Mozambique—Cuamba District

Project goal
To integrate mental health into general health care at the primary care level, in particular through the enhancement of psychosocial support.

Project objectives
- To examine the needs of the local population; the socio-cultural factors influencing mental health; local definitions of mental health suffering; and traditional strategies for intervention.
- To train health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering.
- To establish a referral system to help people with psychosocial problems.
- To monitor and evaluate the programme.

Implementing institutions
- Ministry of Health, Maputo/Mozambique
- Provincial Authorities - Lichinga/Niassa
- District Health Authorities, Cuamba
Background

Provisional results of the national census conducted in 1997 put the population of Mozambique at 15.7 million. This is 15% lower than earlier estimates of 18 million. Primary care remains the basis of the public health system in this country. The National Health Service is the major provider of all health services. There are four levels of care in Mozambique.

At the primary level, there are health posts, mobile services and rural health centres that carry out preventive and basic curative activities. Health posts are staffed by semi-skilled or unskilled personnel. The large health centres have basic inpatient facilities and are staffed by nurses.

At the secondary level, there are rural and general hospitals. The general hospitals provide services in pediatrics, obstetrics and gynaecology, general surgery, and medicine. Few rural hospitals provide surgical services.

At the tertiary level, there are provincial hospitals that offer diagnostic facilities and some specialist services.

The quaternary level includes three central hospitals in Maputo, Beira and Nampula as well as two psychiatric hospitals.

The mental health care system in Mozambique can be broadly divided into three sectors: (1) services based within primary care facilities; (2) hospital services (including psychiatric inpatient beds and outpatient services); and (3) traditional healing.

Primary health care facilities are an important source of mental health care provision. There are currently 34 psychiatric technicians located within health centres throughout Mozambique’s 11 provinces. Their main role is to prescribe and administer psychiatric medication to patients attending the health centres. The health centres also carry out mental health awareness and educational programmes to reduce the stigma associated with mental illness and the risks associated with alcohol consumption. There are currently two psychiatric hospitals in Mozambique that cater primarily to inpatients with severe mental health problems who have been referred on by primary care psychiatric technicians. One is based in the City of Maputo and the other in the northern province of Nampula. There is also a small unit at the local rural hospital in Sofala.

Since many patients who suffer from chronic mental illness are prone to relapses, one of the most important priorities for the Ministry of Health is to monitor access to health care, and the social care patients receive once they are discharged from hospital. There was evidence to suggest that the psychiatric hospital in Maputo was a victim of the same “revolving door” phenomenon that bedevils hospital services in many

Source: WHO
developed mental health care systems. Nevertheless, it was evident that provisions have been made with local health centres to monitor patients on discharge and to provide general assistance to patients and their families in the process of reintegration in the community. The Ministry of Health has looked positively upon traditional medicine because it recognizes its importance to the people of Mozambique. Since only 60% of the population has access to formal health care services, particularly in rural areas, healers are most often the preferred port-of-call for individuals who suffer from mental health problems.

Mental Health is one of six sections in the Ministry of Health, alongside other community-based services and under the National Health Directorate. There is a National Programme Coordinator for Mental Health who is responsible for planning and policy decisions. In each province, there is a coordinator for the local mental health programme. There is also a mental health plan which follows closely the “Provincial Integrated Plan”.

Project description

The current project is located in the Cuamba district of the northern rural province of Niassa. The project brings together government representatives, key policy-makers, and representatives of traditional healers and NGOs for the purpose of integrating mental health into the general health care system. The district was chosen as a site for the project because, among other factors, it is the most populated district of the Niassa province, it is one of the underserved areas of the country, and, during the war, most of the population of the satellite districts that had lost everything came to Cuamba seeking security.

Compared with European standards, however, formal mental health care delivery in Mozambique is patchy and basic and, as with the rest of the health care system, prone to serious inequalities of access. But perhaps the most telling aspect of its lack of development and inaccessibility (particularly in rural regions) is the lack of clinical and social support for people with serious mental illnesses and their families during times of crisis. In the district of Cuamba, however, there are a considerable number of traditional healers (365), of whom 85 specialize in the treatment of mental illness. It was deemed very important therefore that they be involved in any programme of psychosocial rehabilitation in the community.

