

STRENGTHENING THE INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE IN UGANDA.

By:

Sheila Ndyanabangi (Ministry of Health)

&

Joshua Ssebunnya

(Butabika National Mental Hospital)

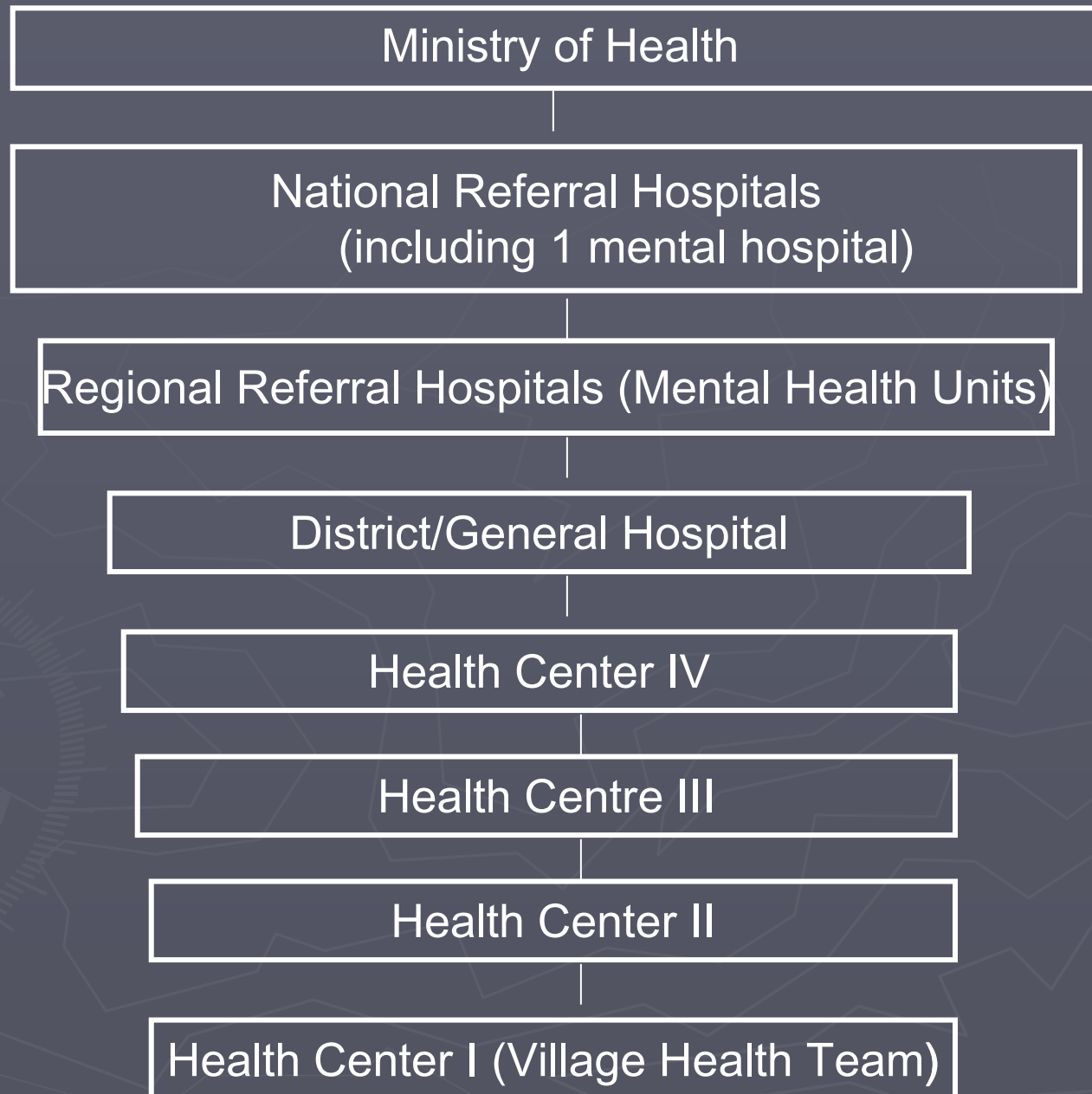
Country context

- ▶ Size: 236,040 Sq Km.
- ▶ Capital: Kampala
- ▶ Population: 30 million (2008 est.)
- ▶ Population Growth rate: 3.5 % Per annum
- ▶ 12% Urban, 88% Rural.
- ▶ 51% under 15 years, 4.5% above 60 years
- ▶ Life expectancy: 50.7 males & 52.7 females
- ▶ Literacy rate: 76% men, 61% women.
- ▶ 31% Below the poverty line
- ▶ Gov't expenditure on health: 10% of total gov't expenditure.

Country context cont'

- ▶ Substantial efforts have been directed towards integration of MH into PHC:
 - MH is included in the National Minimum Health Care Package
 - MH is a component in the Health Sector Strategic Plan
 - A decentralized system of health service delivery
 - Increasing investment in mental health care, infrastructure, human resource & research over the past years
 - Establishment of MH units at various Regional Referral Hospitals (Decentralization of services)

Organization of the Health Care Delivery System



Strengths of the mental health system

The strengths among others include :

- Existence of a mental health coordination office.
- Training of mental health specialists within the country i.e Psychiatrists, Psychologists, Social Workers, Psychiatric Clinical Officers, Occupational Therapists and Psychiatric Nurses
- Existence of community based mental health services, which can be strengthened.
- Existence of a draft mental health policy
- Continuous efforts for public education on MH.
- Revised curriculum enabling exposure of general health workers (trainees) to mental health.
- A political will for strengthening of mental health care.

Weaknesses in the MH system, to be tackled

- ▶ Low prioritization of MH, (inadequate resource allocation towards MH at district level):
 - Funds
 - Personnel
 - Medicines & other supplies
- ▶ Inadequate reporting (Poor mental health information system)
- ▶ Insufficient support supervision at lower health facilities
- ▶ Absence/inadequate reach out to the communities
- ▶ Insufficient intersectoral collaboration towards comprehensive MH care

Planned project: Re-orientation of health managers towards strengthening the integration of mental health into Primary Health Care in Uganda.

Level of intervention: District & health sub-district

Target: - Health managers at district and health sub-district level
- Health facility managers

Rationale

- Under the decentralized system, district health managers are entrusted with the power of resource allocation & implementation.
- They make decisions concerning recruitment and prioritization.
- Their low appreciation and interest in MH has a direct bearing on the quality and effectiveness of MH service provision
- Absence of services and weak integration of MH into PHC in some districts are greatly attributed to lack of interest and support of health managers.

Broad Aim:

Train and increase capacity of health managers in planning for, and implementation of mental health services.

Specific objectives:

- ▶ Enable health managers appreciate the need for prioritization of mental health
- ▶ Update health managers on the MH policy & increase their capacity for policy implementation
- ▶ Increase capacity towards strengthening CBMH services
- ▶ Highlight the need for increased staffing for mental health
- ▶ Establish mechanisms for improved HMIS for mental health

Impact of the project

Expected results:

1. Increase in prioritization of MH by health managers at district level
 - » Increase in resource allocation towards mental health.
2. Increase in No. of districts with MH plans, more efforts towards implementation of the MH policy
3. More districts with community based mental health services
4. Increase in recruitment of MH professionals at district level
5. Improved MH reporting
6. More PHC workers subsequently receiving CME in mental health