

**REPORT OF A VISIT TO MENTAL HEALTH SERVICES,
CHAINAMA HILLS COLLEGE and HOSPITAL, LUSAKA,
and UNIVERSITY OF ZAMBIA, LUSAKA, ZAMBIA.**

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The meeting at which this report was presented took place on November 26th 2004 at Chainama Hills College, and was attended by Professor.....
Dean of Medical School, University of Zambia, Professor A Haworth, Professor of Psychiatry, Dr M Zulu, Executive Director, Chainama Hills Hospital, Mr J Mayeye, Mental Health Specialist, Central Board of Health, Zambia, Dr R M Sims, Professor A C P Sims and 13 others (complete list available).

We (Professor and Dr Sims) were in Lusaka to initiate the Senior Volunteers Programme, organised by the Board of International Affairs of the Royal College of Psychiatrists, UK. This scheme arranges for teachers from the UK to be placed in countries who wish to make use of their services. It is hoped that this programme will develop and expand in numbers.

During the three weeks we were in Lusaka, we were given a tour of Chainama Hospital. We were taken to visit a Community Health Centre. We participated in two teaching seminars for post-basic clinical officers. We attended ward rounds with several of the junior doctors and out-patient clicics. We participated in tutorials, case presentations and journal clubs. Professor Sims presented at the Medical School grand round and lectured in the Department of Education, University of Zambia. We participated in a meeting of the mental health user group, who were planning strategy to combat the stigma of mental illness. We appreciated very much a great deal of informal contact with students and mental health professionals

We are both very grateful for the invitation to come to Zambia and also for the way that all we have met have been so generous with their time and so open about the problems confronting them. From the beginning of our visit it has been clear to us what an enormous contribution Professor Haworth has made to many aspects of mental health in Zambia over nearly half a century. In our visits to many different sites we have met dedicated, caring people wherever we have been.

Dr Sims is grateful to Professor Haworth for introducing her to the Family Health Trust and for the opportunity to see at first hand some of the work of this organisation. She was able to have a discussion with the Director and to accompany one of their home care workers on a visit to the community of Kalingalinga where they were joined by volunteer care givers and visited two patients who were seriously ill in their homes. She was also taken to visit the CINDI project (working for children in distress), to visit a community school which they run in Chawama and to go out with the drama team, as they did a dance and drama presentation in the Chawama community to get across messages about prevention of AID infection and reducing the stigma of this condition. She also met some of the counsellors working with the VCT programme.

Our report comments upon the following four topics:

1. Education:

**Undergraduate medical
Post-graduate psychiatric
Mental health clinical officer
Public Education concerning mental health**

2. Patient care:

**Present level of care
Resources – Personnel
Material**

3. Stigma of mental illness

4. An organisation for psychiatry

Education:

Undergraduate Medical Education

The medical students in Zambia are excellent. They are well informed and show great interest in psychiatry. When on the firm, they learnt quickly, and have taken excellent histories and are beginning to carry out good mental state examinations. These are Zambia's future leaders and it would be very good to recruit some of them into psychiatry. For this to happen, the problems discussed below need to be resolved.

There is a need for:

1. A wider range of teachers in psychiatry.
2. A wider range of environments in which psychiatry is taught e.g community, psychiatric specialties.

Post-graduate Psychiatric Education

Sadly there is very little post-graduate psychiatric education at the moment, and no formal diploma course. Therefore, junior psychiatrists are either untrained or they have to train abroad, and consequently may not return to Zambia.

(Internationally, in medical education, psychiatry is one of the 'big five', with medicine, surgery, obstetrics and paediatrics.) In Zambia there are M Med post-graduate diplomas in medicine, paediatrics, obstetrics and gynaecology, and surgery. These training courses last for four years. In the first year, there are 42 lectures, common for all specialties. Years 2 to 4 have 18 lectures per annum, specific to the specialty. Rotational training and clinical supervision are provided and the M Med is a degree of the University of Zambia. **Psychiatry needs its own M Med post-graduate diploma in Zambia.**

In psychiatry, for the first year M Med, this should not be in common with other medical specialties but should concentrate specifically on psychology (not necessarily clinical psychology), sociology, statistics, neurosciences and other relevant basic background subjects for psychiatry in Zambia.

The teaching for years 2 to 4 should be arranged in blocks and would require, initially, mostly, imported teachers. There is also a need for a rotational training through different areas of psychiatry including mental hospital, liaison psychiatry in the general hospital, community work and psychiatric specialties, especially child and adolescent psychiatry.

If there were to be interest in developing such a training in Zambia, Dr Ruth Sims and I would be prepared to try and find suitable and enthusiastic teachers at minimal cost. However, such a scheme will inevitably require some resources to be provided within Zambia, both financial and in personnel. **We would strongly recommend setting up a M Med in psychiatry in Zambia.**

Mental Health Clinical Officers

We were very impressed with the post basic trainees in Chainama College. These are mature people with dedication, commitment and common sense.