At the XVth Coordinating Council of the Ministry of Health in 1990, decentralization of the Mental Health Programme was approved. Following this the Niassa Provincial Directorate began focusing on the prevention, assistance, and psychological and rehabilitation aspects of health. In 1997, a survey of common mental health problems in the District of Cuamba, found that it had the largest number of mental disorders.
The reason given for this was the high concentration in the district of people who had migrated to Cuamba from other districts seeking refuge from armed conflict.

**Examining the needs of the local population; socio-cultural factors influencing mental health; local definitions of mental health suffering and traditional strategies for intervention**

A qualitative study was undertaken in order to understand local definitions and grasp of mental disorders. Some 200 persons including families, community leaders, heads of households, religious leaders and traditional healers were interviewed.

The results of this study were then used to develop a programme of psychosocial support activities for the mentally ill, adapted to particular social and cultural circumstances. In particular, the study:

- Described local perceptions of mental disorders, their causes, methods of treatment and the social rehabilitation of the mentally ill.
- Identified factors that might have affected the implementation of promotional activities.
- Identified the local names given to mental illnesses.
- Consulted with a cross-section of important people in the community such as traditional healers, religious and community leaders and health professionals with the purpose of developing a programme of cooperation.

- Made recommendations about issues that needed to be addressed in order to educate the local community and health workers about alternative explanations for mental disorders, causal factors and options for treatment.

**To train health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering**

One of the recommendations of the qualitative study was that information and education about mental health problems should be undertaken in the district through discussions, debates, meetings and training seminars for health personnel, religious leaders, community leaders, teachers and community health workers.

To this end, the information obtained from the study was used to train community leaders, traditional healers and religious leaders. Two evaluators, namely a project officer and a psychologist from the university in Maputo, who were familiar with the project, were involved in planning and identifying the relevant themes. Areas covered included:

- perceptions of mental disorders;
- causes of mental disorders;
- the need for psychosocial support.

As part of the efforts to educate the community, informal discussions were also held with mothers and, using one of the local schools, with children. Discussions covered, among others, the effects of illicit drugs and alcohol. A rapid assessment prior to the start of the project showed a high incidence of
epilepsy, alcohol and cannabis-related problems. It is worth noting that during the informal discussion as many as 60% of the children were unaware of the consequences of alcohol and drug consumption.

To establish a referral system to help people with psychosocial problems

Because of the distances involved in travelling from Lichinga (where the project workers were originally based) to Cuamba, some 300 km away, it was important to establish a counselling and consultation service in the district and to relocate the project staff. The gradual development of community-based services is taking place as a result of collaboration with and referral from traditional practitioners. It is also taking place through community care posts set up in Cuamba, Etatara and Mitucue to treat persons with severe psychiatric problems.

Because of the work of the project staff, the Cuamba parish also makes an effort to identify patients and refer them to hospital. The parish covers the cost of treatment and transportation when patients are referred to the psychiatric hospital in the neighbouring province of Nampula.

To monitor and evaluate the programme

A supervisory group made up of the project staff, a social worker and the district nursing supervisor has carried out monitoring and evaluation activities in the local rural hospital as well as in each of the 10 health posts in the district. Each series of visits lasted between 2½ and three weeks. The National Programme Coordinator for Mental Health also participated in these evaluation exercises. Monitoring and evaluation consisted of:

- the preparation and discussion of the plan of activities with the team;
- an examination of questionnaires/forms designed to 1) obtain feedback from persons being trained in the community; 2) collect information about the main mental health problems in the community; 3) gather information about psychosocial examinations; 4) put together basic information about the communities within the district, community leaders, traditional healers, the size of the population and the numbers of nursing personnel at the local health posts;
- an evaluation of mental health case management at the local rural hospital;
- an assessment of the supervision of the project staff undertaken by the senior coordinators of the project namely the Director of Health, the Chief Medical Officer, the District Nursing Supervisor, the Municipal Health Director, a social worker and a representative of the San Miguel parish in the district.

The overall goal of the supervisory group is to provide technical assistance to those involved in giving psychosocial support to mentally disturbed persons. More specific goals include:

- proposing strategies to those involved in giving support to enable them to assist mentally disturbed persons by using bio-medical and psychological
treatments, and involving welfare systems;
- to appraise and determine the kind of psychosocial support to be given to each type of patient (children, women, adolescents, the elderly and chronic mental patients) in their families and in the community; to review and evaluate the value and sustainability of the project.

