

Mental Health Policy and Service Development



Working with countries: mental health policy and service development projects



Mental Health Policy and Service Development
Department of Mental Health and Substance Dependence
Noncommunicable Diseases and Mental Health
World Health Organization
Geneva

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Objectives and Strategies

- To strengthen mental health policies, legislation and plans through: increasing awareness of the burden associated with mental health problems and the commitment of governments to reduce this burden; helping to build up the technical capacity of countries to create, review and develop mental health policies, legislation and plans; and developing and disseminating advocacy and policy resources.
- To improve the planning and development of services for mental health through: strengthening the technical capacity of countries to plan and develop services, supporting demonstration projects for mental health best practices; encouraging operational research related to service delivery; and developing and disseminating resources related to service development and delivery.

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Preface

This document describes the current technical assistance activities of mental health policy-making and service development at the country level. These activities have been and continue to be undertaken, in response to requests by countries. The goals are to strengthen country capacity to design mental health policies and plans, and, to deepen and broaden technical assistance in the areas of service development.

These activities should be seen within the context of work that is taking place in the Non-communicable Diseases Cluster, of which the Department of Mental Health and Substance Dependence is a part. The Cluster has put in place a global strategy for the prevention and control of non-communicable diseases, including injury and violence. This covers circulatory and cerebrovascular diseases as well as cancer. Work has already begun to enhance the coordination of the activities in some of the countries of the world with the largest populations and those which pose some of the biggest challenges such as Brazil, China, India, Russia and South Africa amongst others.

The country projects of the Department of Mental Health and Substance Dependence have built on the lessons and experiences of former demonstration projects as part of the *Nations for Mental Health* initiative. This has led to the development of a more comprehensive and interactive approach, aimed at influencing country-wide activities in mental health as far as possible.

In order to enable a greater degree of access, equity and flexibility to respond to national and regional needs, countries need to consider the process of decentralizing mental health administration, management and service delivery where feasible.

Furthermore, in order to take advantage of the existing health infrastructures, for instance, primary health care (particularly in developing countries), it is necessary to look at the methods for integrating mental health into general health. This would lead to a more comprehensive approach to the management of both the physical and mental dimensions of health problems.

In keeping with the recommendations of the *World Health Report 2001*, countries can engage in a number of activities according to their needs and resources. Some of the recommendations being pursued as part of technical assistance activities include helping countries to develop their capacity to: provide treatment in primary care; give care in the community; develop human resources; establish national policies, programmes and legislation; and make links with sectors other than health. ^a

It is hoped that decision-makers, practitioners and planners would benefit from the experiences of implementation in other countries, and governments would be more aware of the benefits that could accrue from improving mental health service provision and policies in their own countries.

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^a World Health Report 2001. Mental Health: New Understanding, New Hope.
Geneva, World Health Organization, 2001.

Introduction

Background

Global problem: Neuropsychiatric problems currently account for 11.5% of the global burden of disease and this figure is expected to rise to 15% by the year 2020. The disability caused by these disorders is substantial, accounting for a quarter of the total disability worldwide. Significantly, five of the ten leading causes of disability worldwide are neuropsychiatric disorders (Murray and Lopez, 1996). The limited international and national mental health budgets available to address the burden underscore the need for efficient policy development, implementation and allocation of country mental health resources.

Mental Disorders can be treated

It is known today that most mental disorders can be managed, treated, and in many cases prevented, and that effective intervention strategies do exist. However, there remains a large gap between the availability of this knowledge and its application in mental health service provision. Countries are ill-equipped to address this burden, as mental health resources are scarce and available mental health resources are not always used appropriately.

The current context

Mental health programmes

Recent information collected by the Department of Mental Health and Substance Dependence via its "Atlas" project shows that although 63.4% of the countries covering nearly 80% of the world's population have some form of mental health facilities in community care services, the quality

and coverage varies enormously between countries.

A national mental health programme is defined as a national plan of action that includes the broad and specific lines of action required in all sectors involved to give effect to the policy. It indicates what has to be done, who has to do it, during what time frame and with what resources.

Mental Health Policies

With regard to policies 41% of countries covering 85.1% of the world's population do not have mental health policies, and there are some regions where less is being done compared to others. In the African region for instance, only 52% of countries do not have a mental health policy compared to the Americas, where only 30% of countries do not have a policy.

A policy is regarded as a specifically written document of the government of Ministry of Health containing the goals for improving the mental health situation of the country, the priorities among those goals and the main directions for attaining them.

Legislation

There are no mental health laws in 25% of countries covering 65.8% of the world's population. Again, there is variation in the presence of laws in different parts of the world. While 91.7% of European countries have a law in mental health, only 57.1% of Eastern Mediterranean countries do. Furthermore, 25% of countries that have mental health laws formulated them over 40 years ago during a period before most of the current advances in treatments were available.

Mental health legislation covers legal provisions for the protection of the basic human and civil rights of people with mental disorders. It deals

with treatment facilities, personnel, professional training and service structure.

Mental health programmes

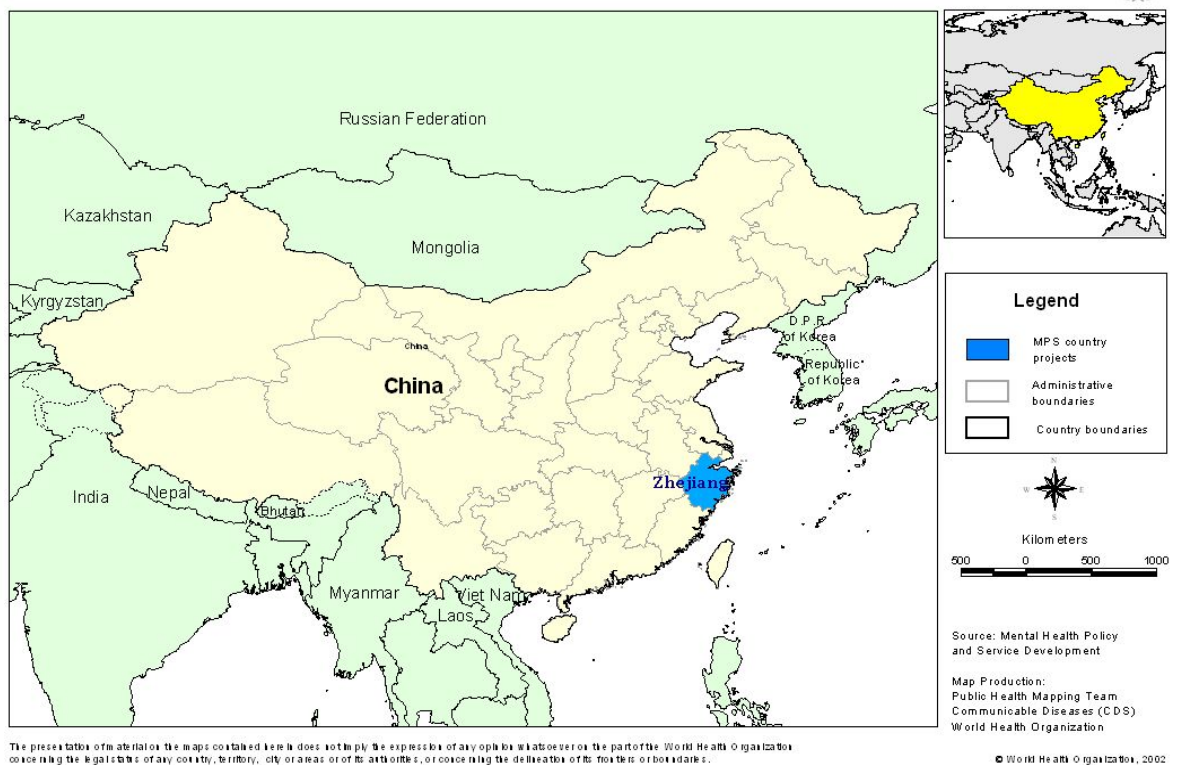
Although the picture on the proportion of countries that have a national mental health programme is more encouraging (almost 70% covering 92.8% of the world's population), there are again disparities between regions. In the Eastern Mediterranean Region, while 86.4% of countries have a national mental health programme, it exists in only 55.1% of countries in the European region. A national mental health programme is defined as a national plan of action that includes the broad and specific lines of action required in all sectors involved to

give effect to the policy. It gives an indication of what has to be done, by whom and during what period of time with given resources.

It is clear that due to the differences in the existence and undoubtedly in the implementation of policies, plans and legislation there is still much scope to work in partnership with countries. The Department of Mental Health and Substance Dependence will therefore continue to work with countries through the provision of a range of technical assistance and the provision of written guidance in all aspects of mental health policy and planning.

China—Zhejiang Province

Mental Health Policy and Service Development (MPS) Projects China



Project goals

To strengthen the coordination and management of mental health services in the province of Zhejiang and to develop a detailed, three-year mental health plan.

Project objectives

- **To establish** a provincial “Mental Health Leadership Group” with sufficient cross-departmental representation, power and funding to effectively monitor and direct the development of mental health and psychological services in the province.
- **To establish** a “Working Group” responsible for:
 - developing and maintaining an ongoing monitoring system to collect detailed information on available mental health resources, perceived needs for mental health and psychological services, and the prevalence of mental disorders.
 - developing and testing methods for assessing mental health needs and resources that may be used by other provinces in China to generate province-specific mental health plans.
 - monitoring the formulation of the provincial mental health plan.
- **To develop** a three-year step-by-step programme to strengthen the coordination and quality of inpatient services. In addition to promoting high-quality community services, undertaking community-wide

education and screening programmes and training personnel to provide the services required.

- **To encourage** different departments and organizations involved in mental health service delivery to evaluate the level of awareness of psychological issues of their staff members, and assess the psychological services provided to their patients.

Implementing institutions

- Provincial Bureau of Health, Zhejiang Province
- Zhejiang Office of Mental Health, Zhejiang Province
- Centre for Research and Epidemiology, Beijing Hui Long Guan Hospital

Background

At the end of 1998, China had around 1.25 billion people making up one-fifth of the world's population. Prior to the 1980s, China's health policy emphasized prevention rather than cure, as well as integration of traditional with Western medicine. More recently, despite the fact that these basic principles may still generally be true, Chinese policy has encouraged greater self-reliance in the public sector.

In general, China's health care delivery system can be divided into four major components: 1) government-owned and operated facilities (central provincial and county); 2) state-owned enterprises; 3) collective organizations, including township health centres, rural village health posts and street clinics; and 4) private practices. As far as the organization of statutory care goes, the central Ministry of Health reports to the State Council. It provides policy direction, technical leadership, supervision of disease-prevention and health service institutions. Units established at provincial level have parallel structures and responsibilities. There has been a considerable transfer of authority to provincial bureaux and in turn downward to city health bureaux or prefectures. In the field of service delivery, the Ministry of Health owns and operates relatively few health facilities.

The province in which the current project is located is in the southeast of the country. Zhejiang is a densely populated coastal province of China with a total population of 44 million, 80% of whom live in rural areas. At the start of the project there were 38 psychiatric hospitals in the province with a total of 6525 beds. Twenty-seven percent of these hospitals were operated by the Ministry of Health.

Mental health services are administered at different levels in the various departments. For example, in the Ministries of Health, Civil Affairs, and Public Security, mental health services are managed at provincial, municipal and township levels.

The average occupancy rate of the hospitals has been dropping over the last 10 years (largely on account of increasing costs for patients) and currently stands at 67%. A network of 23 community-based mental health centres provides home visit services, guardianship network services, and sheltered workshops for patients with severe mental illnesses. A much higher proportion of general hospitals than in other parts of the country provide some form of psychiatric or psychological services (about 90 or more of the 600 hospitals). However, despite this, in most cases the range of

services provided remains generally fairly limited.

