



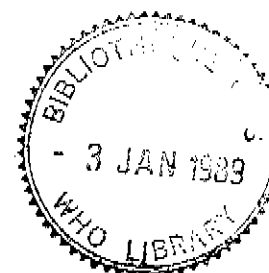
WHO SPECIAL PROGRAMME OF TECHNICAL
COOPERATION IN MENTAL HEALTH

AFRICAN MENTAL HEALTH ACTION GROUP

Eleventh meeting
Geneva, 5 May 1988

REPORT

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1. INTRODUCTION

The eleventh meeting of the African Mental Health Action Group was held on Thursday 5 May 1988 at WHO/HQ, Geneva, and was attended by delegates from nine member countries and one liberation movement. Participants, as shown in Annex 1, also included observers, members of the Secretariat and representatives of other organizations and countries who support the activities of the Group. The representatives of two countries and one liberation movement were unable to attend.

In her opening remarks, the outgoing chairperson, Mrs J. Kadandara expressed satisfaction with various achievements during the year. She thanked the Secretariat for its hard work. She also thanked countries outside the Group and those organizations involved in activities of the Group for their continued support. She noted with special satisfaction the launching of the Group's Newsletter. She welcomed Dr T.A. Lambo, Deputy Director-General, Dr G.L. Monekosso, Regional Director for Africa, and Dr Hu Ching-li, Assistant Director-General. She invited Dr Lambo and Dr Monekosso to address the meeting.

Dr Lambo, representing Dr H. Mahler, Director-General, stressed that the Group had, over the years, grown in size and confidence. He outlined the main goals which the Group agreed to pursue and drew attention to the fact that mental health is of relevance to all other endeavours of medicine and public health. He drew the delegates' attention to the ever growing drug and alcohol problems, increasing waves of crime, the menace of unchecked urbanization, and family disintegration. If Health for All by the Year 2000 is to be achieved, health authorities must come to realize that at least half of primary health care services have to do with issues and problems related to mental health. In conclusion, Dr Lambo thanked Dr Norman Sartorius, Director of the Division of Mental Health at headquarters, for his conviction, faith, energy and commitment. He proposed that the Group should hold mid-year meetings "for convergence of minds" so as to break the long wait between meetings.

Dr Monekosso supported the idea of mid-year meetings and suggested that, in addition to the meeting of (political) representatives of countries, technical meetings should be held to examine subjects of particular reference to Africa. The Regional Director for the African Region observed that there was great need for behavioural change on the part of individuals, leaders and governments if Health for All by the Year 2000 is to become a reality. Family planning, acceptance of immunization, AIDS control actions and development of vaccines, to name only a few, all have to do with human behaviour. He observed with great personal satisfaction and pleasure the fact that many countries in the African Region have embraced the concept of integrating mental health into primary health care. He announced that a Regional Adviser for Mental Health had been appointed and should take up his functions soon. He unfolded his plan to bring together more francophone countries to the African Mental Health Action Group. He pledged his personal as well as his Office's support to the Group and hoped that the new Director-General would maintain the strong support for mental health programmes.

According to the Group's earlier agreement about the rotation of the chairmanship of the Group Mrs Kadandara invited Mrs Pragassen, of the Seychelles, to act as chairperson for 1988-1989. Dr J. de Jong and Dr J. Mankanjuola were elected rapporteurs.

2. REVIEW OF PROGRESS IN 1987-1988 AND PLANS FOR 1988-1989

2.1 African National Congress

The African National Congress mental health programme is geared towards the improvement of the mental health of freedom fighters and refugees. Mental health education programmes are simple and limited, relying mostly on WHO pamphlets and radio cassettes on subjects such as alcohol and drug abuse and family life. Group discussions on mental health are held occasionally. Regional health teams carry out preventive interventions, treatment and aftercare. Recreational facilities are provided for discharged psychiatric patients.

The need to train mental health personnel remains urgent.

Plans for 1988-89

The ANC hopes that the newly appointed Mental Health Officer in Brazzaville will stimulate both intercountry activities as well as activities in the host countries of the liberation movements. The following intercountry activities were suggested:

- (1) Research on victims of torture: the first findings of a study on the extent and character of psychological problems accompanying torture and possible interventions to counteract these will appear soon. After an evaluation of the therapeutic interventions, a training programme will be set up for health workers.
- (2) Counselling on psychosocial aspects of AIDS.
- (3) Psychological problems among children living in one of the ANC institutions.
- (4) Training and education: The ANC is interested in participating in intercountry training programmes. One of these programmes might deal with community education and with changing the attitude of the communities towards the resocialization of the mentally ill. Among other things this implies setting up mental health workshops in the different settlements, training general health workers in mental health, and training workers in the higher echelons in the psychosocial aspects of AIDS.
- (5) The draft Mental Health Legislation, if ready, will be completed in August 1988. The draft will be used in discussions aiming to help various departments to accept the new mental health policy.
- (6) The ANC wants to renovate its rehabilitation centres and equip them with recreational facilities and with possibilities for occupational or industrial therapy.
- (7) A psychiatrist who is going to work for the ANC for at least two years is going to evaluate all ongoing activities.

2.2 Botswana

The Botswana Government has allocated \$55 000 for mental health activities from its 1988 WHO country budget. A National Coordinating Group on Mental Health has been established. The group meets three times a year in Gaborone and is assisted by a Mental Health Task Force.

A committee is currently reviewing the national mental health legislation. Mothers and children have been identified for mental health promotion activities. A workshop on the integration of mental health into maternal and child health care was held in Lobatse from 11 to 15 April 1988.

Mental health services in Botswana have been decentralized. Five workshops were held during the past twelve months - two on the use of the Flow Charts in mental health care, one in preparation for the review of the Mental Health Act, one on the role of non-professional personnel in mental health services and the fifth - mentioned above - on the integration of mental health into maternal and child health care.

Additional mental health components have been included into the contents of basic nursing programmes and there is a plan to carry out a major study on epilepsy.

The media (electronic and tabloid) are being used to promote mental health.

