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MENTAL HEALTH WORKSHOP

REPORT

SALVATION ARMY, KURASINI, DAR ES SALAAM

JUNE 23 - 29, 1983

AFRICAN NATIONAL CONGRESS

(HEALTH DEPARTMENT)

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INTRODUCTION,

1. The Workshop was organised in collaboration between the African National Congress Health Department and the World Health Organisation. This was in sequel to the Mental Health Survey conducted amongst the ANC members in the Republic of Tangania and Zambia in December 1982 and January 1983.

2. In Welcoming the participants, (Annex 1) the Chairman, Dr. Peter Mfelang, expressed his appreciation and gratitude to the Governments and people of Tanzania and Zambia for their unwavering support for the struggle for National Independence waged by the people of South Africa and led by the African National Congress.

3. Dr. A.Y. Mgeni, the Director of Preventive Health Services in the Ministry of Health, Tanzania, opened the Workshop. This was a historic event, the first Mental Health Workshop by a Liberation Movement in Southern Africa. Identifying some causes of mental health, he laid emphasis on the negative effects of alcoholism. He hoped the Workshop would underscore promotive and formentive aspects of health and the role of the community support in tackling the mental health problems.

In closing, he encouraged the participants to work hard to achieve the general and specific objectives of the Workshop.

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4. Prof. J.S. Hauli introduced the team from the Psychiatric Unit and assured the participants the full support of the Muhimbili Medical Centre, Psychiatric Unit, a practical demonstration of Technical Cooperation amongst the Developing Countries. As a people in exile and struggling for independence we were bound to encounter a high prevalence and incidence of mental health problems. It is therefore very important to work out our strategies within the framework of Primary Health Care for promotive and preventive health appropriate to the struggle.

METHOD OF WORK

5. The programme of work was adopted (Annex 2). In the principle of active participation, the participants were divided into two working groups.

Group A was to discuss Alcohol-related problems.

Group B would discuss smoking, and both groups were to discuss stressful exile situations and coping mechanisms. The Workshop was conducted in lectures, visits to the Psychiatric Unit and working groups.

6. A committee with representation from all regions was nominated. The terms of reference of this committee was to formulate concrete recommendations for presentation to the NEC.

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OBJECTIVES OF THE WORKSHOP.

7. Study of the mental health survey report and on the basis of it, formation of strategic approaches to the prevailing mental health problems.
8. Exchange of information on mental health problems in other areas, where the survey was not conducted.
9. Explore in-service training in mental health promotion within the framework of primary health care, and to develop manpower with the necessary skills.
10. Utilise available knowledge and skills in mental health in order to increase the effectiveness of general health care, and also the awareness and support of the decision-makers and the community.

IDENTIFICATION OF PROBLEMS.

11. The participants identified the major physical and mental health problems.
 - a) Psychoneurosis - stress reactions, anxiety and depressive states.
 - b) Problems related to alcohol consumption, drugs and cannabis.
 - c) Neurological disorders - epilepsies
 - d) Manic - depressive syndromes (affective disturbances).
 - e) Acute psychosis.

12. Identified was also the inadequate knowledge of how to handle patients with mental health problems, both by health personnel and the community, especially in the stressful situation of exile life, which is in itself a predisposing aetiological factor.

REC OEMENDA TI ONS .

13. Mental health training should be provided for all health personnel and other people whose activities have a bearing on the mental health of the community. In this context the participants emphasised the importance of community support in the treatment of patients with mental problems.

13.1 The participants will hold talks with the political administrators, the commissars and heads of other departments on the subject of mental health.

13.2 Periodic workshops must be held on this subject with the participation of other sectors of our Movement and representatives of the host countries. This could be considered as part of upgrading courses.

13.3 The ANO would like to have a joint workshop with the SWAPO Department of Health and Social Welfare.

14. The role of the community and other sectors of the Movement in the treatment of patients with mental problems was underscored. This in itself would both be preventive and promotive.

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14.1 All patients who have had mental health problems, after control need to be meaningfully engaged in their previous engagements, or agricultural activities, i.e. in Mazimbu and Dokawo. Sport activities are strongly recommended. For this we need to set up a committee preferably under the guidance of the Social Worker.

14.2 Short vocational training for these patients has according to our experience, been rehabilitative. More of these courses are recommended. The Health Department will liason with the Department of Education.

15. The training of psychiatric nurses, psychiatric social workers, psychiatrists is an imperative measure to improve care given to our patients. The department must investigate the possibilities of admission of our personnel to the course on Rehabilitation of War Victims and Refugees that is to be run in Harare.

16. The participants emphasised the importance of first aid lectures to all members of our community. These would inoooperate health education as well.

17. Our sickbay in Kuraeini should not be designated only for patients with mental health problems. This will remove the stigma.

17.1 The face of Kurasini urgently needs uplifting. It is presently a health hazard. Funds could be sought for from the WHO or other solidarity groups.

17.2. The inavailability of health transport renders the work of the teams difficult. The NEC/Treasury is requested to take up this problem seriously.

18. It is being recommended that patients with mental health problems from all regions be reffered to Tanzania. A good working relationship has been established With both the Muhimbili Medical Centre and Morogoro Psychiatric Unit. We have a large community here that should play a prominent role in the rehabilitative programmes. The problem of language is also overcome in this set up. Funds for the transfer of these patients could be sought for with the collaboration of the World Health Organisation, AFRO and the UNHCR.

19. The participants urged an immediate organisation of a workshop at decision-making level, on Primary Health Care. The department is in full support of this and will facilitate the running of this workshop as soon as possible.

20. A team composed of Comrades Refiloe Monama, Edith Pemba, Desmond Shangase and Guendolin Mlizi, will travel to Mhzimbu to discuss administrative problems and exchange views with SOMAFCO team on the role of the Medical Assistants. This will include the discussion on the requisition and use of drugs from the list of essential drugs.

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21. From now on, all the health teams in their respective reports will reflect the mental health activities, in order to show the importance and benefits of the workshop.

22. It is proposed that members of the team from the Psychiatric Unit, Muhimbili Medical Centre, be invited to SOMAFCO to give a talk on Stress and Coping Mechanisms.

23. A seminar will be organised on Alcoholism, Cannabis and other drug abuse. A film on these subjects is available and will be shown.

EVALUATION.

24. At the end the participants evaluated the workshop as relevant and problem oriented. However they urged that in future there should be more patient demonstration and audiovisual aides.

25. The arrangements were rated as good. Accommodation was good and conducive to serious work.

CLOSURE.

26. In closing Professor J.S. Hauli expressed hope that the Workshop had been worth the efforts of the organisers and that the workshop had achieved the objectives for which it had been conceived. The Muhimbili Psychiatric Unit was ready to assist at anytime. This would be a manifestation of TCDC. '

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27. Dr. Tshabalala thanked the team from the Psychiatric Unit, Muhimbili Medical Centre, for facilitating the discussion of each topic. Through its cooperation it once more emphasised the commitment of the people and the Government of Tanzania to the total liberation of Africa and especially Southern Africa from colonialism, racism and apartheid. This was one of the best workshops to be organised by the department, because the teams themselves were very sensitive to the problem. The active participation of the teams in discussion was evidence to the fact. It therefore remained for u.; each and every participant now to implement the collective recommendations.