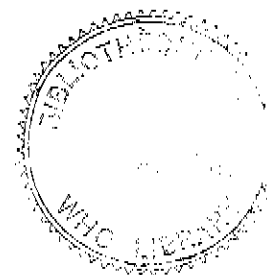




WHO SPECIAL PROGRAMME OF TECHNICAL
COOPERATION IN MENTAL HEALTH



AFRICAN MENTAL HEALTH ACTION GROUP

Tenth meeting

Geneva, 8 May 1987

REPORT

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1. INTRODUCTION

The tenth meeting of the African Mental Health Action Group was held on Friday, 8 May 1987 at WHO/HQ, Geneva. The meeting was attended by 16 delegates from 10 member countries and one liberation movement. There were observers from five non-member African countries and liberation movement and three European countries (Belgium, Finland, and the Netherlands) who support the activities of the Action Group. Representatives of the Danish International Development Agency and of WHO Collaborating Centres, also attended. The full list of participants is provided as Annex 1.

Mrs Helen Matanda (Zambia), 1986/87 chairperson, expressed satisfaction with the Action Group's continued good performance. She thanked donor countries and agencies for their support, and the Secretariat for its commitment and guidance. Mrs Matanda observed that the 1987 meeting was a celebration meeting which called for jubilation and for rededication. She welcomed Dr Lambo, Deputy Director-General, and Dr Monekosso, Regional Director for Africa, to the meeting. She appealed to donor countries for continued and greater support in the face of the increasing worldwide economic crisis which was crippling many developing countries.

Dr T.A. Lambo, Deputy Director-General of WHO, welcomed the participants on behalf of Dr Halfdan Mahler, Director-General of WHO. He congratulated the Regional Director of the WHO Regional Office for Africa and the Secretariat for their achievements over the past ten years. In particular, the Deputy Director-General reminded the meeting that the African Mental Health Action Group came into being and continued to grow strong because Dr N. Sartorius, Director of the Division of Mental Health of WHO, had committed his own energy and enthusiasm, as well as the resources of his Division, to the achievements of mental health for all Africans by the year 2000. The Deputy Director-General warned that WHO had not been exempted from the contemporary worldwide economic difficulties and that African countries must do more for themselves by increasing their budgetary allocations for health in general and for mental health in particular. He deplored the dichotomy which existed in many African countries with regard to the control and supervision of health services and health education. He called the attention of policy makers worldwide to the need to pay attention to the psychosocial aspects of the killer disease, AIDS. He observed that no African country had made provisions for the care of the mentally retarded and called for such provisions to be made. The Deputy Director-General listed emotional and conduct disorders and health damaging behaviours, such as drug and alcohol abuse, violence and child motherhood as specific issues which should be examined at individual national levels.

Dr G. L. Monekosso, Regional Director of the WHO Regional Office for Africa, congratulated the African Mental Health Action Group on its tenth birthday. He observed that most African countries had no national mental health policy and that there was usually no adequate mechanism for formulating and evaluating such policy. He drew the attention of the meeting to the traditional negative attitude and public ignorance towards mental health issues and the mentally afflicted and to the fact that trained manpower, adequate technology and infrastructures were in short supply. He saw the creation and the work of the African Mental Health Action Group as being of particular importance. He proposed that similar Action Groups should be established in other sub-regional areas.

The Regional Director informed the meeting that he had recently called a Round Table meeting of African mental health experts and he appealed to governments to implement the recommendations which emanated from the meeting. The Regional Director proposed to place an item on Mental Health on the agenda of the 1988 Regional Committee, in pursuance of resolution WHA39.25. He promised that a Mental Health Adviser, who was to work in the Regional Office to help in developing intercountry activities and assist countries in developing their programmes, would soon be appointed.

In accordance with the principle of rotating chairmanship between member countries, Mrs J. Kadandara (Zimbabwe) was invited by Mrs H. Matanda to take the chair, as chairperson for 1987-1988. Dr John Orley and Dr J. Makanjuola were elected rapporteurs.

Dr Norman Sartorius, Director, Division of Mental Health, WHO, suggested a new procedure for presentation of country reports. By this new procedure, a rapporteur will give a resumé of country reports followed by additional comments from country representatives as required. The meeting agreed to try this method of presentation and to adopt it for future meetings if found satisfactory. The agenda for the meeting was adopted.

2. REVIEW OF PROGRESS IN 1986-1987 AND PLANS FOR 1987-1988

2.1 Summary of country reports

During the past twelve months, activities and programmes within the African Mental Health Action Group countries were dominated by the following specific issues:

- 1) need to decentralize psychiatric services;
- 2) need for intersectorial approach to mental health service delivery systems;
- 3) personnel training requirements in all mental health disciplines;
- 4) upgrading and rehabilitation of infrastructures;
- 5) problems of logistics;
- 6) need for non-programmed academic activities - workshops, seminars, and short refresher courses;
- 7) emphasis on preventive measures and integration of mental health into primary health care programmes;
- 8) need for extrabudgetary funds to finance various projects and activities.

2.1.1 African National Congress

The Congress, at its 3rd National Health Council meeting in Lusaka (August 1986), for the first time took a definite and firm decision on mental health. This decision reaffirmed the Congress' commitment to a community-based rehabilitational approach to mental health care. It was resolved at the meeting to strengthen mental health services within all settlements and to rehabilitate all mentally ill persons. Some 150 people based in Zambia and Tanzania suffer from diverse conditions which include schizophrenia, depression, organic psychoses, neuroses and epilepsy.

A clinical psychologist based in Canada plans to study the effects of torture and post-traumatic syndrome on the mental health of settlement residents. The Harare based African Rehabilitation Institute plans to collaborate with the Congress to hold a workshop on social rehabilitation for community leaders.

There is a gross shortage of trained personnel and the Congress seeks support from the front line states and from WHO to be able: (i) to hold a workshop on mental health for health workers and department leaders; and (ii) to fund the training of at least one psychiatrist.

2.1.2 Botswana

National mental health services in Botswana have placed emphasis on the integration of mental health into the general health programme and on community participation in mental health programmes. Specific achievements in the past year include a workshop at which participants were taught the use of flow-charts for the identification and management of mental health problems and the importance of early diagnosis emphasized.

