Mental Health Service Systems in Tanzania

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Overview

- Mental Disorders in Tanzania
- Mental Health Care System in Tanzania
- Areas for attention and challenges for research
Background

- Area 945 000 km²
- Poor communication infrastructure BUT improving
- Population 44.9 million; 2.9% Zanzibar (census 2012)
- Per capita annual income US$400 in 2008
- Health expenditure per capita US$11 in 2008 (9% of TNB in 2009)
- 55% under age 19 and a life expectancy of 51 years.
Mental Disorders in Tanzania

Reasons for concern:

- Many severe mental disorders have onset in young adulthood
  - Increasing survival to adolescence, is expected to increase absolute numbers of persons with mental disorders
  - Implications for lost productivity of both patients and the extended family while seeking traditional healing and other remedies
- Social adversity is a recognized risk factor for CMD
  - Gene-environment interactions implicated in manifestation
  - In 2001, and 2007, 36.0% and 34.0% of the population were below a basic needs poverty line as estimated by Household Budget Surveys
- Increasing prevalence of NCDs with mental disorder co-morbidities (e.g. cancer, diabetes, hypertension, stroke)
- Persistence of the AIDS epidemic and its psychosocial ramifications - may increase the magnitude of mental ill health
## DALYs Averted by a Mental Health Care Package

### Reasons for Hope:
- Regional estimates cannot be translated directly to local levels
- E.g. Gureje et al 2007 – Most cost effective mental health packages for Nigeria

<table>
<thead>
<tr>
<th>Condition and Intervention</th>
<th>Estimated coverage</th>
<th>DALYs Averted Annually (Cost/DALY averted in US $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia: older antipsychotic drugs + psychosocial treatment OR Case management (Mx)</td>
<td>70% 70%</td>
<td>26,980 (642) 29,378 (680)</td>
</tr>
<tr>
<td>Depression: Older antidepressant + psychotherapy + proactive case Mx</td>
<td>40%</td>
<td>120,357 (17.1)</td>
</tr>
<tr>
<td>Epilepsy: Older anti-epileptics at primary care</td>
<td>80%</td>
<td>169,514 (2.5)</td>
</tr>
<tr>
<td>Heavy alcohol use: Random road side testing for alcohol (including non-fatal injuries)</td>
<td>80%</td>
<td>109,490 (2.0)</td>
</tr>
</tbody>
</table>
Health systems and mental health care services

- Health systems are core to the delivery of evidence-based mental health care.

- World Health Organization (WHO) has outlined the need and rationale to build community-based mental health care systems and services.
WHO: Key components for improving mental health services

- Establish national policies, programmes, and legislation on mental health;
- Develop human resources;
- Provide treatment for mental disorders in primary care;
- Support relevant research;
- Link with other sectors;
- Ensure increased accessibility to essential psychotropic medication, and provide care in the community;
- Educate the public;
- Involve communities, families, and consumers;
- Monitor community mental health; and
Establish national policies, programmes, and legislation on mental health

Policy & Legal Framework for Mental Health Services

- 1980: National Mental Health Programme
- 1999 and 2009: IoP and MoHSW mental health policy programme
- 2003: Mental health a key component of the National Health Policy
- 2006: Policy guidelines for Mental Health Care in Tanzania released
- 2008: Mental Health Act amendment to emphasize access to quality services and the rights of the mentally ill
Policy statement; National Health Policy 2007 (Swahili)

Policy guidelines for Mental Health Care (2006)

Goals: Equitable, affordable, acceptable mental health services with community participation in planning and implementation

Strategy: Mental health as an essential component of comprehensive healthcare, and as part of national package of essential health interventions in primary, secondary and tertiary care

Key activities: Training, supervision, sustainable supply of psychotropic drugs, cooperation with community leaders and traditional healers

Targets: 20 mental health care beds in each district and a psychiatry rehabilitation facility in each region

Integration of mental health care in primary health care packages the best option for Tanzania
## Expanding human and other resources (1)

### Facilities and beds

<table>
<thead>
<tr>
<th>Type of facility</th>
<th># facility</th>
<th># Beds / 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sp. Psych hospital</td>
<td>3</td>
<td>0.36</td>
</tr>
<tr>
<td>Units in referral/region/district hosp.</td>
<td>6</td>
<td>0.04</td>
</tr>
<tr>
<td>Beds in district hospitals*</td>
<td>169</td>
<td>0.75</td>
</tr>
<tr>
<td>Psych. rehab villages</td>
<td>3</td>
<td>--</td>
</tr>
</tbody>
</table>

### Pre-service training

<table>
<thead>
<tr>
<th>Type</th>
<th>#</th>
<th>Training present?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrist</td>
<td>31</td>
<td>Y</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>10</td>
<td>Y</td>
</tr>
<tr>
<td>Psychiatry nurse* (Diploma)</td>
<td>1,200</td>
<td>Y</td>
</tr>
<tr>
<td>Mental Health Nurse Managers</td>
<td>5</td>
<td>Y</td>
</tr>
<tr>
<td>Medical Social Workers (psych)</td>
<td>10</td>
<td>N</td>
</tr>
<tr>
<td>Specialized Clinical Officers (AMO)</td>
<td>6</td>
<td>N (planned)</td>
</tr>
</tbody>
</table>
Expanding human and other resources (2)

Task shifted targets for in-service training:

- General medical officers & clinical officers
- Psych. & general nurses
- Social workers

- 3,895 primary care health workers received at least five days of training
- Identification of and management of severe and common neuropsychiatric disorders

