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

Tanzania Mental Health Services

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

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

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
- 2004: Party to Framework Convention for Tobacco Control (Tobacco WHO/AFRO) – Ratified 2007
- 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

Type of facility	# facility	# Beds / 10,000
Sp. Psych hospital	3	0.36
Units in referral/region/district hosp.	6	0.04
Beds in district hospitals*	169	0.75
Psych. rehab villages	3	--

Pre-service training

Type	#	Training present?
Psychiatrist	**31**	**Y**
Clinical Psychologists	**10**	**Y**
Psychiatry nurse* (Diploma)	1,200	Y
Mental Health Nurse Managers	**5**	**Y**
Medical Social Workers (psych)	10	N
Specialized Clinical Officers (AMO)	6	N (planned)

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)

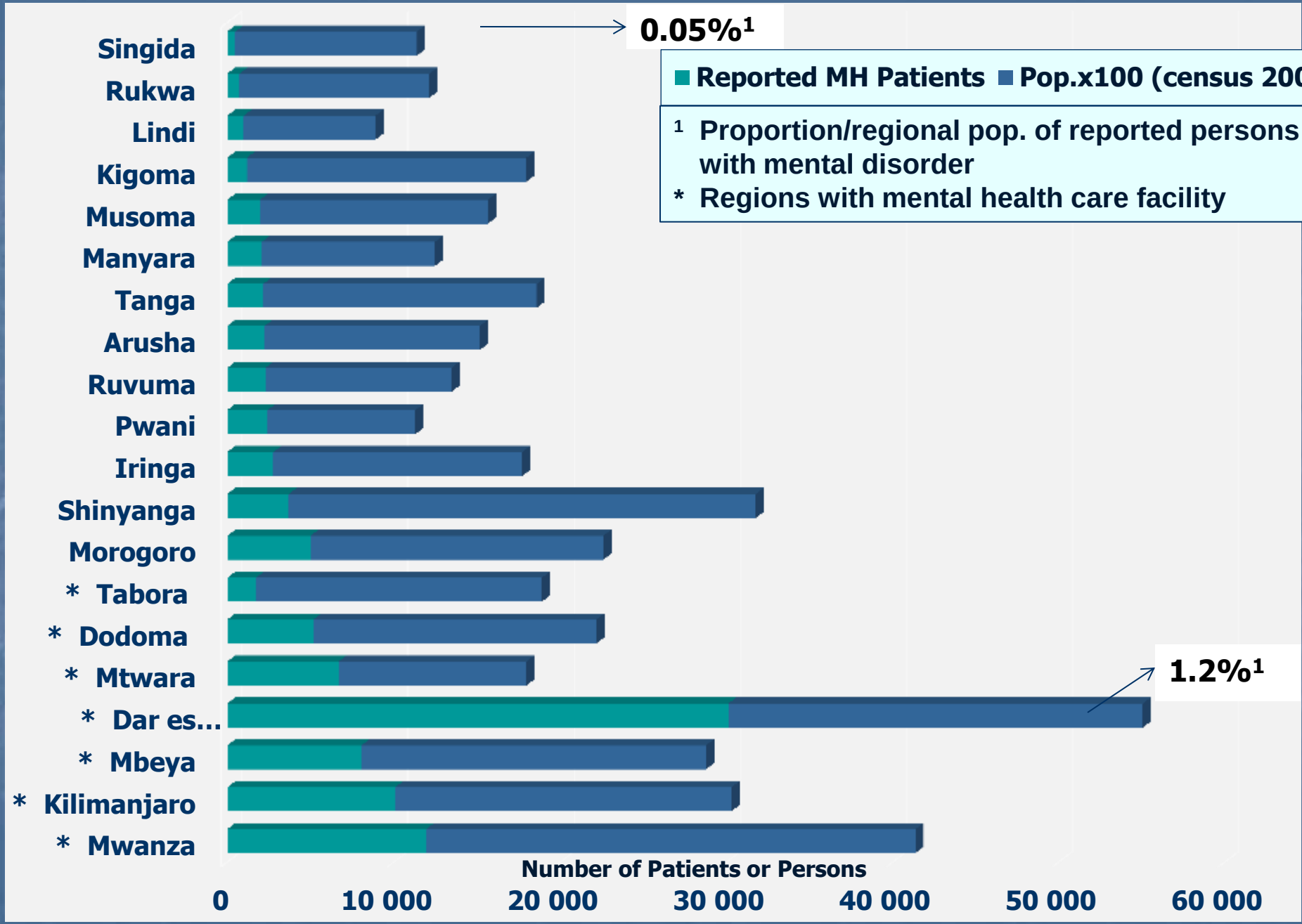
Information from centrally compiled routine facility-based data

