



## Policy brief 10

# Developing and adopting mental health policies and plans in Africa

Lessons from South Africa, Uganda and Zambia

**The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.**

## Developing and adopting mental health policies and plans in Africa: Lessons from South Africa, Uganda and Zambia



The Mental Health and Poverty Project (MHaPP) is a 5-year study of mental health policy, legislation and services in 4 African countries: Ghana, South Africa, Uganda and Zambia.

### What is the current state of mental health policies and plans in Africa?

- In Africa, 76% of countries have a national mental health programme or plan, while only 52% have a mental health policy; among them, half have old policies that haven't been changed for fifteen or more years, and only a third have a policy that is less than 10 years old.
- In South Africa, although "policy guidelines" were developed in 1997, there is still no official mental health policy. There is also no national strategic plan for mental health as planning is meant to occur at the provincial level.
- In Uganda, there is no official policy, but a draft mental health policy was developed in 2000 and has been infor-

### Why are mental health policies and plans important?

Mental health policies and plans are vital instruments in the coordination of essential services and activities for the delivery of effective treatment and support. In their absence, mental disorders are likely to be treated in an inefficient and fragmented manner.

- mally adopted, which has made significant service reforms in the country. The country's mental health plan is built into the general Health Sector Strategic Plan.
- In Zambia, a new mental health policy was developed in 2005 but its implementation has been limited. There has

also been limited data on which to base a detailed strategic plan.

- Countries need officially endorsed mental health policies that are in line with the latest international evidence and human rights standards, highlighting key values such as human rights protection and promotion, deinstitutionalization, integration of mental health into primary health care, quality and safety, social inclusion, and intersectoral collaboration. These need to be accompanied with a strategic plan detailing what will be put in place to achieve the policy objectives and goals.

### What is the difference between a mental health policy and a mental health plan?

**A mental health policy** is an organized set of values, principles and objectives for improving mental health and reducing the burden of mental disorders in a population. It defines a vision for the future and establishes a model for action, including components of advocacy, promotion, prevention, treatment and rehabilitation.

**A mental health programme or plan** outlines the specific actions, actors, timeframes and resources required to achieve the goals and objectives set out in the policy.

## What did we do?

### A national mental health policy for Uganda

One of the strongest findings from MHaPP's situation analysis of Uganda's mental health care system was the need for an officially endorsed mental health policy. Consequently, MHaPP lobbied Ministry of Health, including the top management committee and the heads of departments, for mandate and support. The case for finalizing the mental health policy was strengthened by the increased public awareness of mental health due to recent reports in the local newspapers about mental health. A multi-disciplinary drafting committee was established which produced an initial draft. The draft was modified based on consultation with a wide range of stakeholders. This was then submitted to the Policy Analysis Unit of the Ministry of Health for revision, and then the Senior and Top Management Committees for discussion and approval. At the time of publication, extensive lobbying of these committees was taking place to try speed up the process.

#### Some obstacles faced...

- Non-commitment of some important stakeholders
- Irregular attendance of consultative meetings by some stakeholders

## What did we do? *continued*

- Limited funding for consultative workshops
- Technicalities and bureaucracies within Government which delay the process of adoption

### A national mental health policy for South Africa

In 2008, MHaPP presented to the Department of Health their research findings on the current state of South Africa's mental health system, particularly the need for a new national mental health policy. The Department proposed that MHaPP be involved in a partnership to develop the new national Mental Health policy. Based on the draft mental health policy and protocols set out by Department of Health's policy guidelines, MHaPP's research findings, WHO Guidance Package materials and norms and standards for mental health, MHaPP and the Department of Health developed a new draft national policy. The scope of this new policy includes all ages and the promotion, prevention, treatment, rehabilitation of mental health disorders, but excludes substance abuse (except co-morbidity) and intellectual disability (mild/moderate) which are included in other policies. It is evidence-based, takes resource constraints into account and provides specific guidance to the

provinces. In the next months, it will be sent out for public comment, where after the Department of Health will finalise approval and adoption.

