

## BRIEF REPORT OF THE 7:30 BREAKFAST DEBATE –OCTOBER 25<sup>TH</sup> 2012

### Mental Health Crisis in Tanzania: Is it a policy priority?

Latest WHO estimates of the global burden of disease for 15 to 44 year-olds indicate that mental and behavioral disorders represent five of the top ten leading disease burdens. These disorders, which include depression, alcohol use disorders, self-inflicted injuries, schizophrenia and bipolar disorder, are as significant in developing countries as they are in industrialized countries.

Depression is a complex mental illness that disturbs one's, feelings, mood, thoughts, behavior and general physical health. When untreated, it can lead to impairment in daily function and can even lead to suicide.

Mental health policy has been integrated into national health policy since 2007. Studies on maternal depression, depression on adolescents and depression among orphans has shown an increase number of people suffering from the illness. Are there weaknesses on the policy? Are there known challenges on implementing the policy? What needs to be addressed in order to have suitable health services and awareness of depression?

This is why Policy Forum dedicated its October 2012 debate on the issue of mental health policy, the debate is titled: **Mental Health Crisis in Tanzania: Is it a policy priority?**

The debate had two presentations and critics from two discussants namely: Sylvia Kaaya (Psychiatrist professor), Dean school of medicine Muhimbili University of Health and Allied Sciences (MUHAS), Mr. Shadrack Buswelo, Ministry of Health and Social Welfare, Department of Mental Health and Substance Abuse and Dr. Kingwangala, Honorable MP and Dr. Joseph Mbatia, MEHATA Member, respectively.

The Debate was facilitated by Johnson Kaijage from the Policy Forum Secretariat.

Professor Kaaya focused on the question: Can Depression be Detected and Treated by Primary Health Care Providers in Tanzania?

she gave some of the symptoms of depression as sadness, guilt, poor concentration on things, attempting suicide.

She said that depression affects 121 million people worldwide but in Tanzania there is no national survey on this but from United States data for every five adolescent one suffers from depression.

She added that, studies show that, pregnant women and HIV positive victims suffer more from depression, whilst in Tanzania the rate of HIV positive victims is very high therefore it is likely that there is a high rate of significant depression.

She referred to WHO survey of 1997 which shows that up to 20% of those attending primary health care in developing countries suffer from the often-linked disorders of anxiety and depression, but the symptoms of these conditions are often not recognized.

She concluded by giving some of the barriers that need to be worked on such as; Lack of Trained Mental Health Personnel in primary care settings AND/OR misallocation – particularly of MH nurses, psychologists, social workers (no scheme of service in health sector yet), Lack of documentation of depression even when recognized – MTUHA has no entry for depression.

The second presenter of the debate Dr. Shadrack Buswelo presented about the Mental Health Services and Policy Implementation.

He started by saying that, Mental health services in Tanzania were for a long time of low priority, resource constrained and poorly managed.

He said, the mental health policy guidelines are derived from the main components of the national health policy.

He went on to say that, the primary objective of the mental health policy guidelines is to improve mental health care in the country through coordinated efforts of all sectors.

He mentioned some of the challenges of mental health services as follows: Mental health is integral to health sector plans and yet treatment facilities in the country are few, underdeveloped and poorly managed however, Poor health, socio-economic and demographic indicators are unavoidable constraints to provision of quality services.

He said, District Hospital is the first level of in-patient mental health care and all regions are supposed to have psychiatric units that offer in-patient and out-patient care.

He said, the regional hospital psychiatric unit is a referral facility for comprehensive psychiatric services in the region. He stressed that, funding is generally poor because mental health is not a priority for most funding agencies.

The presentation was followed by a word from the discussants, Honorable (MP) Hamis Kingwangala and Dr. Joseph Mbatia, a representative from MEHATA respectively.

Dr. Hamis said mental health is not recognised a lot or given a priority in Tanzania at both family to national level.

He said, we need to come up with concrete things so as to bring about changes regarding the mental health system.

Dr. Joseph who was the second discussant of the debate started by saying that, he agrees that depression can be detected and treated by primary health care providers in Tanzania.

He said, we can develop policy on mental health but first we must create awareness on this so as to improve the knowledge as this is so much related to social issues in the sense that we don't expect a person with mental issues to be productive.

He went further by saying that, if you have funding in malaria or HIV why can't it be so for mental health.

He ended by saying that, if we don't come up with proportionate investment then we won't be doing justice to our well being.

### **Plenary Discussion and comments**

- Stigma is still a problem in the implementation of this.
- There is still very poor knowledge in the diagnosis of depression
- Medical officers in districts and regions need to be trained on the same
- It is important that a national survey on this to be conducted so that this can be fed in the budget
- One week of training is not enough, it is important that the training on mental health be prolonged
- Communities have to be educated on how to discover a person suffering from mental health

- It is important that these people should be counselled.
- The main issue that has been said is funding so what has been done to address this?
- All this needs to be communicated to the public in a way that they could understand
- We need to stop the culture of complaining, we need to start acting.
- Small scale studies had been done in 1990's which looked at depression, it is therefore important to start working with what we have including the policies that are in place first.
- It is very crucial that evidence be taken in reflecting the budget.
- Most Africans are very superstitious.
- The little steps that have been taken so far is due to the minimal resources that have been used.
- Primary health care providers were trained so that they can detect the problem and refer to a higher level.
- It is not true that we are complaining but we are discussing, the government should be able to do what it's supposed to do like building wards etc.
- Advocacy has to be conducted and lobbying to MPs on this.
- We need to have a high index of suspicion on mental health by doing this we will be able to diagnose them at a very early stage

Mr. Johnson Kaijage closed the discussion and welcomed again participants to the next 7:30 Breakfast Debate in the coming month.

policy forum