- 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

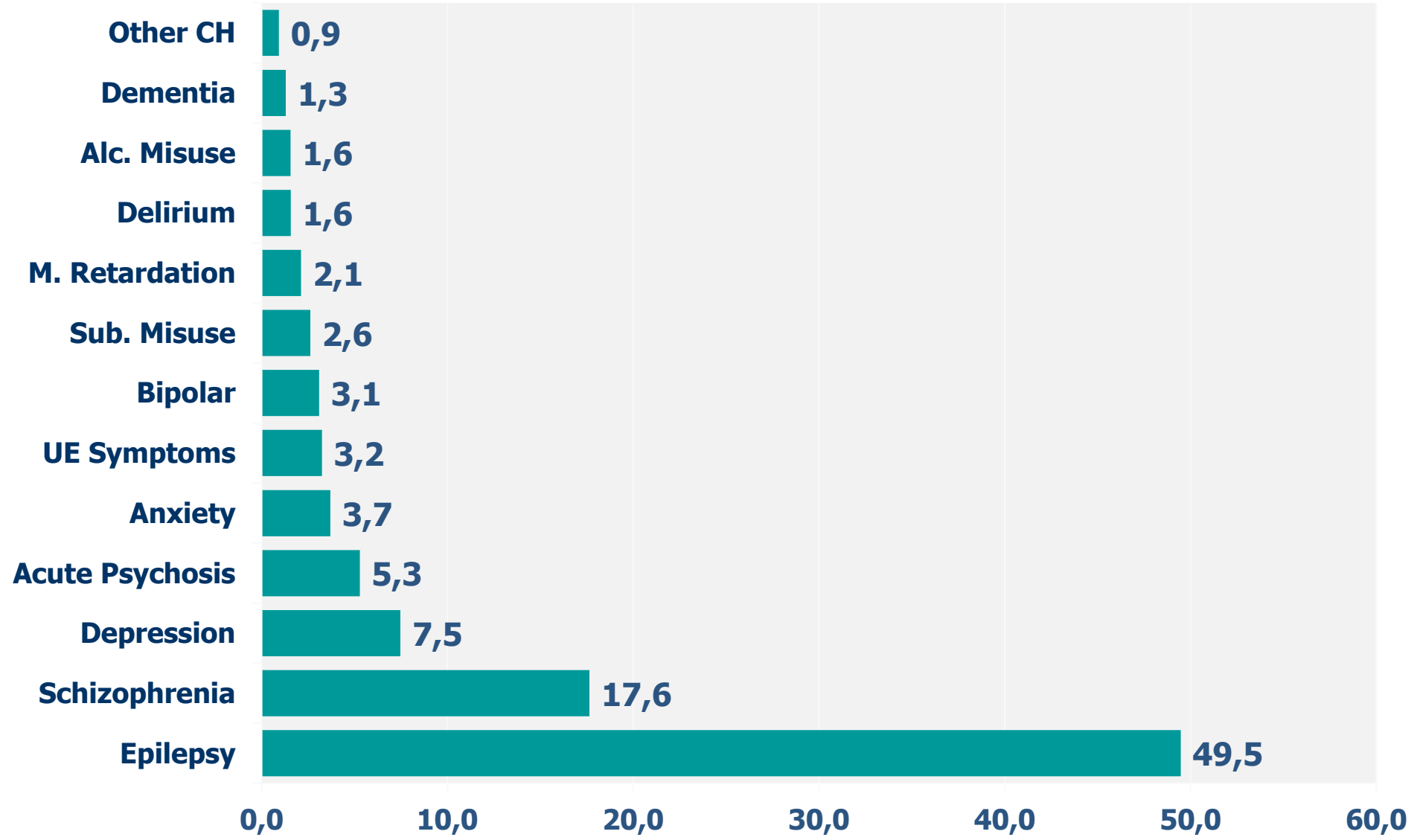
(Mbatia and Jenkins, 2010)

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)



20 Regions Facility Based Data by Diagnosis 2006-7 (N=89,045 Patients)



% of all reported patients with MH disorders

Prevalence of Common Mental Disorders

	N (Sample)	Locality	Prevalence depression/ anxiety or mixed	Instruments (cut-off for caseness)
Ngoma et al, 2003 [1]	178 (M & F)	Urban/PHC	26.0% all CMD	CIS-R (12)
	176 (M & F)	Urban /THP	49.0% all CMD	CIS-R (12)
Antelman et al , (2007)	1,078 (F, HIV+)	Urban ANC	59.0%	HSCL-adapt. (1.06)
Patil and Hadley (2008)	408 (married F)	Rural HH	30.0%	HSCL-24 (1.75)
Marwick & Kaaya (2010)	220 (HIV+ M&F)	Rural /CTC	16.0%	CIS-R (12)
Rutayuga (2011)	220 (HIV+ M&F)	Urban /CTC	45.9% mild; 10.4% mod-severe	PHQ-9≥5 & ≥10
Kaaya et al (2012)[2]	1,078 (F, HIV+)	Urban ANC	42.0% Vs 22.0%	HSCL-adapt. (1.06)
Mbatia & Jenkins (2009)	899 (M&F)	Urban /HH	Hazardous alcohol use 8.7% and 3.4% in M & F respectively	AUDIT

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

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

Villager preparing materials for cushions project – Residential Rehab

Thank you for listening