There is a need for a wider range of medical (psychiatric) teachers for the clinical officers and more supervision from psychiatrists. This cannot be provided at the moment because of the extreme paucity of psychiatrists.

If there were considerably more and better trained mental health clinical officers, for example one per every health centre, this would reduce inappropriate admissions to Chainama which would help towards reducing over-crowding in the hospital.

Public Education concerning mental health

This is very important in order to reduce stigma against the mentally ill in Zambia. Perhaps 5% of each mental health professionals' time could be given to public education in schools, churches and other institutions in the community.

Patient Care:

Present level of care

The doctors, nurses and clinical officers we met are kind, caring, sensible people, committed to their job. We understand that the conditions of care at Chainama Hospital have improved considerably in the last 2 years with the appointment of the present medical director, from what was previously a most unsatisfactory state. Most of the resources for psychiatric treatment in Lusaka are concentrated at Chainama Hospital. There is very little outpatient or community assessment or treatment taking place elsewhere.

Conditions at Chainama are still poor, so that those who need inpatient assessment only cannot be admitted. The wards are grossly overcrowded and under staffed, control is maintained only with difficulty and hygiene is at a very low level. The bedding is louse infested and this problem cannot be rectified in the short term. Much of the furniture is broken. The hospital laundry is currently out of action and the kitchen, despite having new equipment, is mostly non-functional. We understand that the hospital frequently runs out of essential psychotropic drugs.

Resources – Personnel

There are deficiencies at all levels. A minimum of 3 consultants would be required to lead the 3 clinical teams. There is a need for more junior psychiatrists at all levels. There is a requirement for more clinical officers for both inpatient work and to provide a service in health clinics. There is a great need for more nurses including trained nurses, those in training and untrained. There is also a need for other mental health professionals such as occupational therapists and perhaps, in the longer-term, clinical psychologists.

All of these mental health professionals should be trained in Zambia.

Resources – Material

One of the medical students on the current psychiatric firm asked if in the United Kingdom the facilities and material conditions of mental hospitals were at the same level as those of general hospitals. They are although there are deficiencies in both general and mental hospitals.

Ward buildings are decrepit at Chainama with parts of the buildings falling down and not being repaired. Many of the showers and toilets on the wards are not working and therefore patients cannot keep clean. Much of the bedding was louse infested, both blankets and mattresses. The laundry was not functioning although there is some good equipment there. Also the kitchen had excellent equipment but this was not functioning.

We would like to do something to help Chainama Hospital and would be pleased to raise funds in the United Kingdom. Before being able to canvas for such funding, we would need to have the following fulfilled:

1. A costing for what is required, for example, new blankets, covered mattresses and essential repairs to the laundry.
2. A safe and tax effective method of conveying finance in order to get the work carried out.
3. An assurance that this will stimulate Government to provide essential resources for Chainama and not relieve them of their basic responsibilities.

A radical solution would be to sell the whole of the Chainama site, which is on an extremely valuable plot of land and could be sold profitably. The proceeds should then wholly be reinvested in mental health: a psychiatric unit could be built at University Teaching Hospital, Lusaka, and also good provision made for mental health in the community.

Stigma:

This is a problem for mental illness all over the world. It is also a large part of the explanation for all the problems described above.

There is clearly some degree of stigma against mental illness in the Central Health Board and Government (it is given a very low priority for staffing and funding. Psychiatry also appears to be stigmatised in the general hospital and medical school (it does not have its own postgraduate diploma). The mentally ill suffer stigma in the general population (we heard disparaging remarks on several occasions). The most marked form of stigma is simply to ignore the mentally ill. **Out of sight (at Chainama) out of mind.**

The solution must lie in public education, both national and local. National public education could be carried out through an advertising campaign in the media: television, radio and newspapers. Local public education could be carried out through schools, churches and other organizations.

There is a need for a 'product champion' for mental health in Zambia. This is particularly necessary at the moment. Also all mental health professionals might use 5% of their time in furthering public education.

An organisation for psychiatry:

There is a need for a professional organisation to represent psychiatry in Zambia. In our opinion, this was not being fulfilled by the Mental Health Association of Zambia, nor by the Zambia Neurological Psychiatric Society. Questions for consideration would be whether it should be exclusively medical or include other disciplines.

The aims of such an organisation should include:

- 1 furthering the needs of mentally ill people through education of mental health professionals,
- 2 encouraging research into mental health and mental illness,
- 3 promoting the interests of the mentally ill and mental health professionals,
- 4 addressing the problem of stigma by public education, and
- 5 to be available as a link with other organisations internationally, for example, The World Psychiatric Association.

We are extremely grateful to everyone we met in Zambia. Despite coming to teach, we believe we learnt much more than we were able to give in teaching and we have gained an enormous affection and respect for the Zambian people coping so admirably with, often, very difficult circumstances.

Professor A C P Sims & Dr R M Sims, November 2004