Mental health personnel are being trained and mental health workers are being encouraged to gain experience in research methodology. A research project on epilepsy is being developed. Botswana, however, needs to train more psychiatrists, clinical psychologists, occupational therapists and mental health nurse tutors. Outside assistance will be most welcome in these areas.

There is a need to review the Mental Health Act and for this, expert consultant assistance is required. WHO continues to provide technical and financial assistance to enable Botswana professionals to participate in a number of collaborative programmes. NORAD and the Canadian Mental Health Association have expressed an interest in collaborating with Botswana. The Government is grateful to all these organizations. There are plans to establish a Mental Health Association in Botswana by the end of 1987.

A series of workshops are planned for the near future on the use of flow-charts, on integration of mental health into general health services and, particularly, into MCH programmes, and on multisectoral approaches to mental health service delivery.

2.1.3 Kenya

Mathari Hospital continues to be the main clinical training ground for psychiatrists, psychiatric nurses, and other mental health professional groups. In the past year, three doctors completed the M.Med.(Psychiatry) programme at the University of Nairobi, and have since been posted to various psychiatric units in the country. Twenty four State Registered and twenty five State Enrolled nurses also graduated during the same period. Decentralization of psychiatric services has continued and new psychiatric units have been opened at Eldoret and Siaya District Hospitals.

An international conference on "Psychiatry in Africa and the Americas today" was held in Nairobi, 11 - 14 August 1986. Participating organizations were: the Kenya Psychiatric Association, the Black Psychiatrists of America, the American Psychiatric Association and the African Psychiatric Association. A meeting of the African Psychiatric Association, WHO representatives, and the Kenya Ministry of Health was held on 15 August 1986. This meeting explored possibilities for collaboration between WHO and the African Psychiatric Association. The meeting also discussed the integration of mental health into primary health care programmes. Other non-programmed academic activities during the year were: workshops on "The Psychiatric Team" (Mathari Hospital, 30 April 1987); "Puerperal psychoses" (Mathari Hospital, 24 July 1986); "Management of physically ill mental patients" (Mathari Hospital, 6-7 August 1986); "Crisis intervention" (19 August 1986) and a conference, on 10 October 1986, to launch the Kenya Mental Health Association.

Non-governmental organizations organized the following activities: (i) a mental health promotion week (10-17 October 1986); (ii) members of the society of friends and parents of the handicapped (a branch of the Kenya Society for Mentally Handicapped) met once every month; (iii) the Netherlands, under the auspices of the Child Welfare Society, organized a course on child care in February/March 1987; (iv) the Amani Counselling Society, established in 1979, continues to provide counselling services to individuals and families and to conduct training programmes in basic counselling and psychotherapy; (v) "Action Aid", which started community based rehabilitation projects, in Kibera, in 1981 and in Kibwezi, in 1982, also undertook three other projects at Isiolo, Maralal and Lalaua, in 1986; (vi) the Kenya Association for the Welfare of Epileptics (established in 1982) has now established clinics at Mathari valley, Karen, Riruta and Kibwezi.

Also in 1986, Lady Northey Home, run by the Nairobi City Commission, continued to run clinics as part of its school health programme. The Kenya Institute of Special Education (KISE) run by the Ministry of Education, Science and Technology since 1982, continues to provide special education for children with special needs while the Social Welfare Department of the Ministry of Culture and Social Services held a two week seminar for community based rehabilitation workers in March 1987.

The Nairobi community mental health services continue to carry out domiciliary visits, to emphasize the importance of integrating mental health into primary health care, and to provide mental health education to patients, their relatives and other groups within the community. Mental health has now been added to the original eight elements of primary health care and included in the National Guideline for the implementation of primary health care in Kenya.

Renovation of Mathari Hospital has started but funds are urgently needed for a master plan to develop the hospital in three phases, between 1987 and 1992, as a national treatment and teaching complex.

2.1.4 Lesotho

In the past year, Lesotho's mental health programmes have been based on three objectives: (1) the need to decentralize mental health services; (2) the need to integrate mental health services into overall health care service delivery, and (3) the need to make provisions for prevention, treatment, rehabilitation, after-care, research and training.

During the past year, community mental health programmes continued to expand. Education programmes were undertaken using diverse media - tabloid, electronics, school lectures and dramatic art.

One psychiatrist, two psychiatric nurse tutors and two basic psychiatric nurses are in training abroad and will soon return to Lesotho. The Ministry of Health plans to start an 18-month diploma course for a limited number of psychiatric nurses in an effort to accelerate the upgrading of psychiatric services. WHO has been requested to assist with this activity. Psychiatry is now being integrated into all nursing (general, community, etc.) curricula. A nursing officer recently attended a 4-month course in the United States of America. This course, which was on social work, focused specifically on human services.

For the next year, Lesotho intends to hold at least two multi-disciplinary and intersectorial workshops to emphasize, among other things, the need for integrated health services. Preventive activities will also be intensified during this period. WHO's assistance is solicited to conduct an evaluation of current community-based psychiatric services. Financial and other constraints (manpower, transport, etc.) have made it impossible for Lesotho to carry out all the programmes planned.

2.1.5 Malawi

During 1986-1987, some progress was made regarding the integration of psychiatric services into general health services, in strengthening manpower, in school programmes, in the expansion of outpatient clinics and physical facilities, and in community based rehabilitation facilities for the mentally handicapped.

A mental health component is being incorporated into basic nursing curricula and a one-year postbasic programme in psychiatric nursing has been started. Non-programmed academic activities - seminars, conferences, etc. for psychiatric and non-psychiatric health workers, are being intensified. Regular talks are given at schools to teachers and students on mental health topics.

Outpatient clinics are held weekly at Queen Elizabeth Central Hospital, Blantyre, twice monthly at Mangochi District Hospital and once monthly at Nsanje, Thyolo and Mulanje District Hospitals. New outpatient clinics have been established at Dedza, Salima, Nkhota-kota, Mchinji, Dowa, Ntchisi and Kasungu District Hospitals. All these hospitals are in the Central Region, and are run, on a regular basis, by qualified psychiatric nurses and clinical officers.