In general, monitoring and evaluation revealed both successes and problems both at the district departmental and community levels. This enabled the project team to build on the strengths of the programme and address the weaknesses. A series of meetings to address these problems was organized and took place following the evaluation exercise.

### Key Results to Date

- A qualitative study successfully identified a number of issues:
  - that the population was familiar with mental health problems but that different terminology was used to describe them;
  - the population was not well informed about the causes of mental illnesses but attributed them to witchcraft and spirits;
  - the population was unaware that mental disorders may be treated in hospital;
  - epilepsy and unspecified dissociative disorders were perceived as most common in the region.

- People who have received training are capable of identifying patients with mental disorders. These include community workers, NGO representatives, traditional healers, nursing personnel (including midwives) and workers at health posts.

- Health posts are beginning to organize informal discussions on mental health and drugs and alcohol. At least nine informal sessions have taken place.

- Posts have been established to offer consultation and integrated community care (screening patients and psychosocial support) at the Cuamba rural hospital, and in four of the 10 health posts in the district.

- Improvements have been made to the referral system to make it function more efficiently.

- Monitoring and evaluation of the programme has led to successful problem solving in a number of areas such as: regular registration of patients at the hospital; identifying measures to address mental health problems in the district by project focal points; the need for regular timely supervision of workers involved, particularly at the health posts; ensuring a regular supply of psychotropic drugs to the relevant health posts.

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.
Mozambique - Cuamba

Project Goal
To integrate mental health into general health care at the primary care level, in particular through the enhancement of psychosocial support.

Project Objectives
- **To examine** the needs of the local population; socio-cultural factors influencing mental health; local definitions of mental health suffering; and traditional strategies for intervention.
- **To train** health workers, social workers, community leaders and religious leaders in the identification of major symptoms and signs of emotional suffering.
- **To establish** a referral system to help people with psychosocial problems.
- **To monitor and evaluate** the programme.

Implementing Institutions
- Ministry of Health, Maputo/Mozambique
- Provincial Authorities - Lichinga/Niassa
- District Health Authorities, Cuamba

Project Description
This project is located in the Cuamba district of the northern rural province of Niassa. The project brought together government representatives, key policymakers, and representatives of traditional healers and NGOs for the purpose of integrating mental health into the general health care system. The district was chosen as a site for the project because among other factors, it is the most populated district of the Niassa province, it is one of the underserved areas of the country, and, during the war, many people from the satellite districts who had lost everything came to Cuamba seeking security.

Key Results to Date
- A qualitative study successfully identified a number of issues:
  - that the population was familiar with mental health problems but that different terminology was used to describe them;
  - the population was not well informed about the causes of mental illnesses but attributed them to witchcraft and spirits;
  - the population was unaware that mental disorders may be treated in hospital;
  - epilepsy and unspecified dissociative disorders were perceived as the most common in the region.
- People who have received training are capable of identifying patients with mental disorders. These include community workers, NGO representatives, traditional healers, nursing personnel (including midwives) and workers at health posts.
- Health posts are beginning to organize informal discussions on mental health and drugs and alcohol. At least nine informal sessions have taken place.
- Posts have been established to offer consultation and integrated community care (screening patients and psychosocial support) at the Cuamba rural hospital, and
in four of the 10 health posts in the district.

- Improvements have been made to the referral system to make it function more efficiently.
- Monitoring and evaluation of the programme has led to successful problem solving in a number of areas such as: regular registration of patients at the hospital; identifying measures to address mental health problems in the district by project focal points; the need for regular timely supervision of workers involved, particularly at the health posts; ensuring a regular supply of psychotropic drugs to the relevant health posts.
Project objectives

- To increase the technical capacity of Mozambique in mental health policy-making and planning.
- To assist the Ministry of Health of Mozambique to draft a mental health policy and update and improve its mental health programme.
- To build the capacity of mental health professionals to provide community-based care.

Project strategies

- Ensuring the harmonization of the mental health plan with the overall health plan.
- Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care.
- Paying particular attention to the development of community-based services in the planning process.
- Ensuring the involvement of non-governmental organizations, especially traditional healers, in the area of training.
- Actively encouraging the involvement of a range of ministries, other than the Ministry of Health, in the policy-making process.