Plans for 1988-89

- (1) Review the Mental Health Legislation
- (2) Design an intervention programme for alcohol abuse based on the data of the national study on alcohol abuse
- (3) Organize a number of workshops in the field of mental health.

Help is required for the training of mental health workers and for the improvement of transportation facilities.

2.3 Burundi

There has been no change in the mental health legislation since independence. Inpatients (the acutely and the chronically ill) are the main groups to which particular attention is being paid. Activities in the past year have been centered on further developing services at the Kamenge Neuropsychiatric Centre and the Prince Regent Charles Hospital. Decentralization efforts continue. Collaboration with traditional practitioners has been proposed with a view to better understanding Burundi mental patients.

The main problem encountered has been inadequate staffing at all levels and in all disciplines. There is need to intensify all forms of training activities.

Plans for 1988-89

- (1) Burundi is confronted with a serious lack of personnel trained in mental health. This applies both to the nursing staff of the new neuropsychiatric centre which will be opened in September 1988, and to most of the health workers in the 212 health centres and 32 hospitals. WHO support is requested to recruit an expert to assist in the training, which may take place over about 2-3 weeks.
- (2) Although mentally ill patients are being treated in the specialized hospitals, general doctors will be given some extra training in order to sensitize them in the field of mental health. This might facilitate the referral and back-referral of patients and collaboration between the neuropsychiatric centre and other health services.

2.4 Kenya

The Kenyan Government has allocated US\$8 000 from its 1988 WHO country budget for specific training activities in mental health. A National Coordinating Group is yet to be established. There is a regular weekly column in a national newspaper, 78% of which is devoted to mental health topics. There is a weekly mental health radio programme in a local language and there have been two television programme series on drug and alcohol abuse. A mental health legislation is in the process of being drafted.

A Division of Mental Health has been created at the Ministry of Health and mental health institutions now enjoy great budgetary autonomy. The process of integrating mental health into primary health care continues.

During the past twelve months, two workshops were held. One was on primary health care and intended for mental health workers and district health management teams. The second was on mental health legislation. The curricula for nurses and for a mental health input into the continuing education programme for general health workers are in the process of being reviewed. A revised curriculum on behavioural sciences for undergraduate medical students is currently being considered by the Senate of the University of Nairobi. Kenya urgently needs mental health teaching and educational material.

Dr Okonji was sponsored by the World Association of Psychosocial Rehabilitation to attend a ten-day course in Paris in February 1988 on Rehabilitation of Chronic Psychiatric Patients.

A questionnaire has been developed in the Division of Mental Health (Ministry of Health) for gathering data on mental health resources, services, training and service planning and implementation.

Plans for 1988-89

The Division of Mental Health recently formed within the Ministry of Health plans the following activities:

- (1) Complete the draft Mental Health Legislation before the end of 1988.
- (2) Continue decentralization by posting at least one registered and four enrolled psychiatric nurses in all 12 districts which have got a psychiatrist. By the end of 1989, 10 districts should be staffed in this way, and within 5 years all districts will have to be covered.
- (3) Training: Mental health training at the district level will be given by district health management teams. These health management teams first have to be trained in mental health; a curriculum has been developed, and within two years at least 10, and within 5 years 20 district management teams will have been trained.

The Division of Mental Health is interested in collaborating with WHO in order to develop a Mental Health training manual for local health workers adapted to the local situation. This concerns materials for the mental health workers who have been trained already, and learning materials for general health workers.

- (4) Mental health education of the public: Programmes will be developed in

collaboration with the Division of Health Education of the Ministry of Health and will be used by the radio, television and newspapers.

(5) Research will take place in the community on epilepsy, and on the resocialisation of a group of 400 chronic mental patients of the Gilgil Hospital. The collaboration of an APO may be envisaged. Discussion is under way with regard to the designation of the Department of Psychiatry, University of Nairobi in conjunction with the Division of Mental Health within the Ministry of Health, as a WHO Collaborating Centre.

(6) The renovation of Mathari Mental Hospital will continue by extending hostel facilities for the school of nursing. It is hoped that more nurses will apply for postbasic psychiatric training. By 1989, the number of enrolled nurses is planned to increase from 50 to 120, and that of registered nurses from 50 to 80. To achieve this goal, a teaching block will be built which will have both undergraduate and postgraduate training facilities.

After the resocialization of the chronic patients in the Gilgil Hospital, the hospital will be renovated and equipped with facilities for short hospitalizations and for referral of difficult clinical syndromes.

(7) In 1988 a workshop will be held for Mental Health workers to discuss the concept of the newly formed Division of Mental Health, to explain its organization and its scope of activities, and to receive suggestions about the desired functioning of the Division.

2.5 Lesotho

In Lesotho, both the radio and tabloid media have been used in the promotion of mental health. The legislation concerning the hospitalization of mentally ill persons has recently been amended.

The community outreach approach has been strengthened, and as a result of concerted efforts by the Education Unit of the Ministry of Health, coupled with active community involvement, the bed occupancy rate has dropped. Mental health services are now decentralized and mental health promotion and rehabilitation have been integrated into primary care. Essential drugs for psychiatry are provided through the National Drugs Supply Office.

Lesotho citizens have benefitted from four fellowships. One for a Diploma in Social Work in Harare (Zimbabwe), another for Psychiatric Nursing and Counselling in England and the other two for Psychiatric Nurse Tutor's Course in Nairobi. Research is being conducted in the area of alcohol abuse.

Problems encountered in Lesotho include poor transport facilities, inadequate number of mental health-trained personnel, and insufficient collaboration with the courts.

Plans for 1988-89

(1) The nine districts will send their psychiatric nurses to a 2-year mental health course. Support for training by WHO would be welcome.

(2) A Mental Health Division will be established as a section of the Department of Primary Health Care.

- (3) Efforts to update the mental health legislation will continue.
- (4) The dormant National Coordinating Group will be reactivated.
- (5) Workshops on mental health for general health workers will be organized.
- (6) Mental health education programmes on the radio, television, etc will continue.
- (7) In addition to the only psychiatrist working in Lesotho, and the intern in psychiatry in the UK, a third candidate for training in psychiatry will be recruited.
- (8) Research on alcohol abuse among school children and in the communities will be carried out by the Christian Council of Lesotho. The Government wants to engage in a research project on migrant work and its socio-psychological consequences for parents and their offsprings. Collaboration of an APO may be considered.