### Some of the obstacles faced...

- Initial difficulty obtaining support for the development of a new mental health policy by senior policy makers
- Limited funding for provincial consultation
- Lack of routine mental health service data

### A national mental health services strategic plan for Zambia

In 2007, a National Mental Health Services Strategic Plan was endorsed in Zambia for the period 2007 – 2011. A performance audit was conducted by the National Mental Health Services Unit (NMHSU), with the involvement of mental health care community-based organisations. It sought to establish the extent to which the previous plan was implemented and how it impacted on the quality of the mental health services delivered for the period under review. The insights gained from the performance audit provided the basis for the formulation of the new Strategic Plan. Thereafter, a consultative strategic planning workshop was held for 5 days to develop the plan. Key players in the mental health service delivery system, such as mental

health practitioners from across the country and stakeholders such as community and faith-based organizations and mental health service users, attended this workshop. Technical assistance was also provided by Cabinet Office through the Management Development Division. The plan was then finalized by the Ministry of Health, in close consultation with Cabinet Office. The plan was endorsed by the Ministry in the beginning of 2007. This is the first ever comprehensive National Mental Health Services Strategic Plan in Zambia.

#### **Some of the obstacles faced...**

- Difficulty securing funding for the plan
- Low priority for mental health, compared to other health priorities
- Negative attitudes towards mental health

### **A provincial mental health plan for the Northern Cape, South Africa**

In 2008, a multidisciplinary drafting committee was established in the Northern Cape Province to draft a strategic mental health plan for the province. Drawing on the results obtained from MHaPP's situation analysis conducted to identify key concerns in public mental health in the province and nationally, the committee produced an initial draft. Subsequent drafts were

revised by the committee through workshops, teleconferences and prioritization exercises, before a provincial workshop was held with all relevant stakeholder groups from a range of sectors in the province. Incorporating feedback from this meeting, the drafting committee has recently prepared a final draft. The next steps will involve discussing the implementation of the plan within wards and health districts, dialoguing with community-based and faith-based organizations and agreeing on inter-sectoral strategies with other departments. Thereafter, the plan will be prepared for formal adoption, printing and dissemination.

#### **Some of the obstacles faced...**

- Difficulties in securing a formal high level approval for the development of the plan or policy which led to time and resource constraints for plan developers
- Lack of civil society lobbying to have mental health prioritised on political and service agendas
- Stigma and negativity attached to mental disorders, based on a lack of accurate knowledge about mental illness and of the potential benefits of mental health interventions.
- Low priority given to mental health generally and the plan specifically
- Limited capacity for plan development in mental health sector

# What lessons can we learn from these examples for developing and adopting mental health policies and plans?

## 1. A high level political mandate, leadership and political will are essential

Successful policy development and implementation requires a firm commitment from Government. This helps to ensure that sufficient time and resources will be dedicated to the development and implementation of the policy or plan.

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## 2. Relevant stakeholders should be identified and actively involved

Stakeholders should be included from both inside and outside the health sector (welfare, religious sectors, education, housing, employment, criminal justice, police and other social services). Users and family organizations must also be included in consultation. Important partners should be identified and involved early on in the policy formulation process, and continue to be consulted until its implementation. Investing time in building relationships of trust and meaningful participation of stakeholders increases the commitment and dedication of important partners.

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## 3. Awareness-raising and lobbying of mental disorders should form an integral part of policy and programme development

This is essential in order to de-stigmatize mental disorders and those affected, and help to get mental health prioritized on political and service agendas. Participation of civil society e.g. non-governmental organisations and mental health care users in lobbying strategies can significantly increase the success of lobbying strategies.

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**4. Workers in the mental health sector should be equipped with the necessary skills needed for policy and plan development**

Health managers, policy makers and implementers from all sectors, service users, partners and researchers should all be equipped with skills to enhance their capacity to develop, lobby and implement mental health policies and plans. Such skills include training in communication and advocacy, leadership, planning, resource development, drafting of policy and plan documents, management and basic skills in research and informatics.

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**5. It is very important to remain flexible, be patient, and obtain strategic posts**

The processes of developing policies and plans, and getting them adopted are commonly very bureaucratic, characterized by constant delays, non-responses, and a lack of commitment. At times, it may feel like one makes only 1 step forward, for every 3 steps back. It is thus essential to be persistent, and to remain patient and flexible at all times. Having allies in key positions in Government can also speed up processes and minimise unnecessary obstacles.

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## Where can I find out more about this issue?

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**July 2010** The Mental Health and Poverty Project is led by the University of Cape Town, South Africa and the partners include the Kintampo Health Research Centre, Ghana; Makerere University, Uganda; the University of Zambia; the Human Sciences Research Council, South Africa; the University of KwaZulu-Natal, South Africa; the University of Leeds, UK; and the World Health Organization. The MHaPP is funded by the Department for International Development (DFID), UK for the benefit of developing countries.

MHaPP website: [www.psychiatry.uct.ac.za/mhapp](http://www.psychiatry.uct.ac.za/mhapp)

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