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EAST AFRICA REGIONAL HEALTH TEAM JN

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MWNTAL HEALTH PEPQRT 2 -

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1. TYPE OF MENTAL ILLNESS , ' 5,7,2

Presently there are 143 mentally ill patients in ski ANC settlements in East Africa. f Ex 5

TYPE OF MENTAL ILLNESS 5.6;2 UMBER OF PATIENT5

; 2 C1 V

1, \_Schiquhrenia and Paranoid States 2f,' 9X " 27 . 1

2,\_ Mania and Hypomania - 2 g a , 17.' 2 3N";

4'; Organic Psychosis (ACUTE CONFUSIONAL STATES) a 9

b, NEpilepsy (Mainly Grand Mal type Epilepsy) XN /E2 1

5, VDepression (Endogenous and Regtive Types)

6, .Neurosis and Personality Disorders

7,W.Stress and Envoromental Maladjustments

8, 'Alcohol and Drug Abuse J\$(Bhanghi - Psychosis)

'9, % Brain Fag Syndrome

' TOTAL

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N Bhanghi Psychosis - Associated with Cannibis Abuse

%N Brain Fag\_ Syndrome also known as SECONDARY SCHOOL STUDENT SYNDROME (involving learning problems)

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26 of theSe are at MHLdBA, h at VILLAGE 17 Dakawa, h at DODOMA MENTAL HOSEITAL and the rest are at MAZIMBU,

II. PROBLEMS BNCOUNTERED

1. COMMLNETY IUGBL MS

A. Ignorance about mental illness

B, Lack of mental education for the community due to lack of trained . personnel

C. No community structures to deal with mental health problems like a lalac community mental health committee

9-. Reaaction of mentally ill patients by the commuhity -.

E. Discrikination against people with mental problems "ONCE MENTALLY ILL, ALWAYS M?NTALLY ILL"

F. Predi juce against people who attend m ntal.health services or

2.

Consult a Psychiatrist for whatever reason.

#### PATIENTS PROBLEMS

People's attitudes towards mental problems creates a permanent

4, social stigma for patients who are regarded as Abnormal People.

5 Fear to release information

t, Mistrust of mental health personnel especially if they are not, .

, members of the organisation

1 Fear that information will be passed on to the local authorities like.

, want a desire to leave a particular area when there are Maladjustment

problems.

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'% Egor rapport due to direct communication of problems.

#### LACK OF TRAINED MENTAL HEALTH PERSONNEL

5 fail to meet the patients general needs

; 'Irregular attendance specially psychosis patients at Mazimbu who have

5 one to supervise their scheduled attendances.

1' Do or no follow up at all until another acute episode necessitating

, admission especially with patients at Mazimbu

V Lack of organised programme for complete recovery.

, Inadequate Rehabilitation programme and the lack of such a programme

for Mazimbu'

t Lack of community-mental health education.

#### MAJOR CAUSES OF MENTAL ILL HEALTH

: EXILE SYNDROME"