Zomba Psychiatric Hospital is in the process of being rehabilitated and a 40-bed child psychiatric unit became operational at the hospital in 1986. The psychiatric unit at Lilongwe too is being modernized. The Government is determined to decentralize mental health services and efforts are being made to provide training opportunities for the mentally handicapped. There is at least one State Enrolled Psychiatric Nurse in 15 out of 24 district hospitals. In the Northern Region a Registered Nurse functions at regional level. In some districts, community nurses and other health personnel render mental health services in satellite general health clinics or at district hospital level.

Main constraints are manpower shortage, and logistic and transportation problems. There is urgent need to train psychiatric nurses, occupational therapists, clinical psychologists and psychiatrists. There is not a single qualified psychiatrist in the country.

There is need to develop community based primary care facilities which will be able to make early diagnosis of psychiatric illnesses and facilitate follow-up of patients. There is need too for public mental health education, for intensification of intersectorial activities, for the inclusion of a mental health component into the various health training programmes, for the development of a national mental health policy and programmes and for the setting up of a national mental health coordinating committee.

There is an ongoing experiment to integrate traditional healing methods into orthodox psychiatric methods. This exercise will of course be evaluated. A national seminar on "Orthodox and Traditional Medical Practices" will be held from 11 to 15 May 1987. It is hoped that this seminar will examine and discuss traditional herbal drugs, establish practice principles in traditional medicine, and strengthen traditional/orthodox cooperation.

2.1.6 Rwanda

Decentralization of mental health services, inclusion of mental health topics in medical and nursing school curricula, and refresher training courses in psychiatry for field staff dominated Rwanda's mental health activities in the past year.

The Government's budgetary allocation for mental health cannot deal adequately with the needs. Drugs cannot be provided nor free accommodation given, even for the most poor and needy patients.

Fifteen primary health centres now provide psychiatric services but these require more supervision than is the case at present - one visit in 3-6 months. For the immediate future efforts will be directed towards the expansion of refresher courses for field workers.

2.1.7 Seychelles

A National Health Programme Coordinating Group was set up in March 1987 and charged, among other things, with planning for the promotion of a positive attitude towards mental health amongst both health workers and the public, and towards the incorporation of mental health into the overall national health care programme.

There are facilities for primary care of the mentally ill. Mental health education is provided through the media and by direct contact with at-risk groups such as students. Family directed programmes have been developed with the assistance of ILO/UNEPFA.

There is a gross manpower shortage. The country has only one qualified psychiatrist, one clinical psychologist and nine trained mental health nurses. Therefore, in-service courses and workshops are planned to further strengthen and improve this otherwise unsatisfactory situation. One doctor will soon qualify to become a second psychiatrist.

Seychelles sent delegates to a workshop on "Alcohol and Drug Abuse" (Harare, 1986) and plans to send delegates to another workshop on "Youth and Mental Health", in Lusaka (June 1987). Seychelles will host a Commonwealth Association Workshop on the Prevention of Mental Handicap, in early 1988. Research projects on adolescent health needs and on alcoholism are planned for the near future.

Lack of adequate manpower and financial constraints have hampered the satisfactory implementation of mental health programmes, particularly at the primary health care level. A workshop is planned for October 1987 to promote understanding of early mental health problems and to train workers in the use of flow-charts.

There are plans to open a specialist unit comprising 14 inpatient beds and 36 placements in the day area at the New Victoria General Hospital.

2.1.8 Swaziland

Psychiatric services in Swaziland continue to expand. The chronic manpower shortage is being tackled by the introduction of the diagnostic mental health nurse cadre which combines the roles of doctor, nurse, counsellor and social worker.

Decentralization and intersectorial cooperation continue with vigour. Preventive psychiatry activities, through educational and information programmes, have expanded with emphasis on promoting family cohesion, the role of teachers in identifying sick children, helping adolescent with problems and examining relationships between mental illness and township violence.

Epilepsy, alcohol and cannabis abuse, schizophrenia and manic-depressive illnesses are the major clinical problems. A large 150 to 200-bed psychiatric hospital will soon be completed as well as three 10 and 20-bed district sub-units. There is some dilemma however on how to order the country's mental health priorities in the face of staff shortage and financial constraints. Assistance and guidance from WHO and other agencies will be most welcome.

2.1.9 Uganda

Mental health services in Uganda, once the best in the region, have suffered significant decline during 15 years of political unrest and economic instability. Efforts are now being made to rehabilitate the various services. The Government of Uganda, together with international agencies (the World Federation for Mental Health, OXFAM and the World Muslim League), have provided funds for these rehabilitation efforts.

There has been some improvement in the staff situation. The training of psychiatric nurses, psychiatrists, and psychiatric clinical officers has continued with vigour. There has been a reduction in the total number of patients treated at Butabika and at other psychiatric units as the new upcountry psychiatric units become fully operational. Provisions now exist for child mental health care, for mental health education in schools, for community mental health services and for counselling and guidance facilities. Plans are under way to revive the Ugandan Mental Health Association.

There is a plan to draw up a national mental health policy and to establish a national mental health programme during an international mental health workshop due to take place in October 1987. A National Mental Health Coordinator and a National Mental Health Committee will be appointed to coordinate the national policy and programmes.

At present, urgent requirements are:

- 1) emergency relief supplies of essential drugs, stationery, commodities for patients and hospital equipment;
- 2) rehabilitation and renovation of infrastructures;
- 3) decentralization of mental health services and integration of mental health into primary health care systems;
- 4) recruitment and training of more mental health personnel;
- 5) provision of teaching and learning materials, including books and journals;
- 6) provision of transport and transportation facilities;
- 7) development of mechanisms and strategies for the implementation, monitoring and evaluation of mental health services in the country;
- 8) a clearly defined mental health policy and programme for the country.

2.1.10 United Republic of Tanzania

During the year 1986/87, there were major activities in the areas of clinical service development and educational programmes. There have been many problems since 1984, arising from inadequate funding. There are plans on the part of the Government and the Ministry of Health to integrate mental health into primary health care. The commitment of the Ministry and others involved in the programme has led to increased activity. It has been possible, for example, to extend psychiatric services to 7 new regions.

It is hoped that there will be a satisfactory conclusion to the on-going negotiations with DANIDA and that funds will soon be available for the implementation of various mental health projects. An evaluation of what is happening in the seven regions and also in the remaining regions where there is no programme as yet is called for. Once again, WHO's assistance will be required for this.