2.6 Rwanda

Rwanda has allocated US\$19 500 for mental health activities from its 1988-89 WHO country budget. A National Coordinating Group in mental health has been set up but the group is yet to meet. The use of the media to promote mental health has been limited to radio interviews on the ill-effects of drugs and alcohol.

In addition to the Psychiatric Hospital at Ndera and the Psychiatric Dispensary at Butare, there are fifteen peripheral primary health care centres which provide psychiatric care.

The following training activities took place during the year:

- A refresher course in mental health and psychiatry.
- A national workshop/seminar on the ill-effects of drugs and alcohol.
- A workshop on Occupational Health and Safety for prefectural labour inspectors, social security agents, industrial employers and officers at ministerial level with responsibility for employment, mines and industries.
- A National Seminar on "The Handicaps of Alcohol for Health and Development" was organized by the Presbyterian and the Free Methodist Churches in Rwanda, in collaboration with the International Federation of Blue Cross Societies. The seminar was attended by physicians, sociologists, teachers, ministers of religion, brewers and journalists.
- A mental health week was organized from 1 to 7 April 1988 during which drug and alcohol problems, among other subjects, were discussed.

A Rwandan physician is currently in Belgium undergoing specialized training in neuropsychiatry.

The decentralization and integration of mental health into primary health care are proceeding as planned. Teaching activities continue at the Faculty of Medicine and at two schools for medical assistants (Butare and Kobogora). The Rwandan Mental Health Services plan a training and refresher course for a fifth set of trainees in June and October 1988. Belgium has recently appointed a second neuropsychiatrist (Dr L. Beleyenheuft) to work in Rwanda. Dr A. Hagengimana has just been appointed to

Ndera. This brings the number of Rwandan physicians working under the country's mental health programme to six.

The main problems encountered are:

- difficulties with the supply of psychotropic drugs
- inadequate number of mental health personnel
- inability on the part of patients to pay for treatment.

Plans for 1988-89

(1) Training

Between June and October 1988 at least 10 paramedical health workers will receive additional training in order to be able to treat the mentally ill in their respective regions. Rwanda is looking for scholarships to train more psychiatrists. Funds are also required to finance a 6-month additional training in forensic psychiatry of the intern who will soon finish his specialization in Belgium.

Decentralization of mental health and integration of a mental health component into the tasks of the health centres and hospitals will be continued. At the moment, 15 out of the 350 health centres already participate in the programme. These 15 centres have engaged in a pilot project which finishes in 1988. As a consequence all the national health personnel who received their training before 1980 (i.e., without mental health in their curriculum) need additional training in mental health. In the six paramedical training schools about 120-150 health workers will have to receive additional training in mental health.

(2) Research

In addition to the research activities mentioned in previous reports, a research project will be set up to investigate psychosocial concomitants of AIDS.

(3) Rwanda is looking for funds for the course on the development of mental health leadership which it would like to organize in its country.

2.7 Seychelles

The Seychelles Government has allocated US\$37 000 of its 1988-89 WHO country budget to mental health. A National Coordinating Group is yet to be formed. Both electronic (radio) and tabloid media have been used to promote mental health, more specifically topics such as alcohol and drug problems, depression, anxiety, stress and other psychosocial problems.

A draft version of a new Mental Health Act has been submitted to the Secretary of State. Mental health promotion for the elderly is currently receiving special attention. A psychiatrically-trained nurse is now attached to the North-East Port Hospital for the elderly. A new psychiatric facility was opened at Victoria Hospital in October 1987. The new facility includes a psychiatric ward, a psychiatric outpatient clinic, and a psychiatric day unit. Decentralization of mental health care continues. A coordinator has now been appointed to give support to community nurses in their respective districts through six-weekly visits. Unfortunately, only six clinics have been visited due to lack of transportation.

A mental health workshop was held at Victoria Hospital from 12 to 23 October 1987 on the promotion of community mental health services. The mental health component of basic nursing curriculum and the curriculum of the School of Health Studies have been revised to include teaching on mental health and to encourage integration of mental health into primary health care. A set of flow charts have recently been adapted for local use. The French Government has awarded a 4-month fellowship for the training in France of a psychiatric nurse.

The country is urgently in need of a consultant psychiatrist, as well as of transportation facilities and of psychiatric drugs, which are in short supply.

Plans for 1988/89

- (1) Mental health services will be strengthened by
 - (i) continued and intensified use of flow/charts in training.
 - (ii) appointment of a consultant psychiatrist.
 - (iii) intensified mental health education and awareness promotion.
- (2) The draft of the revised Mental Health Legislation will be finalized.
- (3) The ongoing research on suicide will be completed.
- (4) Day release study opportunities will be given to nurses, community health workers, etc. to enable them attend courses on mental health.
- (5) A workshop on counselling adolescents is planned for late 1988.
- (6) The National Mental Health Coordinating Group will be more active and a coordinator will be appointed.
- (7) Youths and the elderly have been identified as target groups for specific mental health promotion.
- (8) There are plans to reassess the needs of the mentally ill, to appoint an occupational therapist and to strengthen other mental health disciplines.

Interest in mental health issues is generally low, both in the general public and among health professionals. Quite frequently, as a result of manpower shortage, nurses who have been trained in the use of the flow charts for mental health problems are transferred to other areas where their newly acquired skills are not used. There is therefore need for intensified public awareness programmes, and for administrators to be aware of the need for trained personnel to be given adequate opportunities to use their acquired skills.

In particular, support is required

- to train more mental health personnel including psychiatrists, clinical psychologists, psychiatric social workers and occupational therapists.
- to organize national mental health workshops, seminars and refresher courses.

2.8 South-West Africa People's Organization (SWAPO)

Communities are actively encouraged to accept and assist their mentally ill members. In Namibia, refugees suffering from acute psychiatric disorders are treated in general wards and mentally ill patients are integrated into the community after having been treated. This provides an opportunity for the mentally ill to participate in normal communal activities and to lead as normal a life as possible. Those who are in need of continuous medication receive ambulatory follow-up treatment.

