by leveraging complementary roles: spiritual leadership and community trust on one side, clinical expertise and structural advocacy on the other. Explicitly grounded in Ubuntu philosophy.

**Interpersonal Theory of Suicide** *(Joiner, 2005)* Holds that perceived burdensomeness and thwarted belongingness are associated with suicidal ideation. Applied to Bindura male youths who feel they have failed in their provider roles.

**"I to We" Paradigm Shift** The volume's organising framework: a movement from individualised, clinically managed, institution-based mental health care (the 'I') to communal, relational, culturally grounded, community-based healing (the "We"). Grounded in Ubuntu philosophy and the African understanding of personhood as constituted through communal participation. The key conceptual thread running across all chapters.

**Multi-Layered MHPSS Approach (Schools)** An application of the IASC pyramid to Lesotho schools, positioning schools as frontline MHPSS platforms delivering layered support from universal classroom-based promotion through specialist clinical referral.

**Mkhize's Ubuntu Mental Health Framework** *(Mkhize, 2004)* Articulates mental health in the Ubuntu tradition as not merely the absence of disorder but the presence of balanced, ethical, and socially embedded living: a state in which the person is in harmonious relationship with others, the community, and the spiritual realm. One of the volume's four foundational Introduction-theme frameworks.

**Nsamenang's Communal Selfhood Framework** *(Nsamenang, 1992)* Argues that African selfhood is constituted through participation in communal responsibilities rather than individual developmental achievement. Provides the developmental grounding for the volume's argument that disruption of communal bonds is disruption of selfhood, and that healing must restore communal participation.

**Problem-Solving Therapy (PST)** A structured psychological intervention used in the Friendship Bench model, deliverable by trained lay health workers. Focuses on identifying problems, developing action plans, and building coping capacity.

**Resilience Theory** *(Masten, 1990, 2001)* Highlights resilience as the capacity to adapt and thrive through the interaction of individuals and their social systems. Applied to elderly women in rural Zimbabwe as a framework for understanding how community resources, cultural knowledge, and collective action sustain adaptive capacity under climate stress.

**Social Constructionism** *(Ezeugwu & Ojedokun, 2020; Ratele, 2017)* Reveals how dominant cultural narratives, colonial legacies, and gendered expectations shape perceptions of masculinity and emotional vulnerability. Used to explain why Ndebele men construct emotional restraint as an index of manhood.

**Social Determinants of Mental Health Framework** *(Crisp, 2018)* Recognises that psychological wellbeing is profoundly shaped by structural factors including income, housing, employment, education, racism, and social exclusion. Applied to African Australians to frame mental health need as structurally as well as culturally produced.

**Strengths-Based Approach (SBA)** *(Saleeby, 1996; Rapp, 1998)* Emphasises individuals' inherent strengths, coping mechanisms, life experiences, and cultural knowledge rather than vulnerabilities. Encourages viewing people facing adversity as active agents with adaptive capacity.

**TAMPSY model** *(Diop, S. I, 2019)* Formally known as Tampsy Optoa or OPTOA (Outil Psychosocial de Tradition Orale Africaine), is an innovative, culturally grounded psychosocial framework developed by Senegalese clinical psychologist Dr. Ismahan Soukeyna Diop to treat mental health challenges within African populations. By substituting alienating, Eurocentric clinical jargon with ancestral African myths, folktales, and oral literature, the framework functions by projecting deep-seated emotional distress onto familiar folklore characters.

**Ubuntu Philosophy** *(Mkhize, 2004; Masara, 2024; Mugumbate, 2024)* The foundational African philosophical framework of the volume. *Umntu ngumntu ngabantu* (a person is a person through other persons): individual wellbeing is inseparable from communal wellbeing; healing is inherently relational, communal, societal, environmental and spiritual.