2.1.11 Zambia

The past year has been dominated by efforts on the part of the Zambian Government to consolidate past achievements and to make special provisions for children/adolescents and for the elderly. Medical and nursing students get their psychiatric teaching at the single psychiatric hospital in Lusaka and these have always been of high standard. Lusaka has a well established community mental health service.

Three workshops on child and adolescent mental health were held during the past year. Two young doctors are currently training in psychiatry in Manchester (UK). There are plans to start a School of Psychiatric Nursing, but in the meantime, the British Government has offered to train a few psychiatric nurses for Zambia. A stronger psychiatric component in the training of health officers has been proposed and a training programme for occupational therapy assistants will start soon.

There is a great logistic problem. Staff shortage is not serious but requires attention. A data collecting system requires to be developed and more visits from international consultants should be encouraged. Funds are needed for infrastructural development and for transportation.

2.1.12 Zimbabwe

The following have been achieved during the past year:

- 1) a number of preventive mental health educational talks and lectures were organized;
- 2) decentralization of mental health services has been completed in three out of eight provinces - three more will be completed by April 1988;
- 3) every district now has a mental health resource person;
- 4) there has been an increase in the number of mentally ill patients treated. This was due to the fact that more psychiatric patients are now willing to come forward for help and to the fact that there are more mental health workers in the field.

A mental health plan of action emanated from the Intersectoral Mental Health Workshop held in Harare, 10-13 September 1984. Many of the recommendations have been implemented and efforts are being made to implement others. The recommendations that the Zimbabwe Mental Health Act should be reviewed, however, will require expert assistance and WHO is expected to help. The training of postgraduate psychiatric nurses and psychiatrists is in progress. An alcohol abuse research officer has recently been appointed at the Ministry level.

The following are Zimbabwe's immediate concerns:

- 1) trainee clinical psychologists, social workers and rehabilitation assistants are few or none at all;
- 2) the recent restructuring exercise within the Ministry of Health has abolished the post of psychiatric officers within the Nursing Directorate and the Department of Psychiatry no longer exists within the Ministry of Health;
- 3) the post of deputy secretary (psychiatry) has remained vacant for some time and there is no indication that this position will be filled in the immediate future.

It can only be hoped that the changes within the Ministry will foster the integration of psychiatric services into the overall health delivery system.

There has been general upgrading of the two major psychiatric institutions in the country. A WHO-supported research project on identification and treatment of persons with harmful alcohol consumption is progressing satisfactorily. There are plans for next year to train three nurse administrators/educators and to hold eight provincial workshops. There is need to recruit more psychiatrists and to expand psychiatric services to all districts through the establishment of outreach, district and provincial units.

2.2 Report of intercountry activities

During the period 1986/87, Dr R.M. Johnson, of Togo, has been working in the African Regional Office as a consultant responsible for mental health activities. The WHO Regional Office for Africa organized a Round Table discussion on mental health within the region, in Brazzaville, 9-11 July 1986. The report of this Round Table - entitled "Problems of mental health in the African Region" is available from the African Regional Office.

A meeting was organized in Nairobi on 15 August 1987, attended by representatives of the World Health Organization, the African Psychiatric Association, and the Kenya Ministry of Health. At the meeting issues were discussed related to the exchange of trainees and of information, and other matters concerning research and training in psychiatry in Africa. During the past twelve months, Dr J. Orley, MNH/HQ, visited Uganda and Tanzania and discussed with Ministry of Health officials issues related to primary health care, the organization of training courses, placement of trainees abroad, and the production of learning materials; Mr M. Grant, MNH/HQ, visited Tanzania, Botswana, Swaziland, and Kenya to discuss various aspects of alcohol- and drug-related problems; and Professor G.A. German, a WHO Consultant, visited Botswana, Kenya and Swaziland to advise on issues related to the training of mental health workers. In Swaziland, Professor German participated in a seminar on mental health matters and made an assessment of the present state of development of mental health services in the country.

Also during the past year, Mr V.B. Wankiiri, WHO nurse tutor, visited Swaziland in February 1987 and helped in the conduct of examinations for nurses, and Dr F. Workneh, WHO Consultant, visited Angola and Zambia to assist in the conduct of workshops on Training in Mental Health for SWAPO health workers. A WHO Mental Health Leadership Course in Tanzania is planned for August 1987.

A Directory of Training Courses in Mental Health in Africa has been prepared by the Secretariat, but this Directory is by no means comprehensive since only eight countries replied to the questionnaire which was sent out. Four African trainees (from Ethiopia, Nigeria, Tanzania and Zambia) are currently benefiting from a scheme for the training of psychiatrists in the UK (Manchester). Four others are due to start training in August 1987. Approaches have been made to other centres in the UK and Australia to develop similar schemes.

A proposal for the funding of activities in AMHAG countries was resubmitted to the Arab Gulf Programme for United Nations Development Organization (AGFUND).

Four steps which could strengthen intercountry collaboration, communications between countries and WHO, as well as the capacity of countries to develop their mental health activities and facilities were put forward for discussion. These were:

1. designation in each country of a focal person who could be responsible for liaising with WHO and other countries within and outside the Group;
2. organization of meetings of the African Mental Health Action Group in countries themselves, on a rotational basis;
3. regular visits to the countries of the Group by staff from the sub-regional office, the Regional Office and headquarters;
4. establishment of collaborating centres in one or two countries of the Group, one in an anglophone and the other in a francophone country.

3. DISCUSSION

3.1 Effects of civil unrest and political instability

The attention of the meeting, the World Health Organization and donor countries and organizations was drawn to the peculiar circumstances in Uganda. The psychiatric services in that country were relatively well developed before political unrest destroyed health and other social services in the country. It was also pointed out that other countries in the region, such as Mozambique and indeed all the front-line states, were in a situation, similar though sometimes less serious, to that of Uganda, and special help was required from the international community for rehabilitative mental health programmes in all these countries.

The following urgent requirements were listed:

- 1) need for manpower development in all mental health disciplines;
- 2) need to rehabilitate infrastructures which were ravaged and vandalized or destroyed during the period of war and civil unrest;
- 3) need to care for orphans, widows and the disabled and other victims of civil wars and violence;
- 4) need to educate the public on mental health issues;
- 5) need to combat juvenile delinquency, increasing alcoholism and drug abuse, all of which have derived directly or indirectly from civil unrest and political instability.