Although counselling services are provided by some other agencies in urban parts of the province, the comprehensiveness and quality of such services are limited. As in other parts of the country, public education about psychological issues and training of different types of service personnel (e.g. health care workers, teachers, police, etc.) in psychological and mental health issues are extremely limited. Prior to the start of this project, there was no administrative body responsible for coordinating the

mental health services provided by the different departments and agencies.

Until very recently, mental health and psychological issues were not considered to be of sufficient importance to warrant the attention of government officials. Services were almost exclusively focused on the severely mentally ill. This is because there was almost no awareness of the need for services to cater for the vast numbers of individuals with less serious mental disorders, or those with other types of psychological or behavioural problems.

Project description

To establish a provincial “Mental Health Leadership Group”

The Zhejiang Provincial Government established the Leadership Group three months after the start of the project and held its first official meeting three months later. The Leadership Group is chaired by a Vice-Director of the Provincial Department of Health. Its members include high-ranking personnel from the provincial Disabled Persons’ Federation and several other provincial departments, including the Departments of Civil Affairs, Public Security, Finance, Labour and Social Security, Personnel, Science and Technology, Education and Justice. The Leadership Group therefore has sufficient cross-departmental representation, power and funding to effectively monitor and direct the development of mental health and psychological services in the province.



*Fitness training has been an important part of rehabilitation in Zhejiang Province in China.
Source: WHO/Beijing Collaborating Centre: Institute of Mental Health*

The Leadership Group convened a Zhejiang Province “Mental Health Working Conference” and enlisted support for a province-wide project on the assessment of mental health needs and services. The purpose of this conference was to inform the public and government officials about the project, increase awareness of the importance of mental illnesses in public health, and solicit support for the project.

To establish a working group

The Leadership Group has appointed a full-time secretariat, named the Zhejiang Office of Mental Health, which in turn has formed a “Working Group” responsible for monitoring the formulation of the provincial mental health plan. Each representative in the Leadership Group has appointed a liaison person within his or her department to facilitate the

activities of the secretariat in the period between the formal meetings of the Leadership Group.

Three months were spent developing and testing the instruments used in the study, and in training staff in the use of those same instruments. The Working Group will work actively with the focal points in a number of departments to develop assessment tools that meet their own goals and thus increase the likelihood that these departments will be active partners in the subsequent provincial mental health development plan.



Play has been an important part of rehabilitation in the Zhejiang Province of China. Here, a community health nurse shows children the value of play.

Source: WHO/Beijing Collaborating Centre: Institute of Mental Health

The Working Group has begun to carry out a series of surveys to assess the characteristics, comprehensiveness, staffing, cost and quality of psychiatric and psychological services provided by:

- the 38 psychiatric hospitals and 23 community mental health services in the province;
- all 600 general hospitals at the county level or above;
- the 200 lower-level health institutions in the 14 districts included in the sampling frame;
- a representative group of primary care healers (including village or “street” doctors, private Western and Chinese traditional medicine doctors, shamans, monks, etc);
- non-medical institutions or organizations such as schools, the Disabled

Persons Federation and the Women’s Federation;

- institutions or organizations that train providers of mental health and psychological services and those that train service personnel such as teachers, the police, etc.

A number of other surveys about needs have been carried out. They include:

- an epidemiological study of mental illnesses at different stages of development in a sample of persons aged 15 years and older;
- an assessment of behavioural and psychological problems among children;
- an assessment of psychological problems among different types of service providers;
- a determination of the prevalence and characteristics of attempted and successful suicides in the province;
- an assessment of the knowledge of and attitudes to mental illness among the general public, non-psychiatric service providers, mental health professionals, mentally ill patients and their family members;
- an assessment of patients’ and family members’ alternatives for care, level of satisfaction with services provided and experience of social stigma;
- a province-wide survey of all types of non-medical institutions focusing on the problems they have encountered in providing mental health or psychological services to their staff and in managing the behaviour of mentally ill clients and staff members;
- a compilation of the provincial laws that directly or indirectly pertain to the mentally ill, and of institution-based regulations relating to the mentally ill.

The methods used by the Working Group include:

- 1) postal surveys of all medical institutions and other organizations in the province providing mental health services, teach the public or train service professionals in psychological

- issues;
- 2) on-site visits to representative institutions by research staff from the Working Group;
 - 3) epidemiological surveys of mental illness among adults and of behavioural and psychological problems among children and adolescents;
 - 4) face-to-face interviews with consumers, providers and administrators of mental health and psychological services.

The Working Group will analyse the results of the various surveys and amalgamate them to produce a summary report of the current psychological health of the province and of the availability, quality, and comprehensiveness of mental health services in the province. The draft version of the report will be presented to the Leadership Group and, after suggested revisions have been incorporated, a final version will be produced. This report will then be pre-

sented to the external experts' group who will make recommendations for improving the report and using the information it contains to develop a realistic mental health plan for the province.

A second Zhejiang Province Mental Health Working Conference will be convened to draw up the mental health development plan. This conference will present detailed results of the study of needs and services and promulgate the three-year plan approved by the Leadership Group. Conference organizers will seek the widest possible participation by government departments, consumers and providers of psychological and mental health services in the province. The Leadership Group has also established the Zhejiang Province Mental Health Consultant Group to advise the Leadership Group and assist the secretariat in implementing and monitoring the plan.

Key Results to Date

- *The establishment of a Mental Health Leadership Group that has collaborated regularly with the Working Group in identifying and resolving difficulties in the implementation of the project and in developing the three-year mental health development plan.*
- *The establishment of a Working Group responsible for the day-to-day implementation of the project.*
- *The organization of a provincial Mental Health Awareness Conference to inform the public and government officials about the project, increase awareness about the importance of mental illnesses in public health, and solicit support for the project.*
- *The development and testing of instruments used in the study, as well as the training of staff in the use of these instruments. For instance, the instruments for the epidemiological study to be conducted among 15,000 respondents have been developed and tested in a pilot study of 600 subjects.*
- *The staff of the Working group staff have collaborated with the focal points in a number of departments to develop assessment tools that meet their own goals and thus have increased the likelihood that these departments will be active partners in the subsequent provincial mental health plan.*
- *The collection and analysis of data have been undertaken to gather detailed information for inclusion in a database on (i) the mental health burden; (ii) the state of hospital mental health care; (iii) the state of community mental health care.*
- *The establishment of a Mental Health Consultant Group by the Leadership Group to advise the latter and assist the secretariat in implementing and monitoring the plan.*

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.

China—Zhejiang Province

Project Goals

To strengthen the coordination and management of mental health services in the province of Zhejiang and to develop a detailed, three-year mental health plan.

Project Objectives

- **To establish** a provincial “Mental Health Leadership Group” with sufficient cross-departmental representation, power and funding to effectively monitor and direct the development of mental health and psychological services in the province.
- **To establish** a “Working Group” responsible for:
 - developing and maintaining an ongoing monitoring system that collects detailed information on available mental health resources, perceived needs for mental health and psychological services, and the prevalence of mental disorders.
 - developing and testing methods for assessing mental health needs and resources that may be used by other provinces in China to generate province-specific mental health plans.
 - monitoring the formulation of the provincial mental health plan.
- **To develop** a three-year step-by-step programme to strengthen the coordination and quality of inpatient services. In addition to promoting high-quality community services, undertaking community-wide education and screening programmes and training personnel to provide the services required.
- **To encourage** different departments and organizations involved in mental health service delivery to evaluate the level of psychological awareness of their staff members, and assess the psychological services provided to their patients.

Implementing Institutions

- Provincial Bureau of Health, Zhejiang Province
- Zhejiang Office of Mental Health, Zhejiang Province
- Centre for Research and Epidemiology, Beijing Hui Long Guan Hospital

Project Description

The overall goal of this project is to strengthen the coordination and management of mental health services in the province and to develop a detailed three-year mental health plan for the province. To this end, a comprehensive study of mental health needs and services in the province was initiated and a three-year plan for the development of mental health services in Zhejiang Province was prepared. The project will encourage different departments and organizations to make their own plans for the provision of psychological services and to systematically monitor the progress of their plans.

The Zhejiang Provincial Government established the Leadership Group three months after the start of the project and held its first official meeting three months later. The Zhejiang Province Mental Health Working Conference was convened

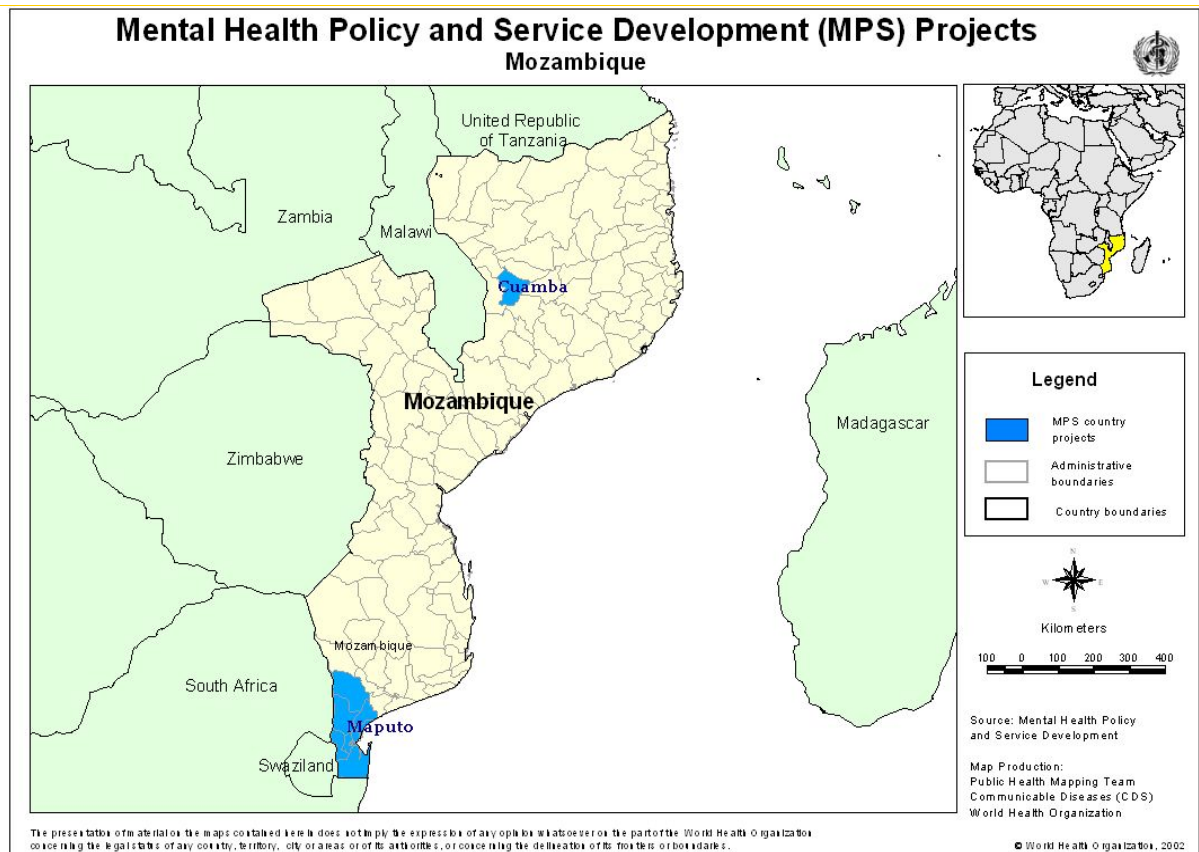
and enlisted support for the province-wide project on the assessment of mental health needs and services. The purpose of this conference was to inform the public and government officials about the project, increase awareness about the importance of mental illnesses in public health, and to solicit support for the project.