Implementing institutions

- Ministry of Health, Maputo
- Provincial Health Authorities
Background

Provisional results of the national census conducted in 1997 put the population of Mozambique at nearly 15.7 million inhabitants. This is approximately 15% lower than earlier estimates of 18 million. Primary care remains the basis for the public health system in this country. The National Health Service is the major provider of all health services.

There are four levels of care in Mozambique’s 10 provinces. At the primary level, there are health posts, mobile services, and rural health centres that carry out preventive and basic curative activities. Health posts are staffed by semi-skilled or unskilled personnel. The large health centres have basic inpatient facilities and are staffed by nurses.

Mental health care

At the secondary level, there are rural and general hospitals. The general hospitals provide services in pediatrics, obstetrics and gynaecology, general surgery and medicine. Few rural hospitals provide surgical services.

At the tertiary level, there are provincial hospitals that offer diagnostic facilities and some specialist services.

The quaternary level includes the three central hospitals in Maputo, Beira and Nampula.

The mental health care system in Mozambique can be broadly divided into three sectors:

1) Services found in primary care facilities

Primary health care facilities are an important source of mental health care delivery. There are currently 34 psychiatric technicians located in health centres throughout Mozambique’s 10 provinces. Their main roles are to prescribe and administer psychiatric medication to patients attending the health centres and to provide psychosocial medication. The health centres also engage in mental health awareness and educational programmes in an attempt to reduce the stigma associated with mental illness and to highlight the risks associated with alcohol consumption. Medication can also be administered by staff in health posts. These are generally smaller than health centres.

2) Mental hospital services and psychiatric beds provided by general hospitals where outpatient services are also available

Psychiatric facilities within general hospitals are very limited. They are available in Maputo from the Central Hospital, and in the province of Sofala where there is a small unit in the local rural hospital. There are currently two psychiatric hospitals in Mozambique. They cater primarily to inpatients with severe mental health problems who have been referred on by primary care psychiatric technicians. One is based in the city of Maputo and the other in the northern province of Nampula.

3) Traditional healing

The Ministry of Health has looked...
positively upon traditional medicine because it recognizes its importance to the people of Mozambique. Given that only 60% of the population has access for formal health care services, particularly in rural areas, healers are most often the preferred port-of-call for individuals who suffer from health and mental health problems.

Since many patients who suffer from chronic mental illness are prone to relapses, one of the most important priorities for the Ministry of Health has been to monitor patients’ access to health and social care services once they have been discharged from the hospital. There is evidence to suggest that the psychiatric hospital in Maputo has been a victim of the same “revolving door” phenomenon that bedevils hospital services in many developed mental health care systems. Nevertheless, it is evident that some arrangements have been made with local health centres to monitor patients on discharge and provide general assistance to them and their families in the process of re-integration into the community.

Within the ministerial hierarchy, mental health is one of six sections that together make up the Division of Family Health. The Division of Family Health comes under the Department of Community Health, which has its own National Deputy Director. A National Programme Coordinator for Mental Health is responsible for planning and policy decisions. In each province, there is a coordinator for the local mental health programme. The coordinator is usually a psychiatric technician, except in two provinces where the jobs are carried out by psychiatrists. A 2-year strategic plan for mental health was drawn up but has only been partially implemented. It is related to the National Integrated Plan/Community Health 2001.

In November 1996 a national mental health programme was outlined for the first time. This programme identified several areas of importance for Mozambique that needed to be addressed to improve mental health facilities. These included:

- The failure to prioritize mental health services.
- The dominance of a custodial system of psychiatric care, which perpetuates stigma against persons with mental health problems.
- The lack of epidemiological information on mental illness.
- The lack of human and financial resources and facilities.
- The lack of awareness among health staff and the community as a whole about mental health problems.
- The lack of systematic knowledge about the influence of social and cultural factors on Mozambique’s mental health problems.
- The absence of an agency to organize, promote, coordinate and supervise action in the mental health sphere.
- The lack of continuity in action undertaken. This can be attributed to lack of resources and heavy reliance on international cooperation.
- A highly centralized structure and a lack of intersectoral collaboration.

Each issue is discussed in turn, below.
The low priority given to mental health services
This continues to be the case in Mozambique, largely as a result of limited financial resources and the pressing needs created by communicable and transmissible diseases.