3.2 Mental health education, training in mental health and manpower development

It was observed that most African societies continued to regard the mentally ill as untouchables who should be left in the hands of traditional healers who were better equipped than the orthodox psychiatrist to cast away the causative evil spirits. It was agreed that the need for public educational programmes was urgent and expedient. The importance of regular workshops, seminars and short refresher courses for mental health workers was emphasized. It was also observed that the contemporary economic constraints would make it impossible for poor countries to organize enough of these activities unless WHO and other governmental and nongovernmental agencies provided financial help.

It was observed that most countries of the Group suffered from a shortage of mental health workers, particularly psychiatrists, clinical psychologists and social workers. The number of qualified psychiatric nurses too is usually far short of what is required. It was suggested that outside help should be sought to train psychiatrists, clinical psychologists, psychiatric social workers, nurse tutors, nurse administrators, and psychiatric nurses. The need to increase the amount of mental health in the training curricula of medical students, student nurses and other health professionals was emphasized. There is a need for mental health manuals for trainees and their trainers in many of the countries in the Group. It was also suggested that the use of audio-visual aids for training should be explored with a view to preparing material that could be used in many of the training institutions within the countries of the Group.

3.3 Integration of psychiatry into general health services, research and mental health for all by the year 2000

It was agreed that, if the objective of mental health for all by the year 2000 was to be achieved, all prejudices and taboos surrounding mental health must be eliminated. An important indicator of this will be the willingness on the part of all concerned to integrate psychiatry into general health services. For such integration to be a lasting one, training and research in mental health must keep abreast of other specialities. For service development, core data information must be available to service planners and all levels of health workers in order to help them monitor their own work. There is also a need for epidemiological and other research. In addition, the therapeutic efficacy of treatment methods must be monitored, and the course and prognosis of illnesses must be described. The need for research was emphasized; and must not be left out under adverse financial conditions.

3.4 Integration of traditional and orthodox medicine

In view of the shortage of mental health manpower in all member countries of the African Mental Health Action Group, it was suggested that the possibility of utilizing traditional healing in the management of mental illnesses should be explored. The point was made that traditional healers were plentiful and possibly cheaper to consult. However, much research in this respect requires to be done. Some traditional methods are crude and drug doses are usually poorly measured. The emphasis at this stage probably should be on "rediscovering African traditional medicine" and encouraging the traditional practitioners to adopt methods of proven efficacy. Further examination of the subject was called for.

3.5 Alcohol and drug abuse

The problem of alcohol and drug abuse was identified as a growing menace through the whole region. Alcohol abuse by parents and drug abuse by youth were listed as requiring urgent attention and it was emphasized that there is a need to make provisions for families of persons with alcohol problems. It was observed that this was an international issue which was by no means limited to the African Region. Countries of the African Region were probably the least equipped to cope with this menace without getting some help from outside. Efforts should be directed towards prevention, treatment and rehabilitation. An intersectorial and interregional approach to contain increasing alcohol consumption and drug abuse is advocated by WHO.

3.6 AIDS

Several countries referred in their interventions to the urgency to undertake work on psychosocial aspects of AIDS. The problem of AIDS has several aspects directly relevant to the MNH programme, including the management of people with neurological damage, counselling of severely ill, collaboration in projects aiming to change (sexual) behaviour, etc. It was agreed that the Group would inform the World Health Assembly about its views on this matter and request the Secretariat to undertake the necessary to develop collaborative programmes with countries in this area.

3.7 Follow-up meetings, plan of action and task forces

It was suggested that the meeting of the Group could be held in the countries of the AMHAG. It was also suggested that, between the meetings of the Group, it may be useful to bring together meetings of task forces during which technical personnel would review progress and make specific recommendations that the Group as a whole may wish to review. These task forces could deal with topics identified by the Group as a whole. Dr Monekosso informed the meeting that the African Regional Office planned to set up a regional task force on mental health and a similar task force for each of its sub-regions. The regional task force will have a chairman and a secretary who will be the regional adviser on mental health.

Dr Monekosso approved the idea of setting up a working group/task forces for the African Mental Health Action Group. He emphasized the need to intensify research endeavours within the Region, particularly on socio-medical and epidemiological issues. He appealed to national health policy makers to examine options such as the possibility of using their traditional healers.

3.8 List of Essential Drugs

The WHO Division of Pharmaceuticals is responsible for updating the WHO list of essential drugs. The Division of Mental Health is assisting with the work on psychoactive drugs as well as having its own activities in this area. The Division of Mental Health has developed a document on the subject which will be made available once it is published.

3.9 Leadership Course

The need for leadership training in all disciplines, including psychiatry, was emphasized. Clinical acumen is no substitute for leadership skill. A WHO Mental Health Leadership Course is planned to be held in Tanzania from 3 to 14 August 1987. This course, funded by DANIDA, will bring together regional administrators, primary health care coordinators and mental health professionals from several countries of the Group - Kenya, Malawi, Tanzania, Uganda, Zambia, and observers from Rwanda and ANC. It will take place at the Centre for Educational Development and Health Administration (CEDHA), in Arusha, and will aim at equipping the participants with relevant skills for developing and managing small scale mental health programmes integrated into the local general health system and into the overall development programme. Over the past 12 months, preparations which included the organization of a preparatory meeting in Arusha for the development of a curriculum and a training package to be used, have been made for this course.

3.10 Aro Hospital

A formal agreement between the World Health Organization and the Nigerian Government on the designation of the Neuro-psychiatric Hospital, Aro, Abeokuta, Nigeria, was signed during this meeting. Dr G.L. Monekosso, Regional Director for Africa, signed on behalf of the World Health Organization while H.E. Professor O. Ransome-Kuti, Federal Minister of Health, Nigeria, signed on behalf of the Nigerian Federal Ministry of Health.

Dr Monekosso charged 'Aro' to live up to the honour which WHO has bestowed on her and all of Africa. He called on 'Aro' to be a leader in the regional efforts to develop mental health programmes, train personnel and carry out relevant research within the Region. He expressed the wish to see other centres, at least one in francophone Africa and one other in anglophone Africa, designated as WHO Collaborating Centres.