Challenges:

- Sustaining supportive supervision and monitoring
- Traditional and faith healers - Cater for 80% of persons with mental disorders better understanding needed for forging formal linkages
Access mental health care: Number of persons reached (1)

Information from centrally compiled routine facility-based data

- Patients with neuropsychiatric disorders attended in primary care increased six-fold between 2001 and 2007, to 118,730 patients
- Cumulative number of persons with mental disorder recorded in the health system increased from 20,000 in 1999 to 685,788 in 2008

(Mbatia and Jenkins, 2010)

Challenge included reliance on a vertical programme data base rather that the routine clinical data base (MTUHA-HMIS)
2006-7 Region Annual Reports to the NMHP (N=89,045)

Reported MH Patients vs Pop.x100 (census 2002)

1 Proportion/regional pop. of reported persons with mental disorder
* Regions with mental health care facility

Number of Patients or Persons

0 10 000 20 000 30 000 40 000 50 000 60 000

Singida  Rukwa  Lindi  Kigoma  Musoma  Manyara  Tanga  Arusha  Ruvuma  Pwani  Iringa  Shinyanga  Morogoro  * Tabora  * Dodoma  * Mtwara  * Dar es...  * Mbeya  * Kilimanjaro  * Mwanza
20 Regions Facility Based Data by Diagnosis 2006-7 (N=89,045 Patients)

- Epilepsy: 49.5%
- Schizophrenia: 17.6%
- Depression: 7.5%
- Acute Psychosis: 5.3%
- Alcohol Misuse: 3.2%
- Anxiety: 3.7%
- Bipolar: 3.1%
- UE Symptoms: 2.6%
- Mental Retardation: 2.1%
- Dementia: 1.6%
- Alcohol Misuse: 1.6%
- Delirium: 1.6%
- Substance Misuse: 1.3%
- M. Retardation: 0.9%
### Prevalence of Common Mental Disorders

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Study Design &amp; Sample</th>
<th>Locality</th>
<th>Prevalence depression/ anxiety or mixed</th>
<th>Instruments (cut-off for caseness)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ngoma et al, 2003¹</td>
<td>178 (M &amp; F)</td>
<td>Urban/PHC</td>
<td>26.0% all CMD</td>
<td>CIS-R (12)</td>
</tr>
<tr>
<td></td>
<td>176 (M &amp; F)</td>
<td>Urban /THP</td>
<td>49.0% all CMD</td>
<td>CIS-R (12)</td>
</tr>
<tr>
<td>Antelman et al, (2007)</td>
<td>1,078 (F, HIV+)</td>
<td>Urban ANC</td>
<td>59.0%</td>
<td>HSCL-adapt. (1.06)</td>
</tr>
<tr>
<td>Patil and Hadley (2008)</td>
<td>408 (married F)</td>
<td>Rural HH</td>
<td>30.0%</td>
<td>HSCL-24 (1.75)</td>
</tr>
<tr>
<td>Rutayuga (2011)</td>
<td>220 (HIV+ M&amp;F)</td>
<td>Urban /CTC</td>
<td>45.9% mild; 10.4% mod-severe</td>
<td>PHQ-9≥5 &amp; ≥10</td>
</tr>
<tr>
<td>Kaaya et al (2012)²</td>
<td>1,078 (F, HIV+)</td>
<td>Urban ANC</td>
<td>42.0% Vs 22.0%</td>
<td>HSCL-adapt. (1.06)</td>
</tr>
<tr>
<td>Mbatia &amp; Jenkins (2009)</td>
<td>899 (M&amp;F)</td>
<td>Urban /HH</td>
<td>Hazardous alcohol use 8.7% and 3.4% in M &amp; F respectively</td>
<td>AUDIT</td>
</tr>
</tbody>
</table>

PHC=primary care, THP= Traditional healer practice; ANC antenatal care, HH = household survey; 
¹ Over 50% mixed anxiety & depression; ² antenatal Vs postnatal population respectively

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Access to mental health services

Other Challenges:

- Difficult to determine population in need without prevalence estimates at primary care levels of target disorders.

- Access may also be hampered by stigma; >50% of relatives and tertiary care patients report both high felt and enacted stigma (Philip, 2003)

- No information on HS responsiveness e.g. presence of consistent supplies of psychotherapeutic medications, and patient satisfaction with services

- Real risk of decreasing investments for patients who need more specialized care.
Areas of research interest (1)

- Understanding risk factors for common mental disorders in the Tanzania context
- Understanding determinants of recovery in persons with severe mental disorders in the Tanzania context
- Determining mental health care needs of persons with chronic physical health conditions, and during the perinatal period and informing training programmes (e.g. CHD, Cancer, Diabetes, HIV and AIDS)
- Developing, implementing and evaluating multilevel interventions to reduce gender-based violence perpetration and victimization
Research capacity building

- Building capacity for mental health services research
- Stigma & violence reduction interventions and evaluation
- Evaluating effects (including quality) of mental health care packages delivered at different levels – Acute & follow-up care; community & home-based and residential rehabilitation programs
- Developing systems for evidence based planning /re-planning for improved quality of mental health care packages
- Adaptation & calibration of psychological health measures (screening and diagnostic) for use in the Tanzanian context
Informing/educating the public

- Encourage family involvement
- Family visits to rehabilitation facility over the week-end
- Provide family psycho-education
- Use media
  - At least 1 in one to two months something on mental health in the media
Thank you for listening