Three months were spent developing and testing the instruments used in the study and training staff to use them. The Working Group is collaborating actively with the focal points in a number of departments to develop assessment tools that meet their own goals and thus increase the likelihood that these departments will be active partners in the subsequent provincial mental health development plan. They are also in the process of undertaking a series of surveys, both qualitative and quantitative, which will provide vital information on which the mental health plan will be based.

Key Results to Date

- The establishment of a Mental Health Leadership Group that has collaborated regularly with the Working Group in identifying and resolving difficulties in the implementation of the project and in developing the three-year mental health development plan.
- The establishment of a Working Group responsible for the day-to-day implementation of the project.
- The organization of a provincial Mental Health Awareness Conference to inform the public and government officials about the project, increase awareness about the importance of mental illnesses in public health, and to solicit support for the project.
- The development and testing of instruments used in the study, as well as the training of staff in the use of these instruments. For instance, the instruments for the epidemiological study to be conducted among 15,000 respondents have been developed and tested in a pilot study of 600 subjects.
- The staff of the Working Group have collaborated with the focal points in a number of departments to develop assessment tools that meet their own goals and, thus have increased the likelihood that these departments will be active partners in the subsequent provincial mental health plan.
- The collection and analysis of data have begun to gather detailed information for inclusion in a database on (i) the mental health burden; (ii) the state of hospital mental health care; (iii) the state of community mental health care.
- The establishment of a Mental health Consultant Group by the Leadership Group to advise the latter and assist the secretariat in implementing and monitoring the plan.

Mozambique—Cuamba District



Project goal

To integrate mental health into general health care at the primary care level, in particular through the enhancement of psychosocial support.

Project objectives

- *To examine* the needs of the local population; the socio-cultural factors influencing mental health; local definitions of mental health suffering; and traditional strategies for intervention.
- *To train* health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering.
- *To establish* a referral system to help people with psychosocial problems.
- *To monitor and evaluate* the programme.

Implementing institutions

- Ministry of Health, Maputo/Mozambique
- Provincial Authorities - Lichinga/Niassa
- District Health Authorities, Cuamba

Background

Provisional results of the national census conducted in 1997 put the population of Mozambique at 15.7 million. This is 15% lower than earlier estimates of 18 million. Primary care remains the basis of the public health system in this country. The National Health Service is the major provider of all health services. There are four levels of care in Mozambique.

At the primary level, there are health posts, mobile services and rural health centres that carry out preventive and basic curative activities. Health posts are staffed by semi-skilled or unskilled personnel. The large health centres



The main Provincial Hospital provides a range of services but mental health is not included.

Source: WHO

have basic inpatient facilities and are staffed by nurses.

At the secondary level, there are rural and general hospitals. The general hospitals provide services in paediatrics, obstetrics and gynaecology, general surgery, and medicine. Few rural hospitals provide surgical services.

At the tertiary level, there are provincial hospitals that offer diagnostic facilities and some specialist services.

The quaternary level includes three

central hospitals in Maputo, Beira and Nampula as well as two psychiatric hospitals.

The mental health care system in Mozambique can be broadly divided into three sectors: (1) services based within primary care facilities; (2) hospital services (including psychiatric inpatient beds and outpatient services); and (3) traditional healing.

Primary health care facilities are an important source of mental health care provision. There are currently 34 psychiatric technicians located within health centres throughout Mozambique's 11 provinces. Their main role is to prescribe and administer psychiatric medication to patients attending the health centres. The health centres also carry out mental health awareness and educational programmes to reduce the stigma associated with mental illness and the risks associated with alcohol consumption. There are currently two psychiatric hospitals in Mozambique that cater primarily to inpatients with severe mental health problems who have been referred on by primary care psychiatric technicians. One is based in the City of Maputo and the other in the northern province of Nampula. There is also a small unit at the local rural hospital in Sofala.

Since many patients who suffer from chronic mental illness are prone to relapses, one of the most important priorities for the Ministry of Health is to monitor access to health care, and the social care patients receive once they are discharged from hospital. There was evidence to suggest that the psychiatric hospital in Maputo was a victim of the same "revolving door" phenomenon that bedevils hospital services in many

developed mental health care systems. Nevertheless, it was evident that provisions have been made with local health centres to monitor patients on discharge and to provide general assistance to patients and their families in the process of reintegration in the community. The Ministry of Health has looked positively upon traditional medicine because it recognizes its importance to the people of Mozambique. Since only 60% of the population has access to formal health care services, particularly in rural areas, healers are most often the preferred port-of-call for individuals who suffer

from mental health problems.

Mental Health is one of six sections in the Ministry of Health, alongside other community-based services and under the National Health Directorate. There is a National Programme Coordinator for Mental Health who is responsible for planning and policy decisions. In each province, there is a coordinator for the local mental health programme. There is also a mental health plan which follows closely the “Provincial Integrated Plan”.

Project description

The current project is located in the Cuamba district of the northern rural province of Niassa. The project brings together government representatives, key policy-makers, and representatives of traditional healers and NGOs for the purpose of integrating mental health into the general health care system. The district was chosen as a site for the project because, among other factors, it is the most populated district of the Niassa province, it is one of the underserved areas of the country, and, during the war, most of the population of the satellite districts that had lost everything came to Cuamba seeking security.

Compared with European standards, however, formal mental health care delivery in Mozambique is patchy and basic and, as with the rest of the health care system, prone to serious inequalities of access. But perhaps the most telling aspect of its lack of development and inaccessibility (particularly in rural regions) is the lack of clinical and social support for people with serious mental illnesses and their families during times of crisis. In the district of Cuamba, however, there are a considerable number of traditional healers (365), of

whom 85 specialize in the treatment of mental illness. It was deemed very



important therefore that they be involved in any programme of psychosocial rehabilitation in the community.

At the XVth Coordinating Council of the Ministry of Health in 1990, decentralization of the Mental Health Programme was approved. Following this the Niassa Provincial Directorate began focusing on the prevention, assistance, and psychological and rehabilitation aspects of health. In 1997, a survey of common mental health problems in the District of Cuamba, found that it had the largest number of mental disorders.

Difficult living conditions compound the problems of the very poorest sectors of society and exacerbate some of the mental health problems.

Source: WHO

The reason given for this was the high concentration in the district of people who had migrated to Cuamba from other districts seeking refuge from armed conflict.

Examining the needs of the local population; socio-cultural factors influencing mental health; local definitions of mental health suffering and traditional strategies for intervention

A qualitative study was undertaken in order to understand local definitions and grasp of mental disorders. Some 200 persons including families, community



*Over 100 health and mental health professionals from all over the country benefited from training in international models of community mental health care.
Source: WHO*

leaders, heads of households, religious leaders and traditional healers were interviewed.

The results of this study were then used to develop a programme of psychosocial support activities for the mentally ill, adapted to particular social and cultural circumstances. In particular, the study:

- Described local perceptions of mental disorders, their causes, methods of treatment and the social rehabilitation of the mentally ill.
- Identified factors that might have affected the implementation of promotional activities.
- Identified the local names given to mental illnesses.
- Consulted with a cross-section of

important people in the community such as traditional healers, religious and community leaders and health professionals with the purpose of developing a programme of cooperation.

- Made recommendations about issues that needed to be addressed in order to educate the local community and health workers about alternative explanations for mental disorders, causal factors and options for treatment.

To train health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering

One of the recommendations of the qualitative study was that information and education about mental health problems should be undertaken in the district through discussions, debates, meetings and training seminars for health personnel, religious leaders, community leaders, teachers and community health workers.

To this end, the information obtained from the study was used to train community leaders, traditional healers and religious leaders. Two evaluators, namely a project officer and a psychologist from the university in Maputo, who were familiar with the project, were involved in planning and identifying the relevant themes. Areas covered included:

- perceptions of mental disorders;
- causes of mental disorders;
- the need for psychosocial support.

As part of the efforts to educate the community, informal discussions were also held with mothers and, using one of the local schools, with children. Discussions covered, among others, the effects of illicit drugs and alcohol. A rapid assessment prior to the start of the project showed a high incidence of

epilepsy, alcohol and cannabis-related problems. It is worth noting that during the informal discussion as many as 60% of the children were unaware of the consequences of alcohol and drug consumption.

To establish a referral system to help people with psychosocial problems

Because of the distances involved in travelling from Lichinga (where the project workers were originally based) to Cuamba, some 300 km away, it was important to establish a counselling and consultation service in the district and to relocate the project staff. The gradual development of community-based services is taking place as a result of collaboration with and referral from traditional practitioners. It is also taking place through community care posts set up in Cuamba, Etatara and Mitucue to treat persons with severe psychiatric problems.

Because of the work of the project staff, the Cuamba parish also makes an effort to identify patients and refer them to hospital. The parish covers the cost of treatment and transportation when patients are referred to the psychiatric hospital in the neighbouring province of Nampula.

To monitor and evaluate the programme

A supervisory group made up of the project staff, a social worker and the district nursing supervisor has carried out monitoring and evaluation activities in the local rural hospital as well as in each of the 10 health posts in the district. Each series of visits lasted between 2½ and three weeks. The National Programme Coordinator for Mental Health also participated in these evaluation exercises. Monitoring and evaluation consisted of:

- the preparation and discussion of the plan of activities with the team;
- an examination of questionnaires/forms designed to 1) obtain feedback from persons being trained in the community; 2) collect information about the main mental health problems in the community; 3) gather information about psychosocial examinations; 4) put together basic information about the communities within the district, community leaders, traditional healers, the size of the population and the numbers of nursing personnel at the local health posts;
- an evaluation of mental health case management at the local rural hospital;



- an assessment of the supervision of the project staff undertaken by the senior coordinators of the project namely the Director of Health, the Chief Medical Officer, the District Nursing Supervisor, the Municipal Health Director, a social worker and a representative of the San Miguel parish in the district.

Poverty and stigma often compound mental health problems. Care must be appropriate, culturally sensitive and based in the community.

Source: WHO

The overall goal of the supervisory group is to provide technical assistance to those involved in giving psychosocial support to mentally disturbed persons. More specific goals include:

- proposing strategies to those involved in giving support to enable them to assist mentally disturbed persons by using bio-medical and psychological

treatments, and involving welfare systems;

- to appraise and determine the kind of psychosocial support to be given to each type of patient (children, women, adolescents, the elderly and chronic mental patients) in their families and in the community; to review and evaluate the value and sustainability of the project.

In general, monitoring and evaluation revealed both successes and problems both at the district departmental and community levels. This enabled the project team to build on the strengths of the programme and address the weaknesses. A series of meetings to address these problems was organized and took place following the evaluation exercise.

Key Results to Date

- *A qualitative study successfully identified a number of issues:*
 - *that the population was familiar with mental health problems but that different terminology was used to describe them;*
 - *the population was not well informed about the causes of mental illnesses but attributed them to witchcraft and spirits;*
 - *the population was unaware that mental disorders may be treated in hospital;*
 - *epilepsy and unspecified dissociative disorders were perceived as most common in the region.*
- *People who have received training are capable of identifying patients with mental disorders. These include community workers, NGO representatives, traditional healers, nursing personnel (including midwives) and workers at health posts.*
- *Health posts are beginning to organize informal discussions on mental health and drugs and alcohol. At least nine informal sessions have taken place.*
- *Posts have been established to offer consultation and integrated community care (screening patients and psychosocial support) at the Cuamba rural hospital, and in four of the 10 health posts in the district.*
- *Improvements have been made to the referral system to make it function more efficiently.*
- *Monitoring and evaluation of the programme has led to successful problem solving in a number of areas such as: regular registration of patients at the hospital; identifying measures to address mental health problems in the district by project focal points; the need for regular timely supervision of workers involved, particularly at the health posts; ensuring a regular supply of psychotropic drugs to the relevant health posts.*

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.

