

STRENGTHENING MENTAL HEALTH SYSTEMS in Tanzania Mainland

Joseph Mbatia and Miriam Kabanywanyi

TANZANIA



**TANZANIA =
Tanganyika and the
Islands of Zanzibar.**

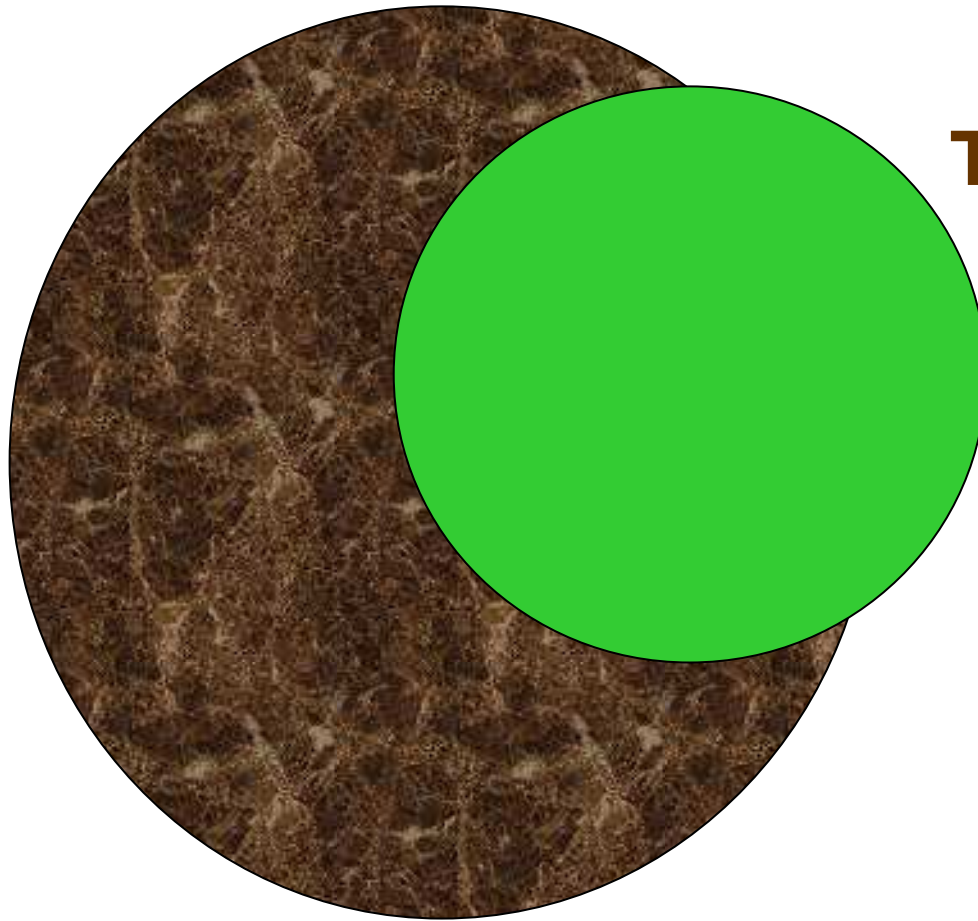
Pop 38.9 million

**Land = 945,000 sq.
Km**

Context

- **36% of pop below UN poverty line**
- **80% rural but services mostly urban**
- **Area 945,000 sq km. – poor road network**
- **44% of the population -0-15 years**
- **Severe resource constraints for mental health**
- **Limited infrastructure for mental health care**
- **Reliance on traditional healing**

Mental health care heavily dependent on TH



Traditional Healing

Conventional care

Work with Traditional Healers

Common mental disorders among patients attending primary health clinics and traditional healers in urban Tanzania`primary care services (Dar es Salaam City)

Dispensaries and health centres 24% compared to 48% of patients attending traditional healers clinics

WEAKNESSES

- **Resource constraints**
- **Complicating factors**

Resource constraints

- **15 psychiatrists**
- **2 clinical psychologists**
- **300 mental health nurses providing services full-time**
- **Limited number of beds for patients**
- **Limited funding for mental health and substance abuse services**
- **Inadequate supply of medicines for psychiatric patients**

Complicating factors

- **Over 38 million population**
- **Poverty**
- **Ignorance**
- **Competing health programs (HIV/AIDS, Tuberculosis malaria, reproductive health needs and non communicable diseases burden)**
- **Challenges of safe use of traditional healing**

STRENGTHS

- **1980: National Mental Health Programme**
- **1990: Mental health a key component of the National Health Policy**
- **1999 Mental health and health sector reforms**
- **2006: Policy guidelines for Mental Health Care**
- **2008: New Mental Health Act to emphasize**

Why Primary Care Training?

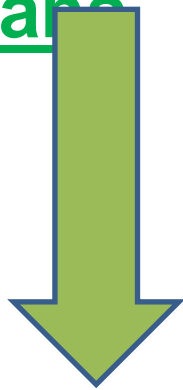
- Equity is the cornerstone of the national health policy
- Improved numbers and quality of mental health skills in primary care is critical for improved access to mental health services

Proposed Project

- **Training**
- **Supervision, monitoring and evaluation**
- **Advocacy and sensitization**
- **Mobilize local government resources for mental health**
- **Influence traditional healers /collaboration**

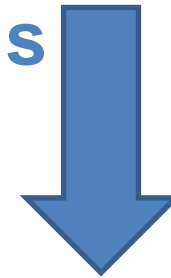
TRAINING

1. In- service training
of primary care
clinicians




**350 Clinical officers
trained for 5 days
over the period of 2
years**

2. **Strengthen Mental
Health Training
Capacity of clinical
officer training
schools**



**10 Clinical Officer
Tutors trained for 1
year**

Supervision Monitoring + Evaluation

- Supervise trainees x 4 in a year
- Supervisor  Supervisee planning
- Surveillance data
- Regular evaluation and reporting

Advocacy and sensitization to regional and district health management teams

Advocate for increased local government funds to Support planned mental health activities in the districts and regions

Expectations

- Improve primary care competence in diagnosing and treatment of mental disorders
- Improved capacity of clinical officer training schools to strengthen the mental health component in their training courses
- Increased awareness of mental health needs within local government leading to improved resources for mental health interventions
- Improved access to mental health care for rural communities
- Technical and financial support for our proposed plans

Thank you
for
your attention!