The dominance of a custodial system of psychiatric care, which perpetuates stigma against persons with mental health problems
There has been a noticeable improvement in the conditions of patients in the psychiatric hospital and in their management. Therapeutic work, in the form of agricultural projects, has been developed on land surrounding the hospital in conjunction with members of the local community. Owing to the work of Italian Cooperation, the management of the hospital has been improved and work in the community has been promoted. Italian Cooperation has also had an input in the training of psychologists, nurses and psychiatric technicians through the Central Hospital in Maputo. A new project to further develop community activities will shortly begin. Community projects have also been developed and implemented by the Italians in Manica and Sofala and by WHO in Niassa.

The lack of epidemiological information on mental illness
There is still no epidemiological information available, however, a pilot epidemiological study has been developed to provide information as part of the policy and planning process. The preliminary results of the pilot study will be presented at a seminar in June 2002 organized to discuss the draft policy document that is being drawn up. The end results will be incorporated into the final policy document.

The Ministry of Health has outlined the benefits of the pilot epidemiological study as follows:

- Increase the availability of reliable epidemiological information on Mental Health in Mozambique.
- Begin the integration of mental health epidemiological information into the general health information system (statistics).
- Initiate an information system on which to base the design of an informed and comprehensive Mental Health Policy and Plan in Mozambique.
- Improve, monitor and supervise the effectiveness of mental health interventions on the basis of the initial evidence.
- Monitor the changes and trends in mental and neurological disorders. These are a major cause of disability in Mozambique, a country undergoing rapid and severe social, political and economic changes with serious impacts on the population.
- Work towards reducing the incidence and prevalence of mental and neurological disturbances with better information systems.
- Use the study as a model to be incorporated into the request for the next phase of the loan from the World Bank to carry out a national epidemiological study.

WHO is encouraging joint-working between mental health workers and traditional healers.

Source: WHO
particularly in the community. There are currently only five psychiatrists in Mozambique (none of whom are Mozambican). Three Mozambican doctors are currently being trained abroad as psychiatrists, but their future location and their willingness to stay in Mozambique cannot be predicted. In addition, because of the shrinking pool from which to draw nurses for training as psychiatric technicians, no new psychiatric technicians are being trained. The issue of training is therefore a crucial one. With regard to psychiatric technicians who provide the bulk of psychosocial rehabilitation and are trained to administer medication, two-thirds are due to retire soon, or are planning to change careers. No new technicians will be trained because of the lack of financial resources in the Ministry of Health to absorb staff at this level. The policy must therefore take this into consideration when examining the pool of labour available not just in health, but in other sectors as well.

The lack of awareness about mental health problems among health staff and the community as a whole
Although training was given to mental health personnel in June 2000, no training has been specifically targeted at general health staff and the community as a whole.

The lack of systematic knowledge about the influence of social and cultural factors on Mozambique’s mental health problems
While anecdotal knowledge exists, no systematic research has been carried out on a national scale. However, a study was carried out as part of the preparation of another WHO-funded project in the province of Niassa in the north of the country. Beliefs about the causes, the types of treatment and where treatment is sought, were recorded. The study also gathered information about local names given to mental health problems. As part of an epidemiological study, a comparison was made between these and ICD-9 classifications.

The absence of an agency to organize, promote, coordinate and supervise action in the mental health sphere
This has been overcome to some extent by the appointment of a National Programme Coordinator for mental health based in the Ministry of Health. However, this programme is only managed by two people and the Coordinator also has clinical responsibilities. Some progress has been made to coordinate action in the mental health sphere by giving people in the province (mainly psychiatric technicians) responsibilities for mental health. However, whether or not a mental health programme is implemented, remains the responsibility of the provincial director of health.

The lack of continuity in action undertaken, attributable to the lack of resources and heavy reliance on international cooperation
This continues to be the case except in a few provinces where community services have been established.

A highly centralized structure and a lack of intersectoral collaboration
At the regional and provincial levels there has been some decentralization of services, and regional and provincial
Working with countries: mental health policy & service development projects

officials responsible for mental health

have been appointed.

Project description

Mozambique faces many problems and challenges due to the lack of human and financial resources in the field of mental health. There is a need to address all of these issues in a systematic and practical manner. Because of the scale of communicable diseases in Mozambique, that are exacerbated by periods of flooding and drought, the health sector in general is under considerable pressure. The project therefore set out to address the objectives spelt out at the beginning of this document.