A third workshop on Mental Health took place in 1987 in Angola and Zambia and lasted three weeks. All the participants were Namibian health workers from different categories. Two psychiatric nurses successfully concluded their training at Chainama Hills College. From the 1988-89 session onwards the length of the teaching period allocated to mental health will be doubled to 80 hours. SWAPO has no mental health learning materials. Fellowships are sought to enable SWAPO to place 2 or 3 fellows in Chainama Hills Training College during the 1988-89 academic session.

There are only two qualified mental health nurses, but no qualified psychiatrists, psychiatric social workers or occupational therapists. There is a gross shortage of psychiatric drugs. On-going activities are monitored on an ad hoc basis, and there has not been any systematic evaluation of activities.

Plans for 1988/89

- (1) SWAPO intends to continue to provide integrated mental health services to its freedom fighters and refugees in camps.
- (2) It is hoped that it will be possible to sponsor nurses and other mental health workers to regional workshops and seminars.

Help is required in the following areas:

- i. Survey of mental health problems inside Namibian refugee camps to establish the nature and size of the problem.
- ii. For manpower development - sponsorship to attend seminars and workshops, training of psychiatrists, psychiatric nurses and other mental health personnel.
- iii. Immediate identification of a qualified psychiatrist to work with Namibian refugees.
- iv. Supply of drugs and transport facilities.
- v. Rehabilitation of disabled and displaced persons.

2.9 Swaziland

Sporadic promotional mental health activities have occurred on the radio and in newspapers (e.g., on substance abuse and epilepsy). In 1987 an alcohol awareness week, organized by COSAD (Council on Smoking, Alcohol and Drug Abuse) focussed on adolescents and young adults. A new 150-bed National Psychiatric Centre and three 10-bed District Units were recently opened and decentralization of mental health services has continued.

The British Council has promised a fellowship for the advanced training of a psychiatric nurse. Two research endeavours are being planned on the role of traditional healers and on health-related behaviour of people. Two main problems, however, have been encountered: severe staff shortage and the need for more vehicles. A recent evaluation of mental health services in Swaziland has shown that more effort should be directed towards integration of mental health into primary health care, and not enough use has been made of the media in the promotion of mental health.

Plans for 1988-89

- (1) The question of specific allocations for mental health from the WHO country budget will be taken up with the WHO Liaison Officer and it is hoped that something definite will happen before the end of the current fiscal year.
- (2) A plan will be drawn up for integrating mental health into general health services.
- (3) Discussions will be initiated on the need to update the old mental health legislation.
- (4) Training of more mental health nurses will be undertaken.
- (5) Discussions will start on the formation of a National Coordinating Group - but the appointment of a coordinator must wait until a Group has been formed.

WHO support is requested for the following activities:

- (i) Appointment of a psychiatrist.
- (ii) Training of more personnel, including psychiatric nurses, psychiatrists, clinical psychologists, occupational therapists, and social workers.
- (iii) Easing the difficulties frequently encountered with regard to transportation. This is very important if community services already started are to continue.
- (iv) Drawing up a list of essential drugs.

2.10 Uganda

A National Mental Health Coordinating Group has now been inaugurated, a National Mental Health Coordinator has been appointed and a National Mental Health Policy has been drafted. However, there has been no change in the mental health legislation. A counselling and guidance centre has been established at Makerere University, which caters for students and staff inside the University and for schools outside the University. The mental health components of nursing and medical school curricula have been updated. Six students are currently undergoing a psychiatric clinical officers' course and three doctors are pursuing the M.Med (Psychiatry) programme at the University.

In August 1987, WHO sponsored three officers to attend a two-week Mental Health Leadership Workshop in Tanzania and two students have been nominated for WHO fellowships to attend a one-year addiction course in London.

Other major activities during the year include efforts to rehabilitate civil war

victims, provision of psychosocial support for AIDS patients and continued decentralization and integration of mental health into primary health care.

The main problems encountered include inadequate manpower and the need for more vehicles for supervisory travel.

Plans for 1988-89

- (1) Finalize the National Mental Health Policy and formulate a coherent national mental health programme.
- (2) Continue the process of decentralizing mental health services and integration of mental health services into general health delivery system.
- (3) Start work on the review of the National Mental Health Act.
- (4) Improve damaged physical facilities (e.g., buildings) used for mental health care.
- (5) Intensify both programmed and non-programmed academic activities for nurses, doctors and other mental health professionals.
- (6) Develop national policies for care and rehabilitation of the disabled, orphans, widows, victims of civil war and AIDS victims.
- (7) Research projects are planned in the areas of:
 - (a) Neuropsychiatric complications of AIDS
 - (b) Deficits and needs of victims of torture and war.

WHO's support is required for:

- (i) Manpower development - fellowships, workshops/seminars and refresher courses.
- (ii) Transport facilities are virtually non-existent and it would be much appreciated if WHO could assist in finding organizations willing to provide assistance in this area.
- (iii) Funding of the improvement of physical infrastructures.
- (iv) Supply of learning material for trainers and trainees.
- (v) Supply of teachers.
- (vi) Consultant services for a workshop being planned for the formulation of a Mental Health Policy and programme.

2.11 United Republic of Tanzania

The National Coordinating Group on Mental Health has not met during the past twelve months, due to the fact that the Health Ministry has rationalized the functions of various committees and the Primary Health Care Committee now looks after the affairs of the National Coordinating Group on Mental Health.

Newspapers and the national radio have treated mental health issues on a regular basis. Despite numerous informal discussions on updating the National Mental Health Act, nothing concrete has emerged. There is now a general feeling of urgency and it is not unlikely that a timetable will soon be set.

The elderly is one particular group which has been identified as needing active mental health promotion. Integration of mental health into overall health care programmes continues. The list of essential drugs is in the process of being revised and the essential drugs programme itself continues with the active participation of DANIDA and UNICEF.