Mozambique - Cuamba

Project Goal

To integrate mental health into general health care at the primary care level, in particular through the enhancement of psychosocial support.

Project Objectives

- **To examine** the needs of the local population; socio-cultural factors influencing mental health; local definitions of mental health suffering; and traditional strategies for intervention.
- **To train** health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering.
- **To establish** a referral system to help people with psychosocial problems.
- **To monitor and evaluate** the programme.

Implementing Institutions

- Ministry of Health, Maputo/Mozambique
- Provincial Authorities - Lichinga/Niassa
- District Health Authorities, Cuamba

Project Description

This project is located in the Cuamba district of the northern rural province of Niassa. The project brought together government representatives, key policy-makers, and representatives of traditional healers and NGOs for the purpose of integrating mental health into the general health care system. The district was chosen as a site for the project because among other factors, it is the most populated district of the Niassa province, it is one of the underserved areas of the country, and, during the war, many people from the satellite districts who had lost everything came to Cuamba seeking security.

Key Results to Date

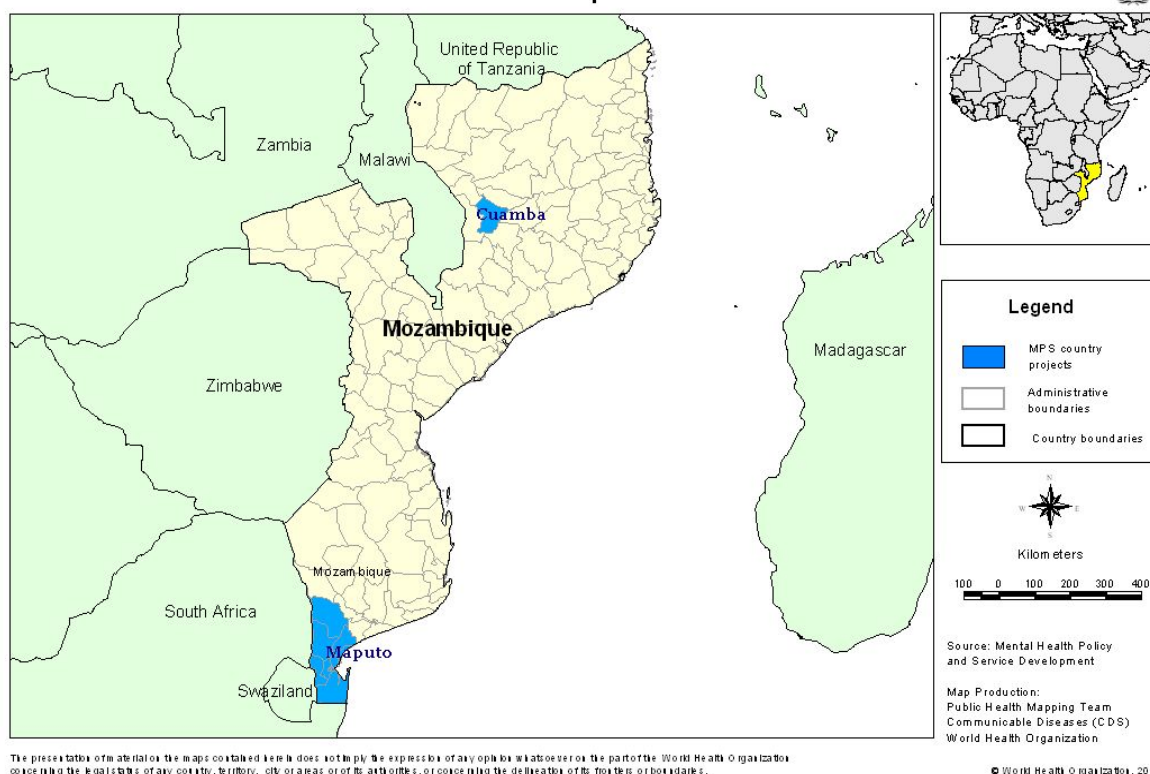
- A qualitative study successfully identified a number of issues:
 - that the population was familiar with mental health problems but that different terminology was used to describe them;
 - the population was not well informed about the causes of mental illnesses but attributed them to witchcraft and spirits;
 - the population was unaware that mental disorders may be treated in hospital;
 - epilepsy and unspecified dissociative disorders were perceived as the most common in the region.
- People who have received training are capable of identifying patients with mental disorders. These include community workers, NGO representatives, traditional healers, nursing personnel (including midwives) and workers at health posts.
- Health posts are beginning to organize informal discussions on mental health and drugs and alcohol. At least nine informal sessions have taken place.
- Posts have been established to offer consultation and integrated community care (screening patients and psychosocial support) at the Cuamba rural hospital, and

in four of the 10 health posts in the district.

- Improvements have been made to the referral system to make it function more efficiently.
- Monitoring and evaluation of the programme has led to successful problem solving in a number of areas such as: regular registration of patients at the hospital; identifying measures to address mental health problems in the district by project focal points; the need for regular timely supervision of workers involved, particularly at the health posts; ensuring a regular supply of psychotropic drugs to the relevant health posts.

Mozambique

Mental Health Policy and Service Development (MPS) Projects



Project objectives

- **To increase the technical capacity of Mozambique in mental health policy-making and planning.**
- **To assist the Ministry of Health of Mozambique to draft a mental health policy and update and improve its mental health programme.**
- **To build the capacity of mental health professionals to provide community-based care.**

Project strategies

- Ensuring the harmonization of the mental health plan with the overall health plan.
- Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care.
- Paying particular attention to the development of community-based services in the planning process.
- Ensuring the involvement of non-governmental organizations, especially traditional healers, in the area of training.
- Actively encouraging the involvement of a range of ministries, other than the Ministry of Health, in the policy-making process.

Implementing institutions

- Ministry of Health, Maputo
- Provincial Health Authorities

Background

Provisional results of the national census conducted in 1997 put the population of Mozambique at nearly 15.7 million inhabitants. This is approximately 15% lower than earlier estimates of 18 million. Primary care remains the basis for the public health system in this country. The National Health Service is the major provider of all health services.

There are four levels of care in Mozambique's 10 provinces. At the



A mental health policy for Mozambique will consider mental health care at the primary, secondary and tertiary levels.

Source: WHO

primary level, there are health posts, mobile services, and rural health centres that carry out preventive and basic curative activities. Health posts are staffed by semi-skilled or unskilled personnel. The large health centres have basic in-patient facilities and are staffed by nurses.

Mental health care

At the secondary level, there are rural and general hospitals. The general hospitals provide services in paediatrics, obstetrics and gynaecology, general surgery and medicine. Few rural hospitals provide surgical services.

At the tertiary level, there are provincial hospitals that offer diagnostic facilities and some specialist services.

The quaternary level includes the three central hospitals in Maputo, Beira and Nampula.

The mental health care system in Mozambique can be broadly divided into three sectors:

(1) Services found in primary care facilities

Primary health care facilities are an important source of mental health care delivery. There are currently 34 psychiatric technicians located in health centres throughout Mozambique's 10 provinces. Their main roles are to prescribe and administer psychiatric medication to patients attending the health centres and to provide psychosocial rehabilitation. The health centres also engage in mental health awareness and educational programmes in an attempt to reduce the stigma associated with mental illness and to highlight the risks associated with alcohol consumption. Medication can also be administered by staff in health posts. These are generally smaller than health centres.

(2) Mental hospital services and psychiatric beds provided by general hospitals where outpatient services are also available

Psychiatric facilities within general hospitals are very limited. They are available in Maputo from the Central Hospital, and in the province of Sofala where there is a small unit in the local rural hospital. There are currently two psychiatric hospitals in Mozambique. They cater primarily to inpatients with severe mental health problems who have been referred on by primary care psychiatric technicians. One is based in the city of Maputo and the other in the northern province of Nampula.

(3) Traditional healing

The Ministry of Health has looked

positively upon traditional medicine because it recognizes its importance to the people of Mozambique. Given that only 60% of the population has access for formal health care services, particularly in rural areas, healers are most often the preferred port-of-call for individuals who suffer from health and mental health problems.

Since many patients who suffer from chronic mental illness are prone to relapses, one of the most important priorities for the Ministry of Health has been to monitor patients' access to health and social care services once they have been discharged from the hospital. There is evidence to suggest that the psychiatric hospital in Maputo has been a victim of the same "revolving door" phenomenon that bedevils hospital services in many developed mental health care systems. Nevertheless, it is evident that some arrangements have been made with local health centres to monitor patients on discharge and provide general assistance to them and their families in the process of re-integration into the community.

Within the ministerial hierarchy, mental health is one of six sections that together make up the Division of Family Health. The Division of Family Health comes under the Department of Community Health, which has its own National Deputy Director. A National Programme Coordinator for Mental Health is responsible for planning and policy decisions. In each province, there is a coordinator for the local mental health programme. The coordinator is usually a psychiatric technician, except in two provinces where the jobs are carried out by psychiatrists. A 2-year strategic plan for mental health was drawn up but has only been partially implemented. It is related to the National Integrated Plan/Community Health 2001.

In November 1996 a national mental

health programme was outlined for the first time. This programme identified several areas of importance for Mozambique that needed to be addressed to improve mental health facilities. These included:

- The failure to prioritize mental health services.
- The dominance of a custodial system of psychiatric care, which perpetuates stigma against persons with mental health problems.
- The lack of epidemiological information on mental illness.
- The lack of human and financial



resources and facilities.

- The lack of awareness among health staff and the community as a whole about mental health problems.
- The lack of systematic knowledge about the influence of social and cultural factors on Mozambique's mental health problems.
- The absence of an agency to organize, promote, coordinate and supervise action in the mental health sphere.
- The lack of continuity in action undertaken. This can be attributed to lack of resources and heavy reliance on international cooperation.
- A highly centralized structure and a lack of intersectoral collaboration.

Each issue is discussed in turn, below.

There is a need to incorporate mental health care into general health care.

Source : WHO

The low priority given to mental health services

This continues to be the case in Mozambique, largely as a result of limited financial resources and the pressing needs created by communicable and transmissible diseases.

The dominance of a custodial system of psychiatric care, which perpetuates stigma against persons with mental health problems

There has been a noticeable improvement in the conditions of patients in the psychiatric hospital and in their management. Therapeutic work, in the form of agricultural projects, has been



WHO is encouraging joint-working between mental health workers and traditional healers.

Source: WHO

developed on land surrounding the hospital in conjunction with members of the local community. Owing to the work of Italian Cooperation, the management of the hospital has been improved and work in the community has been promoted. Italian Cooperation has also had an input in the training of psychologists, nurses and psychiatric technicians through the Central Hospital in Maputo. A new project to further develop community activities will shortly begin. Community projects have also been developed and implemented by the Italians in Manica and Sofala and by WHO in Niassa.

The lack of epidemiological information on mental illness

There is still no epidemiological

information available, however, a pilot epidemiological study has been developed to provide information as part of the policy and planning process. The preliminary results of the pilot study will be presented at a seminar in June 2002 organized to discuss the draft policy document that is being drawn up. The end results will be incorporated into the final policy document.