WHO is assisting the government of Mozambique to develop a mental health policy. The policy will address inter alia, a number of key areas such as training and development of manpower, the provision of psychopharmacological drugs at all levels of the health system, intersectoral collaboration, the role of the traditional sector and the need for adequate epidemiological information to support the planning process.

This policy-making is being pursued through joint collaboration and planning between officers responsible for mental health in the Ministry and consultants hired by WHO to collaborate with the Ministry and guide it in the policy-making process. This process will be extended to provincial health authorities and people working in the mental health field in each of the provinces. A series of visits has been planned (see Activities to Date and Planned Activities to June 2002, below).

As previously mentioned, a pilot epidemiological study has been planned and will take place as part of the process of strengthening the base for policy-making and planning. It will be conducted in one rural and one urban province and will include a sample of people in the community, as well as people in primary care and general hospitals.

Preliminary results will be presented at a seminar to be held in June 2002 to review and make recommendations on the draft policy document. The results will then be incorporated into the final policy document. The Ministry of Health plans to use the protocol devised for the pilot study in a request to the World Bank for a loan to fund a national epidemiological study. The training given by WHO as part of the pilot epidemiological study will also be a part of a capacity-building exercise to enable the Department of Epidemiology within the Ministry of Health to begin to integrate such information into its routine statistics and for record-keeping purposes.

Increasing the technical capacity of Mozambique in mental health policy-making and planning

WHO has organized seminars and workshops around mental health policy.

Source: WHO
Mozambique

In June 2000, approximately 90 mental health professionals and representatives of non-governmental organisations from all 10 provinces were trained in best practices in community mental health. The training also included persons from the statutory and non-statutory sectors.

An international meeting of experts and local mental health policy-makers and practitioners was also convened in June 2000. (See boxes above.)

Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care

Paying particular attention to the development of community-based services within the policy and planning process

Active encouraging the involvement of a range of ministries other than the Ministry Health in the policy-making process

It has already been recognized that this is a fundamental part of the process of strengthening the role of mental health in primary health care. Discussions with Ministry and clinical staff indicate that there is a high rate of re-admission. It is recognized that there is a need for greater follow-up in the community. This is a problem because of the insufficient numbers of trained staff. Given the size of the country and logistical problems in servicing communities with poor infrastructure, the provision of mental health services is greatly limited. There are however successes in a few provinces where international aid is being injected into the community by Italian Cooperation. Overall however, the issue of staff training, support and retention is one that runs across the whole of the health sector and affects the provision of community services.

Existing community services will be visited and discussions held with workers and international NGOs, where they exist, in order to evaluate the impact on community service provision.

The following received training as part of the project:
- Clinical psychologists
- Psychiatric technicians
- General practitioners
- Psychiatrists
- Traditional healers
- Technicians in preventive medicine
- Nurses
- Nursing tutors
- Heads/representatives of nine NGOs

The following groups attended an international meeting:
- Chiefs of provincial community mental health services
- Senior primary health care staff
- National Programme Coordinator for Mental Health
- Psychiatric technician based in the Ministry of Health

Overall however, the issue of staff training, support and retention is one that runs across the whole of the health sector and affects the provision of community services.
As far as future collaboration is concerned, the involvement of the Department of Mental Health in training of “social agents” who work in the community has been discussed with the Ministry of Social Action as part of this project and is seen as a fruitful area for cooperation. Future collaboration also includes further work with the Directorate for Women within the Ministry of Social Action. This is because domestic violence is an area of concern. For the Ministry of Labour, recent labour legislation was drawn up but has yet to be implemented through various regulations. Input from the Department of Mental Health in drawing up regulations for workers who have mental health problems has been welcomed. A series of consultations will be held with other Ministries during the course of the project. These are outlined below as part of the Planned Activities to June 2002.

The consultations and visits that have taken place thus far in Maputo will be extended to nine remaining provinces.