Professor Ransome-Kuti thanked WHO, through the Regional Director, AFRO, for the great honour done to 'Aro', to Nigeria and to Africa by designating the hospital as a WHO Collaborating Centre for Research and Training in Mental Health. He apologized for the delay in signing this agreement which was due to changes in governments and ministers. He promised that his Ministry will give Aro Hospital every encouragement to make it a worthy WHO Collaborating Centre.

3.11 Newsletter

A renewed called for the launching of an African Mental Health Action Group Newsletter was endorsed by many delegates.

3.12 Barriers between Anglophone and Francophone Countries

It was noted that there was a need to break down the barriers between anglophone and francophone countries within the region. One way of doing this would be by organizing joint programmes and a commitment was made by the Regional Director for Africa, to encourage such activities.

3.13 Format for country reports and method of reporting

It was unanimously agreed that the new method of presenting country reports as a single resumé was far better than the previous method of each country presenting its own report. The new method saves time which can be used for discussing important issues.

The Secretariat was asked to prepare a format for writing country reports so that the reports would henceforth be presented in a uniform style. It was emphasized that, for this new system to work, country reports should be sent in early in future so that the resumé could be prepared.

3.14 Reporting to the World Health Assembly

It was suggested that, as from now, the chairperson should speak at the appropriate Assembly Committee during debates on mental health on the activities of the African Mental Health Action Group, its programmes, achievements, future plans and constraints. The content of the current chairperson contribution to the discussion at the 1987 Assembly is provided in Annex II.

4. CONCLUSION

All member countries and liberation movements, except Burundi and the South West African People's Organization (SWAPO), sent delegates to the meeting. Reports were received from the member countries as well as from Malawi (not yet a member). Four non-member African countries and the Pan-Africanist Congress of Azania participated in the meeting. A number of WHO Collaborating Centres from the United States, France and Belgium as well as other organizations were also represented.

The Tenth Anniversary meeting of the African Mental Health Action Group demonstrated the great determination and commitment to mental health of its members. Most of the activities embarked upon at the inception of the Group ten years ago have not been totally accomplished but nonetheless considerable progress has been achieved in all areas. These activities include decentralization of psychiatric services, intersectoral approaches to mental health services, improved mental health manpower, not inconsiderable achievements in the tripartite areas of clinical services, research, training and the integration of mental health into primary health care services. Much outside financial support continues to be required. The Group is grateful to all organizations (governmental and nongovernmental) and the many national governments who have generously supported the programmes of the Group over the past ten years. However, further support is solicited. In all member countries manpower remains inadequate in all disciplines. Contemporary worldwide economic constraints bite hardest in poor countries such as the Group members. The absence of epidemiological data and research information makes mental health services planning difficult if not impossible. Finally, worldwide menaces such as AIDS and the ever increasing problems of alcohol and drug abuse, constitute additional sources of concern. Outside help and cooperation will continue to be needed for all these areas.

The African Mental Health Action Group welcomed the commitment on the part of the WHO Regional Director for Africa to appoint a Regional Mental Health Adviser and to launch a major mental health initiative for the African Region. The Group congratulated the Aro Neuro-psychiatric Hospital, Abeokuta, Nigeria, for the formal signing of the agreement of its designation as a WHO Collaborating Centre for Research and Training in Mental Health. It is hoped that the designation of other centres in the Region will follow.

The agreement to change the method of country reporting and the decision that the Group chairperson should speak on behalf of the Group at the World Health Assembly, are yet other indicators of increasing maturity.

Annex III tabulates points from the plans of action put forward by delegates and estimates of their countries' requirements. It is hoped that this will provide, at the end of the next twelve months, an opportunity to check on achievements with regard to projected programmes and foreseen constraints. The Secretariat is committed to design a format for country reports as well as develop a composite programme for intercountry activities which will assist in fulfilling country plans. One of the most important areas of strength of the Group has been that of technical cooperation between its member countries. This should become even stronger and should be made to cross linguistic barriers.

LIST OF PARTICIPANTS

Representatives of countries and liberation
movements members of the Group

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ZaYre

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Mr W. Gulbinat	Senior Scientist, Division of Mental Health
Dr H.M. Kahssay	Scientist, Division of Strengthening of Health Services
Dr I. Khan	Senior Medical Officer, Division of Mental Health
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Dr L. Prilipko

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Annex II

Address by the 1987/88 Chairperson, Mrs J. Kadandara
at the mental health debate of the 40th World Health Assembly

Mr Chairman,

The delegations of the countries composing the African Mental Health Action Group have requested me to inform you about the highlights of their recent meeting.

As some of the honourable delegates may know, this Group was established at the 30th World Health Assembly because several African countries felt that joint action was essential if - as was stated in resolution WHA30.45 - irreversible damage to social and productive aspects of individuals and communities is to be prevented. When it was established, the Group had 5 members; today it has 13, including the following: African National Congress (ANC), Botswana, Burundi, Kenya, Lesotho, Rwanda, Seychelles, SWAPO, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe. The Group had its 10th annual meeting on the 8th of May 1987. In addition to the members of the Group delegates from several other African countries attended as observers. Countries supporting their programmes through bilateral agreements were also represented. During the meeting the Group reviewed progress achieved over the past ten years and examined plans for the future.

The delegations of the African countries were unanimous in their positive assessment of the effects of the Group's work at national level and emphasized the usefulness of working together. They stressed the need to carry on with the work of the Group and recommended that neighbouring countries sharing problems and possibilities and able to benefit from technical cooperation should consider establishing similar groups in other parts of Africa and elsewhere.

Since the Group has been established, national mental health programmes have come into existence in all its member countries. These are being reviewed and implemented, using the mechanisms of national coordinating groups for mental health involving different social sectors. The national programmes which have been established firmly uphold the principles put forward by the World Health Organization. They are multisectoral, based on primary health care, of a broad scope, and dealing not only with the treatment of those who are ill but also with a variety of promotive and preventive activities.

Over the years, the Group has participated in the identification of problems suitable for joint consideration and resolution. This year again the Group considered issues that may deserve intercountry cooperation. Three such areas of work were identified for immediate action:

- the psychosocial and neuropsychiatric aspects of AIDS;
- the psychosocial aspects of care for orphans whose number has been growing speedily in many African countries and whose mental health is often affected;
- the problems of alcohol and drug abuse;
- the establishment of technical task forces which could facilitate the work of the Group between its meetings was suggested and agreed.