The Ministry of Health has outlined the benefits of the pilot epidemiological study as follows:

- Increase the availability of reliable epidemiological information on Mental Health in Mozambique.
- Begin the integration of mental health epidemiological information into the general health information system (statistics).
- Initiate an information system on which to base the design of an informed and comprehensive Mental Health Policy and Plan in Mozambique.
- Improve, monitor and supervise the effectiveness of mental health interventions on the basis of the initial evidence.
- Monitor the changes and trends in mental and neurological disorders. These are a major cause of disability in Mozambique, a country undergoing rapid and severe social, political and economic changes with serious impacts on the population.
- Work towards reducing the incidence and prevalence of mental and neurological disturbances with better information systems.
- Use the study as a model to be incorporated into the request for the next phase of the loan from the World Bank to carry out a national epidemiological study.

The lack of human and financial resources and facilities

These continue to be a big challenge to the provision of mental health services,

particularly in the community. There are currently only five psychiatrists in Mozambique (none of whom are Mozambican). Three Mozambican doctors are currently being trained abroad as psychiatrists, but their future location and their willingness to stay in Mozambique cannot be predicted. In addition, because of the shrinking pool from which to draw nurses for training as psychiatric technicians, no new psychiatric technicians are being trained. The issue of training is therefore a crucial one. With regard to psychiatric technicians who provide the bulk of psychosocial rehabilitation and are trained to administer medication, two-thirds are due to retire soon, or are planning to change careers. No new technicians will be trained because of the lack of financial resources in the Ministry of Health to absorb staff at this level. The policy must therefore take this into consideration when examining the pool of labour available not just in health, but in other sectors as well.

The lack of awareness about mental health problems among health staff and the community as a whole

Although training was given to mental health personnel in June 2000, no training has been specifically targeted at general health staff and the community as a whole.

The lack of systematic knowledge about the influence of social and cultural factors on Mozambique's mental health problems

While anecdotal knowledge exists, no systematic research has been carried out on a national scale. However, a study was carried out as part of the preparation of another WHO-funded project in the province of Niassa in the north of the country. Beliefs about the causes, the types of treatment and where treatment is sought, were recorded. The study also gathered information about

local names given to mental health problems. As part of an epidemiological study, a comparison was made between these and ICD-9 classifications.

The absence of an agency to organize, promote, coordinate and supervise action in the mental health sphere

This has been overcome to some extent by the appointment of a National Programme Coordinator for mental health based in the Ministry of Health. However, this programme is only managed by two people and the Coordinator also has clinical responsibilities. Some progress has been made to coordinate action in the mental health sphere by



giving people in the province (mainly psychiatric technicians) responsibilities for mental health. However, whether or not a mental health programme is implemented, remains the responsibility of the provincial director of health.

The lack of continuity in action undertaken, attributable to the lack of resources and heavy reliance on international cooperation

This continues to be the case except in a few provinces where community services have been established.

A highly centralized structure and a lack of intersectoral collaboration

At the regional and provincial levels there has been some decentralization of services, and regional and provincial

Role-playing has proven an effective way to teach members of the community and health personnel about mental health problems.
Source: WHO

officials responsible for mental health

have been appointed.

Project description

Mozambique faces many problems and challenges due to the lack of human and financial resources in the field of mental health. There is a need to address all of these issues in a systematic and practical manner. Because of the scale of communicable diseases in Mozambique, that are exacerbated by periods of flooding and drought, the health sector in general is under considerable pressure. The project therefore set out to address the objectives spelt out at the beginning of this document.

Increasing the technical capacity of Mozambique in mental health policy-making and planning

policy-making process. This process will be extended to provincial health authorities and people working in the mental health field in each of the provinces. A series of visits has been planned (see *Activities to Date* and *Planned Activities to June 2002*, below).

As previously mentioned, a pilot epidemiological study has been planned and will take place as part of the process of strengthening the base for policy-making and planning. It will be conducted in one rural and one urban province and will include a sample of people in the community, as well as people in primary care and general hospitals.

WHO has organized seminars and workshops around mental health policy.

Source: WHO



WHO is assisting the government of Mozambique to develop a mental health policy. The policy will address *inter alia*, a number of key areas such as training and development of manpower, the provision of psychopharmacological drugs at all levels of the health system, intersectoral collaboration, the role of the traditional sector and the need for adequate epidemiological information to support the planning process.

This policy-making is being pursued through joint collaboration and planning between officers responsible for mental health in the Ministry and consultants hired by WHO to collaborate with the Ministry and guide it in the

Preliminary results will be presented at a seminar to be held in June 2002 to review and make recommendations on the draft policy document. The results will then be incorporated into the final policy document. The Ministry of Health plans to use the protocol devised for the pilot study in a request to the World Bank for a loan to fund a national epidemiological study. The training given by WHO as part of the pilot epidemiological study will also be a part of a capacity-building exercise to enable the Department of Epidemiology within the Ministry of Health to begin to integrate such information into its routine statistics and for record-keeping purposes.

Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care

In June 2000, approximately 90 mental health professionals and representatives of non-governmental organisations from all 10 provinces were trained in best practices in community mental health. The training also included persons from the statutory and non-statutory sectors.

An international meeting of experts and local mental health policy-makers and

size of the country and logistical problems in servicing communities with poor infrastructure, the provision of mental health services is greatly limited. There are however successes in a few provinces where international aid is being injected into the community by Italian Cooperation. Overall however, the issue of staff training, support and retention is one that runs across the whole of the health sector and affects the provision of community services.

Existing community services will be visited and discussions held with workers and international NGOs, where they

The following received training as part of the project:

- *Clinical psychologists*
- *Psychiatric technicians*
- *General practitioners*
- *Psychiatrists*
- *Traditional healers*
- *Technicians in preventive medicine*
- *Nurses*
- *Nursing tutors*
- *Heads/representatives of nine NGOs*

The following groups attended an international meeting:

- *Chiefs of provincial community mental health services*
- *Senior primary health care staff*
- *National Programme Coordinator for Mental Health*
- *Psychiatric technician based in the Ministry of Health*

practitioners was also convened in June 2000. (See boxes above.)

Paying particular attention to the development of community-based services within the policy and planning process

It has already been recognized that this is a fundamental part of the process of strengthening the role of mental health in primary health care. Discussions with Ministry and clinical staff indicate that there is a high rate of re-admission. It is recognized that there is a need for greater follow-up in the community. This is a problem because of the insufficient numbers of trained staff. Given the

exist, in order to evaluate the impact on community service provision.

Actively encouraging the involvement of a range of ministries other than the Ministry Health in the policy-making process

This process of building intersectoral collaboration where none has previously existed has already been initiated with the Ministry of Social Action and the Ministry of Labour. This will be extended during future visits of consultants. Other Ministries have been targeted for consultations and recommendations on the way forward.

Other areas that need to be addressed as part of the policy-making process affecting community care include:

- *The integration of mental health into existing community health programmes within the ministry of Health (such as the Infant and Maternal Health Programme (UNFPA), and the Integrated Management of Childhood Illnesses programme (WHO/UNICEF)).*
- *Introducing/strengthening the training and use of primary health care staff such as health agents and social agents. This is aimed at improving care in the community as part of a national programme of training by the Ministry of Health.*
- *Ensuring the adequate provision of psychopharmaceutical drugs at each of the four levels of distribution and ensuring the introduction of the necessary psychopharmaceutical drugs into the “kit system” at the PHC level.*
- *Rationalizing the work of psychiatric technicians with the roles of health agents, recently trained psychiatrists and social action agents from the Ministry of Social Action, with particular reference to roles and responsibilities and career structures.*

As far as future collaboration is concerned, the involvement of the Department of Mental Health in training of “social agents” who work in the community has been discussed with the Ministry of Social Action as part of this project and is seen as a fruitful area for cooperation. Future collaboration also includes further work with the Directorate for Women within the Ministry of Social Action. This is because domestic violence is an area of concern. For the Ministry of Labour, recent labour legislation was drawn up but has yet to be implemented through various regulations. Input from the Department of Mental Health in drawing up regulations for workers who have mental health problems has been

welcomed. A series of consultations will be held with other Ministries during the course of the project. These are outlined below as part of the Planned Activities to June 2002.

The consultations and visits that have taken place thus far in Maputo will be extended to nine remaining provinces.

A series of activities will take place continuously during the next nine months in between the visits of consultants and will support the whole policy process. These have and will be aided by the secondment of a psychologist from the Ministry of health to assist the National Programme Coordinator for Mental Health until July 2002. The

The aims of the activities that have taken place to date are:

- *to understand the problems and issues of mental health;*
- *to understand how health/mental services are organized at all levels;*
- *to discuss recommendations on the key areas that need to be addressed in the policy document and suggestions on how to address the current problems in mental health;*
- *to get a better idea of the role and contribution of the traditional sector;*
- *to agree on the nature and scope of collaboration with other ministries in order to optimize limited human and financial resources.*

The following consultations and visits have been made:

Ministry of Health

- Deputy Minister of Health
- National Director of Community Health
- Head of School and Adolescent Health
- National Director of Human Resources and Training
- Deputy National Director of Medical Assistance
- Head of Pharmaceutical Department
- Meeting with Restricted Consultative Group (a Maputo-based group with representatives from the Ministry of Health, the military hospital, the psychiatric hospital, the central (general) hospital and NGOs).

Visit to Psychiatric Hospital - Infulene

- Meeting with the Psychiatric Hospital Director followed by a tour of the hospital.

Ministry of Social Action

- National Director of Women and Social Action
- National Director of the Institute of Social Action (INAS)
- Chief of Programmes – INAS

Ministry of Labour

- Permanent Secretary
- Head of “Gabinete de Estudos” (Study Cabinet)

NGOs

- Italian Cooperation
- Executive Director of *Reconstruindo Esperanca (Reconstructing Hope)* – children and adolescents
- Mahotas (adults)

psychologist's salary is being paid by WHO/Maputo.

These activities will include:

- Production and circulation of a quarterly Mental Health Bulletin, coordinated by the Restricted Consultative Group. Access to a website by WHO Maputo.
- Follow-up meetings with the Ministry of Labour and Ministry of Social Action.
- Follow-up meetings with the Head of

the Pharmaceutical Department and the Deputy Director of Training and Human Resources.

- Meetings of the Restricted Consultative Group (RCG) to discuss the project.
- Papers prepared for discussion during visits of consultants.
- Undertaking a pilot epidemiological survey in two sites, (one urban, one rural), Maputo city and the Cuamba District in the Northern Province of Niassa.

The following activities are planned until June 2002:

Consultations are planned with:

- *Focal points for mental health in all of the provinces*
- *Relevant local health personnel*
- *Provincial authorities*
- *International NGOs*
- *Local NGOs*
- *Traditional healers*
- *Ministry of Education*
- *Ministry of Youth and Sports*
- *Ministry of Justice*
- *Ministry of Internal Affairs*
- *Ministry of Finance*
- *The City Health Board*

Key Results to Date

- *Training of mental health professionals in the area of community mental health has taken place.*
- *An initial situational analysis has been made of mental health issues and problems.*
- *A clear and costed plan-of-action has been drawn up, it will result in the drafting of a policy by June 2002.*
- *Discussions on the way forward have advanced within the Ministry with the Deputy Minister of Health and senior personnel.*
- *Discussions have taken place and initial recommendations have been made on training, therapeutic interventions, the supply of psychotropic drugs at all levels of the system, and on intersectoral collaboration.*
- *Plans for a pilot epidemiological study to support the promulgation of the mental health policy have been finalized.*

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.

Mozambique Policy Project

Project Objectives

- **To** increase the technical capacity of Mozambique in mental health policy-making and planning.
- **To assist** the Ministry of Health of Mozambique to draft a mental health policy and update and improve its mental health programme.
- **To build** the capacity of mental health professionals to provide community-based care.