From 29 July to 15 August 1987, a WHO Mental Health Leadership Development Course was held at Arusha. The course was attended by 30 participants from Tanzania, Zambia, Malawi, Kenya, Uganda, Rwanda and the ANC. In addition, there have been short courses, each lasting seven days in the regions, for rural medical personnel, medical assistants and nurses. In October 1987, Regional Mental Health Coordinators met for three days to discuss various management issues in mental health. It was at the October meeting that the Mental Health Association of Tanzania (MEHATA) was inaugurated.

Revision exercises on mental health and behavioural sciences for medical aids, medical assistants, maternal and child health aids and medical students have been going on for some time. A booklet for medical students and a Swahili text book for nurses are in advanced stages of preparation. Learning materials on alcohol, cannabis, epilepsy and family and individual mental health have been produced. Most of these were displayed at the July Trade Fair and during the World Health Day. Short-term fellowships were awarded by WHO to Drs Ndosi and Matuja to attend courses on the epidemiology of disorders in the elderly. Dr Ndosi also visited Brazzaville and Cairo on the same fellowship. A number of research activities were undertaken in 1987-88, mainly in the areas of alcohol and drug abuse and suicide.

The two main constraints during the year were transportation difficulties and inadequate drug supply, particularly anti-convulsants. During the year, emphasis was laid on consolidating past gains rather than on expansion. Funding remains a major issue. Tanzania is grateful to DANIDA for its financial and other support. DANIDA's continued assistance is strongly solicited.

Plans for 1988-89

- (1) The question of a specific allocation of funds for mental health activities from the WHO country budget, and the need to appoint a Mental Health Coordinator and to establish a Mental Health Coordinating Group will be carefully examined.
- (2) A timetable will be set up for work on updating the Tanzanian Mental Health Legislation.
- (3) Youths and the elderly will be given increased attention.
- (4) The integration of mental health into general health services, and the strengthening of manpower will continue.

2.12 Zambia

The Zambian Government gave approval for US\$1 250 of its WHO country budget to be allocated to mental health, specifically for workshops. The National Coordinating Group on Mental Health has not met since 1984 but the National Primary Health Care Committee now takes care of mental health matters. There is a weekly radio programme and special television programmes on mental health. A 136-page brochure on mental health has been published. Mental health had a stand at the World Health Day exhibition and there have been special newspaper articles on mental health topics. A working group was set up in 1983 to recommend specific changes in the National Mental Health Act, but this group is yet to produce a draft. Children, adolescents, the mentally and physically handicapped, youth, the unemployed and HIV-infected individuals are specific groups for whom mental health activities are being organized. AIDS patients and HIV-infected individuals and patients with sexually-transmitted diseases now receive routine psychiatric counselling.

Decentralization and integration of mental health into the general health delivery system continues to progress satisfactorily. Mental health services have been established in five prisons. Training activities in mental health include a programme for community health workers, talks to schools, the police, traditional healers, etc, and residential training for occupational therapy assistants.

A Zambian doctor is currently receiving postgraduate psychiatric training in the United Kingdom. Six registered nurses are currently pursuing mental health nursing courses in England and in Nigeria and a six-week orientation course in psychiatric nursing was recently organized for general nurses from general hospitals. Medical students and nurse tutor curricula are currently being revised so that the quality and quantity of their mental health content can be improved. A mental health magazine and a manual for community health workers have been launched. During the past twelve months, a psychiatrist and four senior nurses were sponsored to undertake a study tour of psychiatric nurse training facilities in Zimbabwe and Botswana. A member of the National Mental Health Resource Centre attended an "Alcohol and Drug Addiction Course" in Mauritius under the sponsorship of ICAA.

Mental health research endeavours in Zambia have concentrated on alcohol related problems, nursing of HIV-infected persons and AIDS patients, epilepsy and prevention of self-destructive behaviour of psychiatric patients. Manpower development, administration of psychiatric services and transcultural psychiatry have also received attention.

Problems encountered include the need to rehabilitate deteriorating infrastructure, lack of transport facilities for supervisory visits, the need to establish a central coordinating office for mental health activities, and inadequate drug supplies.

In spite of the numerous constraints listed above, mental health care continues to grow throughout the country. No formal evaluation exercise has been carried out but arrangements are currently being made for a WHO short-term consultant to be invited to advise on this.

Plans for 1988-89

(1) An amount of US\$110 000 has been requested from the WHO country budget for mental health for the period 1988-89. So far, only US\$1 250 have been approved. Efforts will be intensified to obtain more funds for mental health from this source.

(2) The working group charged with the responsibility of identifying areas for necessary changes in the Zambian Mental Health Legislation will be pressured into completing their task.

(3) While decentralization and integration of mental health services must continue, there is a need for health administrators to give mental health greater priority than they do currently. At the moment, it sometimes happens that only dilapidated wards and buildings abandoned by other specialities are allocated to mental health care.

(4) Transport for supervisory visits is still a problem. This includes bicycles for community mental health workers in the country.

(5) There is need for a central coordinating office for mental health at the Ministry of Health.

(6) Supply and distribution of psychotropic drugs, particularly to the districts, remain erratic.

2.13 Zimbabwe

A total amount of US\$92 000 has been allocated from the Zimbabwe's WHO country budget for various mental health activities. Even though the National Coordinating Group on Mental Health did not meet during the past 12 months, the Group's six sub-committees met regularly. The media have been intensively used to promote mental health. Voluntary organizations, youth and women groups and Ministries' educational units too have engaged in numerous mental health promotional activities directed towards school children, the elderly, workers, adolescents, youth and other "at risk" groups. The Mental Health Act has not been reviewed since 1976.

Decentralization and integration of mental health into general health services has now been completed. A national essential drug list has been compiled. A number of workshops and inservice training courses were held during the year for various nursing cadres. Formal training courses in psychiatry and psychiatric nursing have all been revised to ensure adequate psychiatric components. The Zimbabwe Essential Drugs Action Plan (SEDAP) has produced a draft manual on the use of psychiatric drugs.

One Zimbabwean citizen is currently studying at the Botswana University on a WHO fellowship. The Health Ministry too is investing handsomely in the training of psychiatric nurses, nurse tutors, electroconvulsive therapists, nurse administrators and community nurses. Research activities have been centered on alcohol abuse and evaluation of psychiatric nurse training programmes.