A series of activities will take place continuously during the next nine months in between the visits of consultants and will support the whole policy process. These have and will be aided by the secondment of a psychologist from the Ministry of Health to assist the National Programme Coordinator for Mental Health until July 2002. The

### Other areas that need to be addressed as part of the policy-making process affecting community care include:

- The integration of mental health into existing community health programmes within the ministry of Health (such as the Infant and Maternal Health Programme (UNFPA), and the Integrated Management of Childhood Illnesses programme (WHO/UNICEF)).
- Introducing/strengthening the training and use of primary health care staff such as health agents and social agents. This is aimed at improving care in the community as part of a national programme of training by the Ministry of Health.
- Ensuring the adequate provision of psychopharmaceutical drugs at each of the four levels of distribution and ensuring the introduction of the necessary psychopharmaceutical drugs into the “kit system” at the PHC level.
- Rationalizing the work of psychiatric technicians with the roles of health agents, recently trained psychiatrists and social action agents from the Ministry of Social Action, with particular reference to roles and responsibilities and career structures.

### The aims of the activities that have taken place to date are:

- to understand the problems and issues of mental health;
- to understand how health/mental services are organized at all levels;
- to discuss recommendations on the key areas that need to be addressed in the policy document and suggestions on how to address the current problems in mental health;
- to get a better idea of the role and contribution of the traditional sector;
- to agree on the nature and scope of collaboration with other ministries in order to optimize limited human and financial resources.
The following consultations and visits have been made:

**Ministry of Health**
- Deputy Minister of Health
- National Director of Community Health
- Head of School and Adolescent Health
- National Director of Human Resources and Training
- Deputy National Director of Medical Assistance
- Head of Pharmaceutical Department
- Meeting with Restricted Consultative Group (a Maputo-based group with representatives from the Ministry of Health, the military hospital, the psychiatric hospital, the central (general) hospital and NGOs).

**Visit to Psychiatric Hospital - Infulene**
- Meeting with the Psychiatric Hospital Director followed by a tour of the hospital.

**Ministry of Social Action**
- National Director of Women and Social Action
- National Director of the Institute of Social Action (INAS)
- Chief of Programmes – INAS

**Ministry of Labour**
- Permanent Secretary
- Head of “Gabinete de Estudos” (Study Cabinet)

**NGOs**
- Italian Cooperation
- Executive Director of Reconstruindo Esperanca (Reconstructing Hope) – children and adolescents
- Mahotas (adults)

Psychologist’s salary is being paid by WHO/Maputo.

These activities will include:
- Follow-up meetings with the Ministry of Labour and Ministry of Social Action.
- Follow-up meetings with the Head of the Pharmaceutical Department and the Deputy Director of Training and Human Resources.
- Meetings of the Restricted Consultative Group (RCG) to discuss the project.
- Papers prepared for discussion during visits of consultants.
- Undertaking a pilot epidemiological survey in two sites, (one urban, one rural), Maputo city and the Cuamba District in the Northern Province of Niassa.
The following activities are planned until June 2002:

Consultations are planned with:

- Focal points for mental health in all of the provinces
- Relevant local health personnel
- Provincial authorities
- International NGOs
- Local NGOs
- Traditional healers
- Ministry of Education
- Ministry of Youth and Sports
- Ministry of Justice
- Ministry of Internal Affairs
- Ministry of Finance
- The City Health Board

Key Results to Date

- Training of mental health professionals in the area of community mental health has taken place.
- An initial situational analysis has been made of mental health issues and problems.
- A clear and costed plan-of-action has been drawn up, it will result in the drafting of a policy by June 2002.
- Discussions on the way forward have advanced within the Ministry with the Deputy Minister of Health and senior personnel.
- Discussions have taken place and initial recommendations have been made on training, therapeutic interventions, the supply of psychotropic drugs at all levels of the system, and on intersectoral collaboration.
- Plans for a pilot epidemiological study to support the promulgation of the mental health policy have been finalized.

For further details about the project coordinators or additional sources of information, please go to the section on Focal and Resource Persons in the Appendix.
Mozambique Policy Project

Project Objectives

- To increase the technical capacity of Mozambique in mental health policy-making and planning.
- To assist the Ministry of Health of Mozambique to draft a mental health policy and update and improve its mental health programme.
- To build the capacity of mental health professionals to provide community-based care.

Project Strategies

- Ensuring the harmonization of the mental health plan with the overall health plan.
- Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care.
- Paying particular attention to the development of community-based services in the planning process.
- Ensuring the involvement of non-governmental organizations, especially traditional healers, in the area of training.
- Actively encouraging the involvement of a range of ministries, other than the Ministry of Health, in the policy-making process.