"- Sudden change of life style-

- Loss of personal independence

- Failure to adapt to the circumstances of a new life in exile

- Uncertainty of life in exile

Usually result in the following mental illness

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3.5

- Schizophrenia

- Mania and Hypomania

- Depression

- Neurosis

- Personality Disorders

- Stress and environmental Maladjustments

#### INFECTIONS ESPECIALLY MALARIA

#### ACCIDENTS

'7:  
J.  
h. TORTURE WHILE STILL IN SOUTH AFRICA  
2 4'h is usually associated with the following;  
- Organic Psychosis  
L Epilepsy  
5;:fAhCOHOL AND DRUG ABUSES (ESPECIALLY CINNIBIS)'  
. 1:4 Personality Disorder  
- - - Psychosis  
-6;: Overwo king and exhaustion especially amongst student and other  
eh htrainees resulting from tight and prolonged scheduled  
7.h Restriction of movement and lack of adequate recreational facilities  
' yiahd activities. .  
xl5l. Beneavemant arising from the continuous state of physical conflict  
1 \_f;et'home with the associated anxieties about one's close relatives,  
...friend's and family.  
'9., Heredity and familial  
Iy.g PROPOSAL FOR IMPCO"EMENT OF MENTAL HEALTH SERVICES IN THE ANC  
' . SETTLEMENTS INEAST A?TICA  
A. REGIONAL MENTAL HEKLTH HOHFSHOP  
The above to be treated as an immediate priority and 5f poasih&e to x  
arranged through the health secretariat within the next three months.  
:TeEhzieal expertise to be sought to assist in the hoisting of the  
wprkShop. vThe target group must be the health personnel, local  
?hhthgritiesS'and relevant sections of the movement like the women,-  
yeuth and workers in the region. The focus of teh the workshop must be  
bas.1c and common mental health problems in the region.  
- Community mental health education  
- Mobilisation for community mental health committees in  
our settlements  
- Recruitment of personnel for training.  
B. 'TRAINING op MENTAL HEALTH woexmgg  
Initial Training of mental health workers to incude an appreciable  
number from the present health workers. as many as possible interested  
members of the local communities and at least one member from each of  
the local administrations in the region. This can be undertaken with  
the next six months. There is a One month basic mental health course  
offered.by the local hospital at horogoro. This course equips g

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prospective candidates with - basic skills in managing acute mental illnesses

- basic mental health education 3?

-WN11111. - skills to undertake and supervise

11 . follow-up and render after care services

to discharged patients from psychiatric units. The regional health team may facilitate arrangements for this course'. It is open to all-- irrespective of academic and experience in the health sector;

In the next 12 months to 24 months we can negotiate for the placement of our cadres of health workers in the following 2 months courses

- Psychiatry course

1 v A - Occupational therapy course

ffSttt' ' - Community Psychiatry Service Course

.All of these are available at Dodoma .and we may request that they be modified to suit our needs as admission to these requires some, experience in the health sector.

. Fag"; a

:In the long term ( in the next 5 - 10 years) we obviously need the following mental health personnel

- Psychiatrists

- Psychiatric nurses

- Psychiatric social workers

- Psychologist

- Occupational therapist

CZ ESTABLISHMENT OF LOCAL COMMUNITY MENTAL HEALTH COMMITTEES

The Regional Workshop and the initial ' - training programme will provide us with the nucleus of cadres to embark on community mental health education and generate awareness and interest for the formation of local community mental health committees that will assist in broadening the communities understanding of mental health illness and problems and facilitate the care of persons with mental problems in our settlements. As well as protection to their interests.

13.115311512111130 OF PATIENTS NEEDS

1,1 Increase the present food ration and supplement it with other food items like orange squash, milk and regular fruits.

2; 'Construction of pit latrines

3., Easily accessible and clean water supply for the patients daily needs and other vocational requirements like gardening and poultry

5.  
rearing.  
4. Special arrangements to be made to ensure that patients are  
adequately clothed at all times. \_  
5.1mRegular planned outings for patients at least six times a year  
v6iLLApproprlate bedding for patients like sheets, pillows and bed spread  
E5 ,MATERIAE'AND FINANCIAL ASSISTANCE TO IMPLEMENT PRESENT PROGRAMMESQAH  
,IIMP? ova THE ENVIROMENT AMD CARE OF THE PATIENTS  
1;? Housing - The present brick building at Mhalaba to have the inside w:  
I: wall3/ \$roken up to create an open multipurpose building to serve as:\_  
- Living room with necessary furniture like sofa' s and carpets  
'- Games room for table tennis, draft, chess, and cardW"'  
'? Ocpupational theraphy room  
? 11- Library - cum - reading room  
61.11% Group therapy room  
4.9.Meeting room for staff and patients  
1\_11 9 Addition of two more "disaster houses" with wardrobg  
carboards and chairs.  
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. .11  
jfixiiae - fencing of the premises at Mhlaba to ensure patients Safety 1%  
// 1nd prevent theft.  
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1 xp-3 -,7 Rlrer mainly to patients at Raymond Mhlaba Rehabilitation,A.  
1/11  
Q  
vteatrg 1n Dakawa.  
11:23Ia'lvv3gh5xv. r.- '1 xwm! ' 1'