Project Strategies

- Ensuring the harmonization of the mental health plan with the overall health plan.
- Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care.
- Paying particular attention to the development of community-based services in the planning process.
- Ensuring the involvement of non-governmental organizations, especially traditional healers, in the area of training.
- Actively encouraging the involvement of a range of ministries, other than the Ministry of Health, in the policy-making process.

Implementing Institutions

- Ministry of Health, Maputo
- Provincial Health Authorities

Project Description

Mozambique faces many problems and challenges due to the lack of human and financial resources in the field of mental health. There is a need to address all of these issues in a systematic and practical manner. Because of the scale of communicable diseases in Mozambique that are exacerbated by periods of flooding and drought, the health sector in general is under considerable pressure.

The Ministry of Health saw a mental health policy as an important component for clearly identifying the vision and principles within which planning should take place. As part of the policy-making process the major issues for mental health, highlighted in the first mental health plan set out in 1996, will be reviewed along with the most recent strategic plan.

Increasing the technical capacity of Mozambique in mental health policy-making and planning

WHO is assisting the government of Mozambique to develop a mental health policy. The policy will address *inter alia*, a number of key areas such as training and development of manpower, the provision of psychopharmacological drugs at all levels of the health system, intersectoral collaboration, the role of the traditional sector

and the need for adequate epidemiological information to support the planning process.

A pilot epidemiological study has been planned and will take place as part of the process of strengthening the base for policy-making and planning. It will be conducted in one rural and one urban province and will include a sample of people in the community, as well as people in primary care and general hospitals. Preliminary results will be presented at a seminar to be held in June 2002 to review and make recommendations on the draft policy document. Final results will then be incorporated into the final policy document. The training given by WHO as part of the pilot epidemiological study will also be a capacity-building exercise to enable the Department of Epidemiology within the Ministry of Health to begin to integrate such information into its routine statistics.

Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care

In June 2000, approximately 90 mental health professionals and representatives of non-governmental organisations from all 10 provinces were trained in best practices in community mental health. The training also included persons from the statutory and non-statutory sectors. Categories of staff and other persons trained included:

- Clinical psychologists
- Psychiatric technicians
- General practitioners
- Psychiatrists
- Traditional healers
- Technicians in preventive medicine
- Nurses
- Nursing tutors
- Heads/representatives of nine NGOs

An international meeting of experts and local mental health policy-makers and practitioners was also convened in June 2000. Among the people attending the training workshop and international meeting were:

- Chiefs of provincial community mental health services
- Senior primary health care staff
- National Programme Coordinator for Mental Health
- Psychiatric technician based in the Ministry of Health

Paying particular attention to the development of community-based services within the policy and planning process

It has already been recognized that this is a fundamental part of the process of strengthening the role of mental health in primary health care. Discussions with Ministry and clinical staff indicate that there is a high rate of re-admission. It is recognized that there is a need for greater follow-up in the community. This is a problem because of the insufficient numbers of trained staff. Given the size of the country and logistical problems in servicing communities with poor infrastructure, the provision of mental health services is greatly limited.

Actively encouraging the involvement of a range of ministries other than the Ministry Health in the policy-making process

This process of building intersectoral collaboration where none has previously

existed has already been initiated with the Ministries of Social Action and of Labour. This will be extended during future visits of consultants. Other Ministries have been targeted for consultations and recommendations on the way forward.

Activities to Date

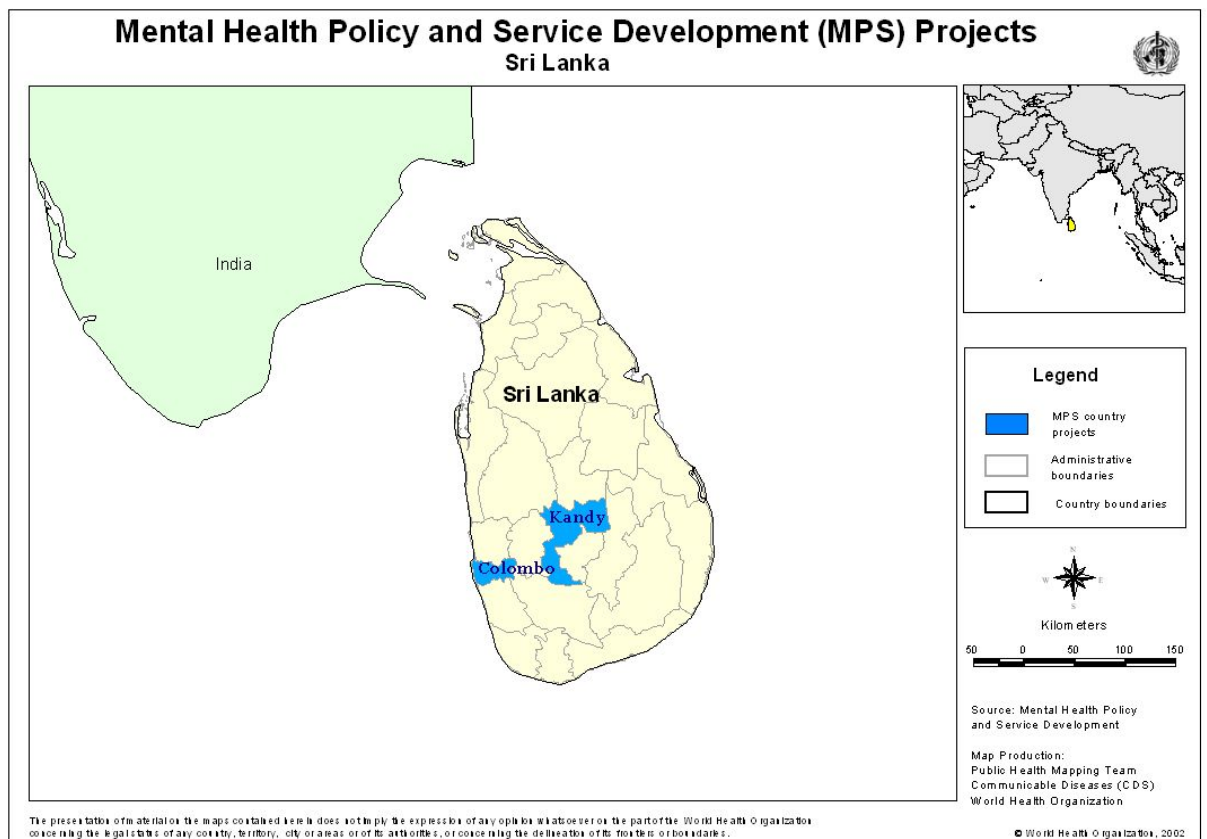
The consultations and visits that have taken place thus far in Maputo will be extended to the nine remaining provinces. The aims of the consultations and visits are as follows:

- to understand the problems and issues of mental health;
- to understand how health/mental services are organized at all levels;
- to discuss recommendations on the key areas that need to be addressed in the policy document and suggestions on how to address the current problems in mental health;
- to get a better idea of the role and contribution of the traditional sector;
- to agree on the nature and scope of collaboration with other ministries in order to optimize limited human and financial resources.

Key Results to Date

- Training has taken place of mental health professionals in the area of community mental health.
- An initial situational analysis has been made of mental health issues and problems.
- A clear and costed plan-of-action has been drawn up, it will result in the drafting of a policy by June 2002.
- Discussions on the way forward have advanced with the Deputy Minister of Health and senior personnel in the Ministry.
- Discussions have taken place and initial recommendations have been made on training, therapeutic interventions, the supply of psychotropic drugs at all levels of the system, and on intersectoral collaboration.
- Plans have been finalized for a pilot epidemiological study to support the promulgation of the mental health policy.

Sri Lanka



Project goal

To encourage a process of de-institutionalization of psychiatric patients and promote reintegration in the community.

Project objectives

- ***To reduce*** the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.
- ***To establish*** a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure and with the involvement of NGOs active in the field of mental health and well-being.

Implementing institutions

- Ministry of Health, Colombo
- Angoda (Teaching) Mental Hospital, Colombo, Western Province
- Nivahana Society of Kandy (NGO), Central Province

Background

Sri Lanka is an island nation with a population of 18.5 million. The population is made up of mostly Sinhalese (74%), Sri Lankan Tamils, (12.6%) Indian Tamils (5.5%) and Muslims (7%), as well as other minorities such as Moors, Malays and Burghers. The country is divided into eight provinces. Each province has an elected Provincial Council. There are around 300 Local Councils across the island. For the last 20 years, there has been political unrest and an ongoing civil war in the north and east of the island between Tamil separatists and the government. As a result, there has been substantial migration of Tamils from the north and north-east to the south as well as from Sri Lanka itself.

Health services

The Central Ministry of Health is responsible for funding public health services through provincial departments of health and divisional health services. Preventive health services are provided through primary care facilities, by public health midwives and nurses, and public health inspectors. The Central Ministry of Health remains responsible for human resource development, personnel posting and discipline, bulk purchasing of drugs and allocation of capital expenditure.

Each province has a department of health led by a Provincial Director of Health Services who reports to the Provincial Minister of Health and the Central Ministry. The provincial director is responsible for hospitals as well as primary and secondary health care facilities. The provincial Ministry of Health is responsible for policy-making, planning, monitoring, coordination of provincial health activities, procurement of

supplies and managerial and technical supervision of divisional health teams.

Each province consists of approximately three districts and 30 divisions. Each district has a Deputy Director of Health Services. At the divisional level, a group of Divisional Directors of Health Services (DDHS) has been created. These Directors have been appointed by the Central Ministry of Health. They are responsible for coordinating all curative and preventive health activities as well as for the management of facilities, including district hospitals. This has further helped to devolve power to divisional levels.

The state of mental health

Between 5% and 10% per cent of people in Sri Lanka are known to suffer from mental disorders that require clinical intervention. Nearly 70% of patients seen in clinical practice are diagnosed with psychosis or mood disorders. Among the most common conditions seen in clinical practice are psychosis, mood disorders, dementia, anxiety disorders, somatoform disorders, substance abuse, stress disorders, and adjustment disorders. Psychiatric practice tends to be based on the biomedical approach and relies mainly on the use of drugs and electro-convulsive therapy. Patients who need or seek other treatments are referred to non-medical mental health professionals (Paper given at WHO Expert Committee Meeting, SEARO, 2000).

An estimated 70,000 Sri Lankans suffer from schizophrenia. This figure is expected to rise with the increase in the number of young adults. It is estimated that 5-10% of the population over 65

years of age suffers from dementia. The suicide rate in Sri Lanka is said to be the highest in the world at 49 per 100,000 (local NGO information leaflet).

Mental health services

At the time of writing there are an estimated 38 psychiatrists for the whole country (not all of whom are with the Ministry of Health). There are also 17 occupational therapists medical assistants and others, 410 psychiatric nurses, and 9 social workers attached to the inpatient units (ATLAS project, Department of Mental Health and Substance Dependence, 2001, WHO).

In Colombo and its environs there are three large mental health hospitals.



These include, Angoda, which takes new admissions from any part of the country; Mulleriyawa, which is primarily for long-stay female patients; and the mental health hospital at Hendala, for long-stay male patients who have been transferred from Angoda. In addition, a few provincial "Base" (general) hospitals provide outpatient services. The Central, Northern and Southern Provinces have psychiatric units or "Teaching Units" with beds in general hospital settings as well as effective outpatient services. The three psychiatric hospitals as well as the Teaching Units are under the control of the Central Ministry of Health in Colombo.

