



## **Integrating Mental health Care into District health care: Lessons from Zambia**

The purpose of the Mental Health and Poverty Project (MHaPP) 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. In the second phase of the MHaPP project, Zambia embarked on two projects which are: (i) putting in place mental health district interventions for Zambia and (ii) putting in place mental health legislation for Zambia.

### **What is the current state of district mental health care in Zambia?**

- a. Since the advent of the health reforms, mental disorders have been largely overlooked as part of strengthening primary care.
- b. The situational analysis established that Zambia's mental health care provision at district level leaves much to be desired. There is no equity of access to mental health care within the present mental health system. In addition, a cursory look shows that mental health care revealed that it is not integrated in all activities at the district level.
- c. Zambia has an extremely limited number of mental health specialists at district level and most primary care staff handling mental illnesses have insufficient training in mental health. While there are organisation charts in other disciplines like maternal health, TB and HIV/AIDs, for mental health, they are evidently missing.

### **What did we do?**

Using participatory approaches, a number of steps were taken to develop a model for integrating mental health care into general health care in the district:

- a. We did a SWOT analysis of stakeholders.
- b. We conducted pretest and post test knowledge, attitude and practice surveys
- c. We developed a training manual based on the pretest results.
- d. We trained nurses, clinical officers and environmental health technologists in the identification and management of common mental illness in our two pilot districts.
- e. With the trainers, the trained nurses, clinical officers and environmental health technologists cooperatively developed an essential psychotropic drug list for district mental health care.
- f. We developed a protocol for forward and backward referrals.

## Key obstacles faced

- a. Difficulties in implementing the interventions because the activities were not integrated in the Ministry of Health annual plans.
- b. Delays by the Mental Health Unit in securing support from the district health directors in terms of timely implementation of what staff had learnt.

## What lessons did we learn from integrating mental health care in the district in Zambia?

- a) Successful achievement of project outputs and implementation requires a firm commitment from the Ministry of Health. This helps to ensure that sufficient time and resources are dedicated to the planned activities. When there is no complimentary budget from the Ministry of Health, planned activities are undone and targets may not be achieved.
- b) Development projects such as those led by MHaPP require memoranda to be developed even when there is a high level mandate of ministerial commitment. A memorandum will guarantee stakeholders commit time and resources towards achieving project outputs efficiently and effectively.
- c) Having regular meetings not only with staff of the mental health unit, but the permanent secretary of health can also speed up processes and minimise unnecessary technicalities.

Already serving health workers should not be expected to understand and use terms such as psychosis, schizophrenia, confusional state, affective disorders, neuroses, neurotic depression, phobic states, anxiety states, etc. Nor can they be expected (in view of the limited time available) to cope with the whole range of mental disorders, even if they are clearly defined. In the preliminary phase of retraining and during the roll out phase, therefore, it will be necessary to focus on a very limited range of conditions that are known to be prevalent.

## Where can I read more about this issue?

Mwanza, J., Cooper, S., Kapungwe, A., Sikwese, A., Mwape, L. and the MHaPP Research Programme Consortium. (In press). Stakeholders' perceptions of the main challenges facing Zambia's mental health care system: A qualitative analysis. *International Journal of Culture and Mental Health*.

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

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. The views expressed are those of the authors and not necessarily those of DFID.