The Group acknowledged the support received from several industrialized countries and expressed the hope that such support would be maintained since it was essential for the further development of programmes.

Finally, the Group expressed its appreciation of the efforts which WHO and in particular its Deputy Director-General, Dr T.A. Lambo, and the Regional Office for Africa and its Director have provided for the continuing development of mental health programmes in the countries participating in the Group's work.

SUMMARY OF COUNTRY PLANS OF WORK FOR 1987-1988 - CONSTRAINTS AND SPECIFIC REQUESTS
(from discussions with delegations)

countries/ liberation movements	Plan of work 1987-1988	Constraints and requirements
1. ANC	<p>1. Expansion of rehabilitation activities within the settlements.</p> <p>2. Strengthening mental health services within the settlements</p> <p>3. Workshop on mental health for front line health workers and community leaders within the settlements.</p> <p>4. Training of one psychiatrist, some psychiatric nurses and social/community workers.</p>	<p>WHO's assistance is required to help to organize and run such a workshop.</p> <p>The assistance of WHO, the front-line states, Aro Hospital and the Nigerian Government is required for the training of psychiatric personnel.</p>
2. BOTSWANA	<p>1. Training of more mental health personnel - psychiatrists, clinical psychiatrists, social workers and psychiatric nurses.</p> <p>2. Workshops on (i) child mental health and on early identification/intervention are long overdue; (ii) on the use of flow-charts, on research methodology for mental health workers, on integration of mental health into general services and on multisectorial approach.</p> <p>3. Conclusion of the research project on Epilepsy and identification of other useful research programmes, e.g., in the areas of epidemiology and alcohol and drug abuse.</p> <p>4. Review the Mental Health Act</p>	<p>(i) Fellowships are urgently required, particularly the opportunity to benefit from the Manchester scheme.</p> <p>(ii) Assistance is required to send mental health tutor Mr D. Poonyane, abroad for further training;</p> <p>(iii) Recruitment of a psychiatric nurse tutor to take Mr Poonyane's place (Medicus Mundi of the Netherlands may be able to help if a formal request is made by the Botswana Government as a follow-up to informal approaches made during the 1987 World Health Assembly. There are also available WHO funds which must be committed in 1987.)</p> <p>There is local funding for the workshop obligated for 1987 but outside funding is required for a consultant.</p> <p>Recruitment of Professor German or another WHO consultant of similar knowledge and commitment to help with such training and the planning and conduct of various workshops. It would be useful if the consultant could also address the Botswana Parliament on the subject of mental health.</p> <p>Inclusion of Botswana in WHO's research programmes.</p> <p>WHO's guidance and consultant services are needed.</p>
3. KENYA	<p>1. To continue the process of decentralization of mental health services and their integration into overall health services.</p> <p>2. To complete the renovation of Matheri hospital and to develop the hospital as a national treatment and teaching complex.</p> <p>3. Review of the Kenyan Mental Health Legislation.</p> <p>4. Workshops for: (a) school teachers on mental health; (b) for general health workers on mental health (in service); (c) to develop mental health modules.</p>	<p>Extrabudgetary funds are needed.</p> <p>WHO consultant assistance is urgently sought.</p> <p>Funds in MND country budget for 1987 may be used for organizing various workshops but the participation of WHO consultant(s) is strongly solicited.</p>

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<p>4. LESOTHO</p>	<p>1. To continue the process of decentralization of mental health services, their integration into overall health services, and with service provisions for prevention, treatment, rehabilitation, aftercare, research and training.</p> <p>2. Introduction of an 18-month diploma course for psychiatric nurses.</p> <p>3. At least, two multidisciplinary and intersectorial workshops to emphasize the need for integrated health services.</p> <p>4. Evaluation of current community based psychiatric services.</p> <p>5. Expansion of mental health education programme in schools from Maseru to other districts. This is especially aimed at reducing demand for alcohol and drugs.</p>	<p>The continued presence of the WHO psychiatric nurse tutor to help with the development of the 18-month diploma course in psychiatric nursing will be most welcomed.</p> <p>WHO consultants are required to help with the conduct, etc. of workshops.</p> <p>WHO consultants required</p>
<p>5. MALAWI</p>	<p>1. Development of community based primary care facility to aid early diagnosis of psychiatric illnesses and to facilitate patient follow-up.</p> <p>2. Intensification of mental health education for the public.</p> <p>3. Intensification of intersectorial activities.</p> <p>4. Incorporation of mental health into general health training programmes.</p>	<p>Help is urgently needed to combat manpower shortage - fellowships to train psychiatrists, psychiatric nurses, social workers and clinical psychologists will be most welcome. Malawi will appreciate it very much if it could benefit from the Manchester scheme. Malawi would appreciate the opportunity to place clinical officers for training in psychiatry in Zambia or Tanzania should further courses take place in these countries.</p> <p>There is immediate need to recruit a psychiatrist.</p> <p>A national intersectorial mental health workshop is urgently called for and WHO assistance in planning, conducting and financing this workshop will be most appreciated.</p>
<p>6. RWANDA</p>	<p>1. Efforts to decentralize mental health services, to include mental health topics in medical and nursing school curricula and to organize refresher courses in psychiatry for field health workers will continue.</p> <p>2. Enlargement of the hostel accommodation available at the Ndera psychiatric centre to enable it to take in trainees from Zaire and Burundi.</p> <p>3. The government will be pressed for better budgetary allocation for mental health.</p>	<p>Help is urgently required to train mental health workers, psychiatrists, psychiatric nurse tutors, clinical psychologists and social workers.</p> <p>Donations of drugs, etc. from UNICEF and other organizations will be most welcomed.</p>
<p>7. SEYCHELLES</p>	<p>1. Formulation of National Mental Health policy and programme.</p> <p>2. Development of community based mental health programmes.</p> <p>3. Manpower development: (i) training of a psychiatric nurse tutor; (ii) a community psychiatric nurse; (a psychiatric nurse has been identified for community psychiatric training and for training in teaching skills. This person will be supported from local funds.) (iii) overseas attachment for the only clinical psychologist (Cuba trained) in the country.</p>	<p>Recruitment of a national mental health coordinator, possibly a psychologist with community orientation, who could work for a year or two and train the local psychologist to take this role subsequently (Dr Neki?).</p> <p>A mental health workshop is planned for October 1987. Funds are already available for this workshop and two WHO consultants (Professor German and Mr Wankiri).</p> <p>WHO's assistance is sought to secure placement, preferably in the UK (London or Manchester) for this person.</p> <p>WHO's assistance is sought for suitable overseas <u>attachment</u> for this psychologist.</p>

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8. SWAZILAND

1. Training of more diagnostic mental health nurses through the training of psychiatric nurse tutors who in turn will train diagnostic health nurses and psychiatric nurses.