General hospital units are only permitted by law to admit voluntary (informal) patients. However, there is some question about whether this does in fact happen in all cases. To admit patients to Angoda and Mulleriyawa requires an order from a Magistrate. If this is bypassed, and patients are admitted involuntarily, they have no legally enforceable rights.



Outpatient clinics are run in most Base hospitals when psychiatrists are available. While, there are many vacancies among posts for psychiatrists, there is, however, a scheme currently being put in place by the Department of Health to strengthen mental health services around the country which consists of training District Medical Officers in mental health. A total of 31 District

Community mental health team members in Angoda hospital.

Mental health problems are common in Sri Lanka.

Doctors are being trained to provide outpatient care at Base hospitals.

Source: WHO



Medical Officers are being trained and will eventually be assigned to Base hospitals across the country to run psychiatric clinics. There are also plans afoot by the Ministry of Health to relocate patients requiring long-term care to community-based facilities.

Private sector

There are several private practices in the capital run by psychiatrists who are employed by the statutory services but work part-time in private hospitals. District Medical Officers at Base hospitals also sometimes see private patients. There are numerous general practitio-



Katugastota community mental health resource centre.

Mental health facilities are often rudimentary and basic.

Psychosocial rehabilitation can be improved and expanded.

Source: WHO

ners who see patients privately since general practice is not part of the government's free health service. A few consultant psychiatrists are believed to run large practices in Colombo.

Counselling services for people with suicidal behaviour, interpersonal problems, stress-related health problems,



and psychosocial problems are provided by non-medical mental health professionals in the non-governmental sector. Some non-medical mental health professionals also provide psychological services that are based on cognitive behaviour therapy and other psychological models.

Ayurvedic services

Throughout south Asia, religious healing and forms of indigenous medicine such as Ayurveda have traditionally dealt with mental health problems. There is a large government Ayurvedic hospital with an Ayurvedic college and research centre that trains physicians. However little is known about their work among mental health professionals. Administratively, Ayurvedic medicine does not come under the Ministry of Health, but under the Ministry of Indigenous Medicine. There is also a Buddhist temple some 20 miles from Colombo that has been using Ayurvedic treatment for *unmada* (equivalent to mental illness) for many years.



NGOs

There are five NGOs working in the field of mental health. The oldest started in 1987 as a befriending scheme for patients in one of the three mental hospitals (Mulleriyawa). Three of these organizations now run rehabilitation programmes for people with mental health problems. One is a community-based programme and the other two take the form of residential programmes where services are provided for the long-term mentally ill.

Generally speaking, the current range of mental health services, service delivery models, facilities, personnel, funding,

organization of services and priority-setting processes are totally inadequate to meet the present and emerging mental health needs of the community. Services are not evenly distributed and there are problems with access, particularly to community-based care. Most of the available services are concentrated in Colombo and other urban areas,

leaving the rest of the country largely devoid of services. Hopefully, the situation will improve as medical health officers are trained to work in the Base hospitals. As the project becomes more established, there will be a network of primary care services in some areas; however, much needs to be done across the country as a whole.

Project description

To reduce the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.

The aims of the project are the same in both the Gampaha district of the Western Province and in the Central Province. The main objectives of the project are to reduce the number of admissions and re-admissions to psychiatric hospitals in Colombo, and to establish an infrastructure of support, including follow-up care, based on the existing primary health care infrastructure. However, the approach has differed somewhat in the two project areas. This is largely because of the differing mental health services available (or lacking) in the two areas, as well as the availability of human resources in each.

Work in the Western Province is being carried out by a team of social workers attached to one of the main mental hospitals in the capital (Angoda). This is being done in collaboration with one of the few psychiatrists to conduct clinics in the community.

In the Central Province, work is being carried out by an NGO active in the field of mental health and well-being (Nivahana Society of Kandy (NSK)), based in the capital town of the Central Province. This NGO was established in 1985 when a group of concerned individuals, with a shared interest in mental

health issues, came together to advocate for improved mental health services within the Province. The director of this NGO is also a consultant psychiatrist at the teaching hospital in the Province. He has been able to engage the Central Province Ministry of Health and the Department of Psychiatry of the University of Peradeniya in pursuing the aims of this project.

Central Province

State psychiatric services in the Central Province are provided by general and specialist psychiatric clinics in the two main teaching hospitals in Kandy and Peradeniya, as well as by a 20-bed medium-stay unit in one of the districts. There are no other formally recognized state-funded psychiatric services.

The main thrust of the project in the Central province is to supplement current mental health services by providing care in the community to those patients recognized as suffering from mental health problems as well as to their families. The baseline philosophy of the project is to work with patients to maximize their ability to live independently and to facilitate and promote the development of cost effective, accessible, and quality mental health services. This is being implemented through the various activities described below.

Raising awareness among policy-makers and planners about the need for more sensitive community mental health systems

In order to ensure support for the project and to facilitate links with current services, the project staff have organized meetings both within the Central Province and with senior personnel from the Central Ministry of Health in Colombo. In the Central Province, project staff have met with local policy-makers and now take part in Provincial community health meetings, which are chaired by the Provincial Director of Health. This has meant that the project is now seen as integral to the

the specialist services, supporting hospitals, community staff, and other centres and community workers.

- Monitor and evaluate service delivery effectiveness/efficiency and revise as appropriate to improve them.
- Act as a resource centre to provide workers with information on mental health issues, house up-to-date journals and books, and provide Internet services.

Relocating people recently discharged from mental hospitals in Colombo to the Central Province

A register of all patients from the Central Province who were eligible for discharge from mental hospitals was compiled and attempts were made to contact their respective families. Assessments were done with patients, and relatives who could be found were questioned about their willingness to take in family members who had been recently discharged from hospital. Based on the responses from relatives, it emerged that because of the length of stay of some persons in mental hospitals in Colombo, and the loss or weakening of family ties, of the original 150-200 persons who could be relocated, only an estimated 15% could be reintegrated in their families. It became clear that different types of accommodation would need to be established to house patients following their discharge from hospital.

development of mental health services for the Province and it has therefore secured the support of the Provincial Department of Health. Project staff now take part in regular mental health divisional meetings with the Director General of Health.

Establishing community mental health resource centres

As part of the project, there is a plan to set up three community mental health resource centres in each of the districts of the Province. The first centre was established during the second year of the project and training manuals and journals on mental health and addictions have now been purchased. It is located within the grounds of the district hospital. The main roles of the current centre are to:

- Coordinate service delivery between

The project is therefore working to establish medium- and long-term accommodation for patients within the community. To this end, 20 beds were added to a medium-stay psychiatric unit in the district of Deltota to accommodate 40 people (roughly equal numbers of men and women). The average length of stay is about 18 months. The Provincial Department of Health has provided extra staff to cater for the increased number of patients. In turn, the staff have been trained by the project to undertake psychosocial rehabilitation with

Having "Open Days" helps to open minds.

Source: WHO



patients who have been discharged from the Angoda mental hospital in Colombo. As part of the process of rehabilitation, the women residents are engaged in craftwork (batik, needlework, soft toys, embroidery and making utensils out of local materials such as coconut shells), while the men are employed in animal husbandry and gardening. The plan is to make products that can be sold at the local market. Arrangements are made for this to happen.

The project also plans to convert an old hospital site, owned by the Provincial Department of Health, into a long-stay unit. This unit will house patients who have been discharged from the Angoda hospital complex in Colombo and who have little chance of returning to their families in the Central Province. The provincial government has given its approval and support for the establishment of this long-term rehabilitative facility. Funds are currently being sought to undertake refurbishment. The facility will offer different levels of sheltered accommodation, according to the different needs of individuals.

Establishing effective systems, policies and procedures to support the emerging community mental health care services

A number of activities have been undertaken to fulfil this objective. These include, training different categories of staff; establishing clinics where none previously existed; ensuring adequate drug distribution; and establishing effective methods of recording, storing and analysing services' data.

As far as training is concerned, five groups of professionals have been targeted: Base hospital doctors (in five Base hospitals), Divisional Directors of Health Services (DDHS), public health nursing sisters (PHNS), public health midwives (PHM) and public health inspectors (PHI). A training manual has been compiled for teaching public



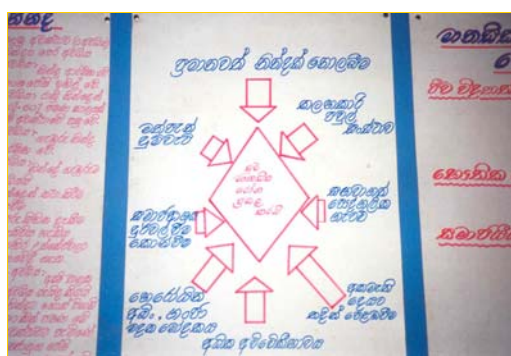
health midwives. The manual covers basic information on mental illness, medication and communication skills.

In the second year of the project, weekly psychiatric clinics were introduced in two of the five Base hospitals. These clinics act as a gateway to the main psychiatric clinics in the two local hospitals. The DDHSs currently specialize in child and maternal health and are responsible for community and preventative services. With training, their role has been extended to incorporate mental health. They will in turn support the public health nursing sisters by providing care to people living in the community and suffering from mental health problems. A link has also been made between trainee doctors at the University of Peradeniya and doctors at the Base hospitals in order to offer training in mental health as part of training in community medicine.

Of the 800 public health midwives and public health inspectors in the 33 divisions of the Central district who offer community preventative services, over

Raising awareness of mental health disorders is of paramount importance among young people. Schools have begun projects to do this.

Source: WHO



Rehabilitation in the community: some success stories



The garment factory where Raj and his wife work.

The house he has bought.

The plot of land he cultivates to supplement the family food supplies.

Source: WHO



Raj has a history of mental illness that has led to several admissions to psychiatric hospital. He was diagnosed as suffering from schizophrenia and prescribed medication. Although he had been discharged back to his family, he found it difficult to both find and maintain employment because of recurrent bouts of illness. As part of the project for the reintegration of people back into the community, Raj was able to benefit from a programme of support which included help with finding employment. Through negotiation with the

manager of the local garment factory where his wife worked, Raj was also able to find gainful employment. In addition, he was given support through home visits that provided both counselling and help in understanding the importance of staying on his medication. At times of crisis, his social worker liaised with his employer and provided additional support. As a result, Raj was able to save

money and buy a small house and a plot of land and so move his wife and daughter out of the dilapidated house, which they formerly inhabited. He is now able to help support his family financially as well as cultivate a small plot that helps to supplement their basic food supplies. The whole family has benefited from Raj's improved situation. This is a prime example of how rehabilitation within the community can improve both the quality of life and future prospects not only for individuals but for their families as well.



Rehabilitation in the community: some success stories



One of the most important ways of helping people in the community after discharge is to provide a means of employment. By the use of simple technology, such as a weaving machine, items such as rugs and rope can be made for sale in small local markets and thereby supplement the family income. The ability to earn money and be seen as a useful member of society is an important feature of rehabilitation, especially in low-income countries.

All these people have been helped upon their discharge into the community by a means of employment. They are engaged in weaving or growing of plants for sale in the local market.

Source: WHO



half have already been trained and it is anticipated that training will be completed by the end of the second year of the project.

As far as drug distribution is concerned, the project manager was involved in writing a paper, which was submitted to the Director General of Health Services, and proposed that key psychiatric medications be made available in the district. Historically, patients requiring psychiatric treatment travel to Kandy General Hospital. This involves long journeys at a time when patients are unwell. This may be one of the reasons why large numbers of patients who do not attend outpatient clinics, and therefore cease to take their medication, subsequently suffer a relapse. A recent ward survey in the teaching hospital showed that 50% of all admissions to the wards were people who had discontinued their medication. The project therefore proposed that psychiatric medication be made available in all Base hospitals, in all district hospitals and to all Divisional Directors of Health.