Implementing Institutions

- Ministry of Health, Maputo
- Provincial Health Authorities

Project Description

Mozambique faces many problems and challenges due to the lack of human and financial resources in the field of mental health. There is a need to address all of these issues in a systematic and practical manner. Because of the scale of communicable diseases in Mozambique that are exacerbated by periods of flooding and drought, the health sector in general is under considerable pressure.

The Ministry of Health saw a mental health policy as an important component for clearly identifying the vision and principles within which planning should take place. As part of the policy-making process the major issues for mental health, highlighted in the first mental health plan set out in 1996, will be reviewed along with the most recent strategic plan.

Increasing the technical capacity of Mozambique in mental health policy-making and planning

WHO is assisting the government of Mozambique to develop a mental health policy. The policy will address inter alia, a number of key areas such as training and development of manpower, the provision of psychopharmacological drugs at all levels of the health system, intersectoral collaboration, the role of the traditional sector
and the need for adequate epidemiological information to support the planning process.

A pilot epidemiological study has been planned and will take place as part of the process of strengthening the base for policy-making and planning. It will be conducted in one rural and one urban province and will include a sample of people in the community, as well as people in primary care and general hospitals. Preliminary results will be presented at a seminar to be held in June 2002 to review and make recommendations on the draft policy document. Final results will then be incorporated into the final policy document. The training given by WHO as part of the pilot epidemiological study will also be a capacity-building exercise to enable the Department of Epidemiology within the Ministry of Health to begin to integrate such information into its routine statistics.

**Strengthening the technical expertise and skills of local mental health professionals especially in the area of community care**

In June 2000, approximately 90 mental health professionals and representatives of non-governmental organisations from all 10 provinces were trained in best practices in community mental health. The training also included persons from the statutory and non-statutory sectors. Categories of staff and other persons trained included:

- Clinical psychologists
- Psychiatric technicians
- General practitioners
- Psychiatrists
- Traditional healers
- Technicians in preventive medicine
- Nurses
- Nursing tutors
- Heads/representatives of nine NGOs

An international meeting of experts and local mental health policy-makers and practitioners was also convened in June 2000. Among the people attending the training workshop and international meeting were:

- Chiefs of provincial community mental health services
- Senior primary health care staff
- National Programme Coordinator for Mental Health
- Psychiatric technician based in the Ministry of Health

**Paying particular attention to the development of community-based services within the policy and planning process**

It has already been recognized that this is a fundamental part of the process of strengthening the role of mental health in primary health care. Discussions with Ministry and clinical staff indicate that there is a high rate of re-admission. It is recognized that there is a need for greater follow-up in the community. This is a problem because of the insufficient numbers of trained staff. Given the size of the country and logistical problems in servicing communities with poor infrastructure, the provision of mental health services is greatly limited.

**Actively encouraging the involvement of a range of ministries other than the Ministry Health in the policy-making process**

This process of building intersectoral collaboration where none has previously
existed has already been initiated with the Ministries of Social Action and of Labour. This will be extended during future visits of consultants. Other Ministries have been targeted for consultations and recommendations on the way forward.

**Activities to Date**

The consultations and visits that have taken place thus far in Maputo will be extended to the nine remaining provinces. The aims of the consultations and visits are as follows:

- to understand the problems and issues of mental health;
- to understand how health/mental services are organized at all levels;
- to discuss recommendations on the key areas that need to be addressed in the policy document and suggestions on how to address the current problems in mental health;
- to get a better idea of the role and contribution of the traditional sector;
- to agree on the nature and scope of collaboration with other ministries in order to optimize limited human and financial resources.

**Key Results to Date**

- Training has taken place of mental health professionals in the area of community mental health.
- An initial situational analysis has been made of mental health issues and problems.
- A clear and costed plan-of-action has been drawn up, it will result in the drafting of a policy by June 2002.
- Discussions on the way forward have advanced with the Deputy Minister of Health and senior personnel in the Ministry.
- Discussions have taken place and initial recommendations have been made on training, therapeutic interventions, the supply of psychotropic drugs at all levels of the system, and on intersectoral collaboration.
- Plans have been finalized for a pilot epidemiological study to support the promulgation of the mental health policy.