WHO's assistance is sought for placement abroad (in Nigeria or UK).

2. Further decentralization and intensification of intersectorial approach to mental health services.

3. Recruitment of a government psychiatrist

The assistance of WHO and other international organizations such as Medicus Mundi International is sought in this connection.

4. Continued effort to integrate mental health into primary health care.

5. Further manpower development through formal training and non-programmed academic activities.

WHO is urged to help with the organization and with the conduct of inservice workshops on mental health for health workers at clinics and health centres.

6. Procurement of books and other learning materials for student nurses.

Books on mental health are urgently required for student nurses. WHO should help facilitate linkage with various institutions in UK and in the USA as well as private foundations, for book donations.

7. Improvement of transport for mental health workers to facilitate visits to outreach units.

Vehicles are urgently needed.

9. UGANDA

1. Formulation of a national mental health policy. A workshop towards the formulation of a national mental health policy is proposed for October 1987.

The assistance of a WHO consultant will be most appreciated.

2. Formulation of a national mental health programme, including the development of mechanisms and strategies for the implementation, monitoring and evaluation of mental health services.

WHO consultants are needed. A preliminary visit by one or two WHO consultants to help with the development of a national mental health programme will be most useful. Such a preliminary visit could take place in July 1987 or soon after that date.

3. Development of a national policy for the rehabilitation of and provision for victims of civil war - widows, the disabled and in particular orphans. This is important and urgent and such a policy should be in line with scientific principles which optimize the psychological development of these orphans.

Help from WHO is urgently required.

4. The AIDS epidemic is severe in Uganda and psychosocial support for AIDS victims and their families and counselling facilities for carriers of this virus should be provided.

The psychosocial aspects of this killer disease should be incorporated into WHO's Special Programme on AIDS and Uganda would be willing and grateful to participate in any major or minor endeavours in this area.

5. Rehabilitation of infrastructures which were damaged during the period of civil unrest. Provision of learning materials (books and journals) and of transport and transportation facilities.

Financial help from donor countries and organizations is required to continue and complete the rehabilitation of various infrastructures, as well as vehicles and learning materials. WHO may be able to approach private foundations on behalf of Uganda for donation of books, journals and other learning materials.

6. Continued effort to decentralize mental health services and to integrate mental health into primary health care system.

7. Further strengthening of mental health manpower by training and recruiting more mental health personnel (psychiatrists, psychiatric nurses, social workers and clinical psychologists)

Fellowships are urgently needed. In particular, a request is made for a Uganda to be considered for the Manchester training scheme in psychiatry. Uganda also wishes to secure fellowships and placements to train psychiatrists at Aro and nurse tutors in Nigeria (Akoko).

Emergency relief supplies of essential drugs, stationery, commodities for patients and hospital equipment. The assistance of international organizations such as UNICEF, OXFAM, etc. as well as private foundations is sought to this end.

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|---------------------------------------|---|---|
| 10. UNITED
REPUBLIC OF
TANZANIA | <ol style="list-style-type: none">1. Further integration of mental health into primary health care, and continued decentralization of mental health services through the extension of psychiatric and mental health services to all regions of the country (there are 20 regions).2. Further strengthening of manpower. A leadership course, funded by DANIDA, will take place between 3 and 14 August 1987.3. Improvement of transport facilities to enable psychiatric workers to visit outreach clinics and units. | <p>Provision of financial assistance, essential drugs, manpower and transport is urgently required.</p> <p>Donor countries and organizations are called upon to help with funding similar courses, workshops, seminars and refresher courses for mental and general health workers.</p> <p>Vehicles are urgently needed.</p> |
| <hr/> | | |
| 11. ZAMBIA | <ol style="list-style-type: none">1. Further consolidation of past achievements in the areas of decentralization of psychiatric services and intersectorial approach to mental health, training programmes and special provisions for children, adolescents and the elderly.2. Review of mental health legislation3. Improvement of logistics and transportation | <p>(i) WHO is requested to help with the placement of a Zambian for training in statistics. Such a person will be able to formulate systems for coordinating and monitoring mental health programmes.</p> <p>(ii) It would be particularly useful if a mental health manual for mental health workers generally could be made available, not only in English, but also in the local language. WHO's assistance is required in this process.</p> <p>(iii) Financial help is required to finance workshops on mental health needs of children and adolescents.</p> <p>A workshop sponsored and conducted by WHO would facilitate the review of national mental health legislation. WHO consultant assistance is required.</p> <p>Donation of a two way radio network (central plus 5 out-stations) would facilitate communication between the resource centre in Lusaka and the district hospitals and outreach clinics. Such a network could be used by other disciplines, say by mental health workers, on one day a week and by other specialists on other days.</p> |
| <hr/> | | |
| 12. ZIMBABWE | <ol style="list-style-type: none">1. Further strengthening of manpower - there are plans to train three nurses administrators educators and to hold 8 provincial workshops in November 1987.2. Recruitment of more psychiatrists.3. Expansion of mental health services to more regions through the establishment of outreach, districts and provincial units.4. Review of Zimbabwean mental health legislation. | <p>WHO's fellowships are solicited to enable Zimbabwe to train more nurse educators/administrators. WHO assistance is required to hold further international mental health workshops in 1988, to review the National Mental Health Programme. WHO consultants are required to assist as resource persons at the provincial workshops in November 1987.</p> <p>The assistance of WHO is required to recruit expatriate psychiatrists to fill vacancies.</p> <p>WHO consultant assistance is required.</p> |

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