The year 1987-88 has not been as busy as previous years but much success was recorded, especially in mental health education and training, in the improvement of patient care and in service management.

Plans for 1988-89

(1) A study group will be set up to advise on the need to review the Zimbabwe Mental Health legislation.

(2) Research efforts will continue in the areas of

- Alcohol and drug abuse

- Effectiveness of services and training programmes.

- (3) Youth, women and children have been identified as groups in need of special care.
- (4) The process of decentralization and integration of mental health services into the overall health care delivery system will continue.

WHO's support is solicited for the following activities:

- (i) Development of teaching and treatment modules in vernacular languages.
- (ii) Training of more administrators and clinical personnel, particularly those to work in the community
- (iii) Improvement of communication and transportation which are major problems
- (iv) Supply of books and learning aids.

2.14 Intercountry activities

(i) Regional Officer for Mental Health, AFRO

The recruitment of a Regional Officer for Mental Health for AFRO is proceeding according to plan and it is hoped that an incumbent will be able to join Brazzaville in the near future. The name of the person appointed will be announced as soon as confirmation of the appointment is received.

(ii) Meetings/workshops

The WHO Workshop on Leadership Development for Mental Health was held in Arusha, United Republic of Tanzania, from 2 to 14 August 1987. This workshop was organized with the financial support of the Danish International Development Agency (DANIDA). The faculty was composed of nine members including experts from Tanzania, Turkey and the United States of America and staff from WHO Brazzaville and Geneva. The participants included mental health professionals, regional administrators and community workers. They prepared written proposals for planning and implementing a community mental health programme in their home district or region. They resolved to report progress within 6-12 months after the workshop. The full report of the workshop is available as document MNH/POL/88.2.

The training material produced for this workshop will be published separately and made available in the course of 1988.

An Advanced Institute in Psychosocial Rehabilitation, originally planned for July 1987, was held in Paris from 7 to 14 February 1988. This workshop was organized by the World Association for Psychosocial Rehabilitation, in collaboration with WHO, and expenses for several participants from Kenya, Liberia, Nigeria, Tanzania and Zimbabwe were covered by the organizers.

(iii) Visits to countries by WHO staff and consultants

Dr R. M. Johnson, consultant to the WHO Regional Office in Brazzaville, went to the Seychelles to attend a workshop on the Promotion of mental health and its

integration into primary health care, held in October 1987. He also attended the WHO Workshop on Mental health Leadership Development, Arusha, Tanzania, in August 1987.

Dr J. Orley, of the Division of Mental Health, Geneva went to Arusha, United Republic of Tanzania, to participate in the WHO Workshop on Leadership Development for Mental Health, in August 1987. In April 1988, he went to Gaborone, Botswana for the International Workshop on Assessment of Health Promotion approaches to Prevention of Alcohol-Related Problems; to Tanzania, to discuss plans for a workshop on epilepsy which it is planned to organize there; to Zimbabwe to discuss plans for another Leadership Development Training Course for Zimbabwe and neighbouring countries, to be held there in 1989; and to Nairobi, Kenya, for discussions at the Ministry of Health.

In October/November 1987, Mr V. B. Wankiri, WHO Mental Health Tutor, Lesotho went to the Seychelles to participate in a mental health workshop for community nurses and assist in developing mental health activities further. In February/March 1988, he visited Swaziland to assist in conducting the final examination for the diploma course in Community Mental Health Nursing Programme, review its curriculum as well as the status of mental health services there. In 1988, he was moved to Botswana to assist with the development of mental health training of nurses in that country.

Several temporary advisers were supported by WHO/HQ to attend the International Workshop on Assessment of Health Promotion Approaches to Prevention of Alcohol-Related Problems, held in Gaborone, Botswana, from 18 to 22 April 1988. These were Dr R. Denniston, of the National Institute of Drug Abuse, in Rockville, USA, Dr N. Kodagoda, of the University of Colombo, Sri Lanka, and Mr R. Waahlberg, of the Norwegian Directorate of Alcohol and Drug Problems, in Oslo, Norway.

Dr A. Loranger, from the Cornell Medical Centre, in White Plains, N.Y., USA visited Nairobi, Kenya to work with the team at the Department of Psychiatry of the Kenyatta National Hospital on plans for field trials of an instrument suitable for the assessment of personality disorder. This project, coordinated by WHO/Headquarters, involves 12 countries, one of which is Kenya.

Professor A. German, from Australia, went to the Seychelles in October 1987 to conduct a training course in mental health for nurses and primary health workers.

(iv) Ongoing studies/projects in which countries participate

WHO project on identification and treatment of persons with harmful alcohol consumption: Kenya and Zimbabwe are taking part in this project and have been invited to send a participant each to the final meeting of investigators which will be held in Odessa, USSR, from 23 to 28 May 1988.

A project on interregional evaluation of health and social service utilization by the mentally ill was launched in 1987 and a first meeting was held in Geneva in September 1987. Nigeria and Ghana are participating in this project.

A Kenyan team participates in the international collaborative study dealing with the development of crossculturally-applicable instruments for the assessment of mental health problems (see above). Two participants from Kenya attended a meeting of investigators in this project, held in Bangalore (India).

WHO study on alcohol education and young people: Swaziland is participating and sent a representative to the final meeting of investigators held in Minneapolis, USA from 25 July to 1 August 1987.

WHO study on assessment of health promotion approaches to prevention of alcohol-related problems: Botswana participates in this study and an international workshop was held in Gaborone, Botswana, from 18 to 22 April 1988 to finalize guidelines for evaluating health promotion approaches to the prevention of alcohol-related problems.

Research on children's psychological health: a proposal for a research project on Community-based Approach to Psychological Health in Zimbabwean Children was prepared in early 1987 by Dr A.C. Mundy-Castle, Professor of Psychology at the University of Zimbabwe, Harare. This project, based on work already carried out in Zambia, would involve both urban and rural settings in Zimbabwe, and will be conducted jointly with the University of Zambia. A visit by students and staff from the Department of Psychology of the University of Zimbabwe to the Department of Psychology of the University of Lusaka, in Zambia, was organized in 1987 and a reverse trip is planned for 1988. This project proposal has been submitted to UNICEF with a request for financial support.