A data collection system and a system of psychiatric referral are being piloted. In addition to patient records held in Base hospitals, these include: referral forms to and from the divisional psychiatric service; home visit forms; two monthly psychiatric forms completed by public health nurses and doctors; quarterly forms from the medical health officers to consultant community physicians. Their use is being monitored and teething problems are being addressed.

Western Province Gampaha District

The Angoda/Mulleriyawa/Hendala mental hospital complex houses approximately 2900 inpatients. Of those, around 1500 are long-stay patients with little access to psychosocial rehabilitation or specialist nursing care. The only provision of statutory community care is through a team of 6-8 psychiatric social workers (the numbers have varied over time) attached to the Angoda hospital, and one active consultant community psychiatrist (who is one of the project managers).

A lack of infrastructure for follow-up and family support has led to frequent readmissions and a heightened risk of rejection by the family, as

well as burnout. The project aims to address these issues by locating families and preparing and supporting them to receive their relatives. It also plans to train primary health care workers to identify individuals in need of help and carry out basic follow-up in the community.

The main efforts so far to reduce the number of admissions and readmissions to hospital, have been through the provision of targeted ongoing support in the community, and through building a wider network for support through the primary health care teams who were equipped to both identify cases and provide follow-up care. Unlike the Central province, most of the patients discharged to the community, have been sent back to their families. The emphasis on reintegration therefore



Patients waiting at an outpatient facility to consult a doctor.

Source: WHO

has focused on working not only with patients in the community but also with their families. A small number of people have been referred to non-governmental community facilities because there are no statutory facilities in the district.

To establish a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure

Reducing re-admissions to mental hospitals and establishing effective support systems in the community.

The project has sought to achieve these objectives by increasing the level of support in the community to persons discharged from hospital;



training different categories of staff to identify cases and conduct follow-up; placing patients who have been discharged but who cannot be returned to their families in community-based rehabilitation facilities.

As a starting point, the project identified all the patients who lived in the five divisions of the Gampaha district and who had been admitted to hospital more than two or three times in the preceding two years. A range of demographic and diagnostic data was collected on all patients discharged from the Angoda and Mulleriyawa hospitals. Patients were then assessed in terms of the degree to which they were deemed to be at a minimum, low or high risk of relapse after discharge. Diagnosis, family situation, previous number of admissions, history of violence at home,

suicide attempts and other factors were taken into account in these assessments. This in turn determined the frequency with which community visits were organized not only by project staff, but also with the participation of newly trained primary health care staff.

Follow-up visits were then undertaken by the project team. The team consisted of psychiatric social workers and a consultant community psychiatrist who runs three to four clinics a week within a 75-kilometre radius of the hospital, as well as the follow-up visits carried out

as part of this project. It was found that visits by the psychiatric social worker helped family members to better understand persons suffering from mental disorders and

helped them to rebuild their personal social connections.

The psychosocial intervention provided by the project includes not only counselling and supervision of medication, but also other types of support such as assistance in finding employment. If patients are unable to find employment, they are encouraged to become self-employed by making handicraft items for sale in local markets.

As in the Central Province, the emphasis in staff training has been on training primary health care professionals such as medical officers of health (MOH), public health midwives, public health nursing sisters and public health inspectors. The project team has conducted training sessions in all five divisions of the Gampaha district and has trained all

Treating patients within the community reduces the burden on mental hospitals.

Source: WHO

167 primary care staff (14 medical officers of health and 153 public health nursing sisters, public health midwives and public health inspectors). Ongoing support is provided to primary health care staff through monthly case conferences.

Referral systems are not as advanced as in the Central district, but as part of the training primary health care staff were made aware of the need to fill out basic referral forms used by the MOH. There is also a system in place whereby patients picked up in the community will first be referred to the MOH. Only in

cases where the MOH does not feel able to offer the scope of assistance needed, will the patient be referred to the psychiatric social worker responsible in that particular division.

Another recent activity has been the establishment of carer support meetings in each of the five divisions. Meetings are held in the building in which the medical officers of health and their teams are housed. Transport is provided by the project to encourage as many relatives as possible to attend. In addition, meetings are held on Saturday mornings to enable those relatives who work during

Future activities planned in the Central Province

- *Continuing to strengthen systems, policies and procedures to support the emerging community mental health service network.*
- *Establishing two more resource centres in the Central province.*
- *Completing the training of staff in the Central province to provide community-based rehabilitation to selected individuals discharged from Angoda.*
- *Completing the training of primary health care staff in both the preventive and curative services.*
- *Extending the range of psychiatric clinics to the three remaining Base hospitals.*
- *Establishing long-term residential rehabilitation centres in the Province.*
- *Promoting and facilitating activities undertaken by other governmental and non-governmental agencies that provide mental health services that are not available in the public sector.*
- *Continuing the integration of the project into existing mental health services while at the same time seeking to extend and strengthen those services.*

Future activities planned in the Western Province

- *Continuing to conduct seminars for community leaders to raise the level of awareness about mental health and to involve them in forming links with carers to provide ongoing support.*
- *Intensifying the level of support to further reduce re-admissions to hospital.*
- *Strengthening formal referral systems between primary health care workers and tertiary services through designing and testing various types of referral forms.*
- *Continuing to strengthen the provision of community care services through collaboration with primary health care teams.*
- *Conducting community awareness activities to increase the level of understanding about mental health issues.*

the week to attend. All meetings are organized and attended by the social worker responsible for the division, the senior psychiatric social worker (also one of the project managers) and the project psychiatrist. An officer from the social security office is always invited to attend to hear the problems of relatives first hand and to facilitate the offers of social assistance to those relatives in need.

Some of the main areas of concern voiced by relatives were the following:

- The negative side effects of medication which affect individuals' ability to function normally.
- Fears for personal safety due to aggressive behaviour of discharged patients (leading to relatives asking for the patient to be kept in hospital).
- Non-compliance with medication (leading to relapses, aggressive behaviour) and concerns about how to respond to this.
- Worries about their sons'/daughters' not finding marriage partners because of the illness and what can be done to reassure prospective spouses.
- Queries about whether mental illness is hereditary.

- Queries about their own mental health (signs and symptoms).
- Queries about the relationship between smoking and mental illness.

Providing social service assistance using a discretionary fund

The project has established a small fund to offer social support to needy families since many of the persons discharged from hospital and their families are very poor. This fund is therefore used to offer support for housing and employment when patients are discharged from hospital.

Raising awareness in the community

The project considered it important to combine medical, social and spiritual services for patients' full recovery by maximizing the existing potential in the community. Seminars have therefore been organized involving 53 members of the various social welfare organizations in three of the five divisions. It is intended to examine the welfare requirements of people with mental health problems more closely so that the relatives can link up with these social welfare organizations and obtain more support.

Key Results to Date

- *A strengthening of the network of psychiatric services in the Central and Western Provinces by the establishment of new clinics and by the extension of the range of community-based care and support.*
- *Training of primary health care workers, medical health officers and divisional directors of health services to provide community-based care thus strengthening the integration of mental health in primary health care.*
- *Raising the level of awareness in the community and among policy-makers and securing their support.*
- *Decreasing the number of re-admissions to psychiatric hospitals (approximately 70% of patients in the Gampaha district).*
- *Establishing forums for carer groups to express their needs and concerns.*
- *Establishing rehabilitation facilities in the community.*

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.

Sri Lanka

Project Goal

To encourage a process of de-institutionalization of psychiatric patients and promote reintegration in the community.

Project Objectives

- **To reduce** the number of admissions and re-admissions to the Angoda/Mulleriyawa/Hendala Hospital complex.
- **To establish** a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure, and with the involvement of NGOs active in the field of mental health and well-being.

Implementing Institutions

- Ministry of Health, Colombo
- Angoda (Teaching) Mental Hospital, Colombo, Western Province
- Nivahana Society of Kandy (NGO), Central Province

Project Description

In October 1999 the World Health Organization approved a project proposal submitted by the Nivahana Society of Kandy. The project has been implemented in two areas, the Gampaha District and the Central Province.

The aims of the project are the same in both the Gampaha District of the Western Province and in the Central Province, that is, to reduce the number of admissions and re-admissions to psychiatric hospitals in Colombo, and to establish a supportive infrastructure, including follow-up care, based on the existing primary health care infrastructure. However, the approach has differed somewhat in the two project areas. This is largely because of the structure of mental health services available (or lacking) in the two areas, as well as the availability of human resources in each.

Work in the Western Province is being carried out by the team of social workers attached to one of the main mental hospitals in the capital (Angoda). It is being done in collaboration with one of the few psychiatrists to conduct clinics in the community.

In the case of the Central Province, work is being carried out by an NGO active in the field of mental health and well-being (Nivahana Society of Kandy (NSK)), based in the capital town of the Central province. The director of this NGO is also a consultant psychiatrist at the teaching hospital in the province. He has been able to forge links between the Central Province Ministry of Health and the Department of Psychiatry of the University of Peradeniya.

The main thrust of the project in the Central Province has been to supplement current mental health services by providing care in the community to those patients recognized as suffering from mental health problems as well as to their families. The baseline philosophy of the project is to work with patients to maximize their ability

to live independently and to facilitate and promote the development of cost-effective, accessible, and quality mental health services. This is being done through various activities described below:

- Raising awareness among policy-makers and planners about the need for more sensitive community mental health systems.
- Establishing community mental health resource centres.
- Relocating people recently discharged from mental hospitals in Colombo to the Central Province.
- Establishing effective systems, policies and procedures to support the emerging community mental health care services.

In the Gampaha District of the Western Province this has been achieved through:

- Reducing re-admissions to mental hospitals and establishing effective support systems in the community.
- Providing social service assistance using a discretionary fund.
- Raising awareness in the community.

Key Results to Date

- A strengthening of the network of psychiatric services in the Central and Western Provinces by the establishment of new clinics and by the extension of the range of community based-care and support.
- Training primary health care workers, medical health officers and divisional directors of health services to provide community-based care thus strengthening the integration of mental health in primary health care.
- Raising the level of awareness in the community and among policy-makers and securing their support.
- Decreasing the number of re-admissions to psychiatric hospitals (approximately 70% of patients in the Gampaha district).
- Establishing forums for carer groups to express their needs and concerns.
- Establishing rehabilitation facilities in the community.

Appendix

The information contained in these summaries is based on reports provided by focal persons in the country with responsibility for overseeing the project, but also from country visits of WHO advisers and technical staff of the Department of Mental Health and Substance Dependence. A list of project coordinators, focal points and additional sources of information is included in alphabetical order by country overleaf.

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Sources of information

- Internal HQ materials on country profiles

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- “Report on the qualitative study of the local approach to mental disorders in the Cuamba District”, April 1999, Ministry of Health, Niassa Provincial Health Directorate

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Sources of information

- Internal HQ materials on country profiles
- Focal persons

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Documents produced by Mental Health Policy and Service Development

Documents

Gender differences in the epidemiology of affective disorders and schizophrenia.
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Nations for Mental Health: Schizophrenia and public health.¹
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WHO/MSD/MPS/01.1

The above documents are available from our website: http://www.who.int/mental_health/publication_Pages/Pubs_General.htm

¹ These documents have been translated into Russian by the Geneva Initiative on Psychiatry. Requests for copies in Russian should be directed through Dr Robert Van Voren, General Secretary, Geneva Initiative on Psychiatry, PO Box 1282, 1200 BG Hilversum, Netherlands. Tel: 0031-35-6838727. Fax: 0031-35-6833646. E-mail: rvvoren@geneva-initiative.org.