Revision of Chapter V of the International Classification of Diseases (ICD-10): Field trials are currently under way in Ghana, Kenya and Nigeria.

Miss C. Chasokela, Zimbabwe, assisted the Division of Mental Health in Geneva in the preparation of a paper on the current role of nurses, as input into an overall WHO paper on the role of the health sector in mobilizing the support of nongovernmental organizations for action to reduce drug abuse.

(v) Documents issued

A list of the documents issued in the course of 1987 and in early 1988 is being prepared and will be available soon. Among the documents issued, the following are likely to be particularly useful to the Group:

Directory of Training Courses in Mental Health in Africa for Countries of the African Mental Health Action Group: Document MNH/POL/88.1. (English only).

Annotated Directory of Mental Health Training Manuals. Document WHO/MNH/NAT/87.8. This Directory gives a list of the training manuals in the field of mental health available for different categories of personnel. (English only).

Care for the Mentally Ill - Components of mental health policies governing the provision of psychiatric services. Document WHO/MNH/POL/87.10. (English only).

Drug Abuse / Guidelines for national policy formulation, implementation and evaluation. Document WHO/MNH/PAD/87.7. (English only).

Essential Medicines in the Treatment of Neuropsychiatric Disorders. Document MNH/MEP/88.3. (English only).

Alcoholisme, by Dr J. Courtejoie, of the Bureau d'Etude et de Recherche pour la Promotion de la Sante, Kangu-Mayombe, Republique du Zaïre. (In French). In collaboration with WHO, this book has now been translated into English, Shona, Ndebele and Amharique. A Portuguese translation is also being pursued.

(vi) AMHAG Newsletter

The first issue of the AMHAG Newsletter was produced in December 1987 and the second issue in April 1988. The AMHAG Newsletter was well received and it is hoped that it will grow in audience and importance in the years to come.

(vii) Fellowships

In 1987, the Department of Psychiatry of the University of Manchester, UK accepted again five trainees from Ethiopia, Tanzania and Zambia for a period of two years. The Department of Psychiatry, University of Western Australia, in association with the Department of Mental Health in West Australia, is also providing psychiatric postgraduate training to doctors in developing countries and has recently accepted one trainee from Uganda.

Plans for 1988-89

(i) Meetings/workshops

It is proposed to organize a two-week workshop on epilepsy in the United Republic of Tanzania in the course of 1989. It is hoped that this workshop will be funded by DANIDA.

It is also planned to organize a second training course on leadership development for mental health, similar to the one organized in Tanzania in 1987, in Zimbabwe in 1989. The workshop will deal with topics such as community care, alcohol and drug abuse, psychosocial wellbeing, and the promotion of mental health. Negotiations with donor agencies are under way in this respect.

A meeting on rehabilitation for persons with chronic mental disability, organized by WHO with the support of the Finnish Government, will be held in Jyvaskyla, Finland, from 20 to 23 June 1988. Participants from Kenya, Nigeria and Zambia have been invited to attend. This workshop will be organized in the framework of a national congress on the development of mental health care and will be supported by the Finnish Ministry of Social Affairs and Health and the Finnish National Board of Health. The aim of this WHO meeting is to present the latest international developments in different approaches to treatment and community rehabilitation, the most recent findings from reviews of cost/benefit studies, and the latest legislative developments which serve as the basis for financing health and social services for this population. The outcome of this meeting should be detailed outlines for a series of publications on the topics to be covered. Follow-up projects will also be discussed and commitment obtained from participants to carry on this work.

A training course on microcomputer applications in the management of mental health services and statistical analysis of data from research in human reproduction will be organized jointly by the Divisions of Mental Health and of Human Reproduction, WHO/HQ, in Nigeria. The tentative dates for this training course are 11-28 July 1988.

(ii) Studies/projects

A study on the teaching of behavioural sciences in medical schools is planned to be initiated in three countries (Nigeria, Zambia and Zimbabwe) in 1988-89. The objective of this study will be to develop guidelines for universities/medical schools curricula in the area of behavioural sciences.

Field trials of the study aiming to develop methods to assess personality disorder will start in 1988 at the Department of Psychiatry, Kenyatta National Hospital, Nairobi, Kenya.

The field trials of the ICD-10 classification will continue in Ghana, Nigeria and Kenya.

(iii) Catalogue of fellowships

The Division of Mental Health in Geneva is compiling a Catalogue of fellowships which will give information on the institutions offering training facilities, the field of training, requirements from candidates, etc. This Catalogue should be made available in the course of 1988.

The various fellowship possibilities were briefly discussed. Some participants felt that training schemes abroad had the disadvantage of not training psychiatrists in their own countries and culture.

(iv) Other activities

Further intercountry activities may take place in 1988-89. They will be decided upon in consultation with the newly appointed Regional Officer for Mental Health, in Brazzaville, and according to the requests made by the countries of the African Mental Health Action Group.

Several countries (e.g., Kenya, Rwanda and Zimbabwe) expressed interest in intercountry training facilities, for example in the field of mental health training for nurses or the training of psychiatrists.

3. OTHER ISSUES

Dr Lois Gage, Nurse Consultant to the WHO Division of Mental Health, underlined the commitment of WHO to the integration of mental health concepts and skills into general nursing education (reports are available on request). She described her current work and will be writing to contacts in AMHAG countries as needs for this emerge.

Dr Godfrey Walker, of the WHO Drug Action Programme, explained that, with regard to the list of essential psychotropic drugs, different levels of expertise are required for certain drugs. There are several ways of procuring drugs at reasonable prices, e.g., by means of a tender, or through low-profit organizations such as UNIPAK, UNICEF, IDA OR MEDEOR. In 1989, a workshop will be organized in Tanzania on the responsible use of phenobarbital by different types of health workers. Later on, another workshop will be held on the use of chlorpromazine and on the development of simple learning materials for different echelons.

4. CONCLUSION

Several issues recurred in country reports and subsequent discussion. These were the following:

- There is significant progress in the decentralization of psychiatric services, in the integration of mental health into primary health care and in introducing intersectorial approaches to mental health in most AMHAG countries.

- Shortage of mental health personnel continues to be a central constraint to programme development.

- There is a need to continue with the conduct of national and intercountry workshops, seminars, refresher courses and other training activities.

- The maintenance of infrastructures and transportation problems continue to be a major obstacle in many countries.

- The search for extrabudgetary funds to support country programmes must continue. Such funds are needed to supplement WHO's contribution and national resources.

In order to enable countries to pursue their efforts in the development of activities in the field of mental health, it is essential that their funding be included in the WHO country budgets and that requests for support be channelled to the WHO Regional Office for Africa in Brazzaville through the local WHO Representative.

Countries of the Group recalled the decision made at the tenth meeting of the Group, in 1987, to nominate a focal person in each country. The Secretariat of WHO is eager to receive such nominations from all the countries of the Group.

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M A L I

Progress report, 1984-1987

In March 1983, the Malian Government adopted a mental health care development bill. Extending over a period of five years, it is to be evaluated in 1989. Results so far are encouraging, given that only 15% of the allotted funds have been obtained.

1. The results obtained are in the following areas:

1.1 The Psychiatric Department of Point "G" Hospital, Bamako: This was the only mental health care facility in the Republic. Designed along the lines of a prison for 110 patients, it had reached an intolerable level of dilapidation and overcrowding (over 500%).

It has been equipped with beds and 21 huts, each accommodating a patient and companion, and have been constructed along the lines of a traditional village. This has provided a place for community psychiatry which now operates satisfactorily, with a kitchen for use by patients, group meetings, sporting activities, a cafeteria and "koteba".

1.2 Staff training: 60 hours of classroom teaching have been given each year at the School of Medicine and the Secondary School of Health by Professor Baba Koumare and his technical adviser, Doctor Jean-Pierre Coudray, a lecturer seconded to the school by Coopération Française.

- Five physicians wrote their theses on a psychiatric topic and were given considerable clinical training. Three of them work in the Mental Health Department.

- Seven nurses have been trained.

All these physicians and nurses, as well as a psychologist and a trained social worker, have had at least one three-month term of study at Marseilles, under Professors Pene and Tatossian.

- About ten end-of-study dissertations for the Teachers' Training College and other social science teaching establishments were prepared in the Department.

- The medical team has published more than 15 articles and participated in Congresses in Abidjan and Paris.

- Lectures and video film displays have been arranged for the public, trainees, magistrates and the police.

- Information seminars for working physicians have been conducted each year.

1.3 Decentralization of mental health care:

- A medical, psychiatric and social work dispensary has been opened on the outskirts of Bamako. It is operating satisfactorily.
- For three years, the psychiatric service of Koutiala, 400 km from Bamako, has been operating a mental health clinic with great success, receiving an average of more than 40 new cases per year. Hospitalization of acute cases (3 per month on average) cannot be undertaken at Koutiala Hospital. Since periods for hospitalization tend to be short, four beds seem sufficient for the moment and four huts are to be built by January 1988 for accompanied patients.

There is growing awareness in the town of Koutiala of the importance of mental health care, and the local section of the Malian Association for Aid to Mental Patients counts the administrative, political, legal and police leaders among its members.

1.4 Research:

- In addition to preparing theses and dissertations, the medical team of Point "G" Hospital are focussing their research on medical anthropology and the study of the treatment undergone by the patients before their hospitalization. Two-thirds of mental disorders occurred in the bush or during trips abroad.
- The close collaboration between the Mental Hygiene Department and the Traditional Medicine Programme (Cooperation between Mali and Italy) initiated at Bandjagara, has highlighted the scale of mental health problems in Dogon Territory.

2. New activities in progress:

2.1 Placement with traditional practitioners of chronically ill and socially maladjusted patients who have spent a long time in the Point "G" Department (some 80 persons).

These practitioners are subsidized for the construction of extra huts and for the upkeep and reintegration of 4 or 5 patients each.

This action has got off to a slow start because of the difficulty of selecting healers with whom a good working relationship can be established.

2.2 The Malian Association for Aid to Mental Patients has had a new lease of life and performs a considerable educational role. Its principal task is to establish a reception and social reintegration centre near Bamako, to deal with pathological wandering.

2.3 Problems in legal medicine are very worrying. Mali at present has no procedure for committing to long-term care dangerous persons who are not considered responsible for their actions. The setting-up of psychiatric centres at local level is running into difficulties because the institutions are overloaded.

3. The main bottlenecks are:

3.1 Insufficient operational budget and means of transport.

3.2 Problems in recruiting the necessary staff because of civil service cutbacks.

3.3 Lack of definition in the training courses for mental health care specialists. There is as yet no official diploma that covers the training undergone.

3.4 Lack of room for initiative in the Mental Health Department, which prevents trained operatives from being sent to the places where they would be most useful.

3.5 Lack of short-term fellowships which would enable health workers to complete their studies and compare their own training with training courses abroad.

4. The solution of these problems requires:

- A number of vehicles for transportation between the units.
- Establishment of a post-graduate course in psychiatry and of posts for intern psychiatrists at the Point "G" Hospital.
- The possibility of awarding psychiatric nursing diplomas and of recruiting nurses on a competitive basis.
- Organization of a "scattered hospital" for some hundred patients placed with traditional healers in the third region under the supervision of the physician in charge of the psychiatric department at Koutiala.

A WHO expert mission is most desirable.

To sum up: The considerable work that Mali has put into mental health is beginning to bear fruit. The Psychiatric Department of Point "G" Hospital is an interesting research laboratory because of its rural patients, and an excellent training resource for a community psychiatry that is well adapted to the African situation. Nevertheless, the increasing number of consultations and outpatients may, in the short term, be more than personnel can cope with. Furthermore, staff numbers are falling through retirement and transfer to specializations with a better career structure such as leprology and physiotherapy. Some health workers go abroad to take up fellowships they have been offered.