Zimbabwe WHO Special Initiative for Mental Health Situational Assessment

Overview

Strengths

- Substantial investment in education
- Strong cadre of psychiatric nurses
- · Exciting mental health services research
- Refurbishment of Harare psychiatric unit

Challenges

- Socioeconomic instability
- Other psychiatric units in need of refurbishment
- Mental Health Act needs to be updated
- Lack of funding for medication, human resources, and mental health promotion

Context



- Population of 14 million, largely rural (68%)
- 89% literacy. 37% of households have improved sanitation, 78% have clean water, and 34% have electricity (81% in urban areas, 10% in rural areas)
- Life expectancy: 61, infant mortality rate: 39 per 1000 live births, maternal mortality ratio: 462 per 100,000 live births
- Leading causes of death are HIV, cardiovascular disease, and TB
- High HIV prevalence (14%)
- 1 in 2 women report exposure to intimate partner violence
- Most common substances abused: alcohol, cannabis, heroin, glue, cough mixtures
- Mental disorders often attributed to spiritual possession and witchcraft

Policies and Plans

Public spending on mental health (USD\$/capita): 0.13 USD

Policy

Name: **National Mental Health Policy**

Years: 2007 Progress: n/s

Plan

National Strategic Plan for Mental Health Services Name:

Years: 2019-2023

Progress: n/s

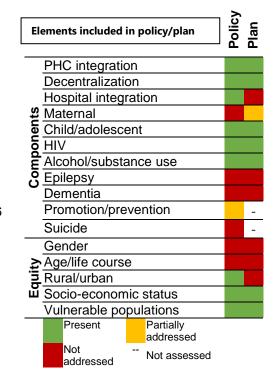
Key Informant:

I'm optimistic about the future of mental health in Zimbabwe since there has been on-going conversations and dialogue on mental health in the recent years.

-Advocacy Group Spokesperson

Legislation

Mental Health Act of 1996 and Regulations of 1999. Due for review.









Prevalence and Coverage

		Prevalence	Total	Gender ratio	Treatment coverage
**	Major depressive disorder	1.6%	218,167	1.8% females 1.3% males	n/s
	Bipolar disorder	0.6%	77,449	0.6% females 0.5% males	n/s
	Schizophrenia	0.1%	17,454	0.1% females 0.1% males	n/s
	Alcohol use disorders	1.4%	189,731	1.0% females 1.8% males	n/s
	Drug use disorders	0.8%	105,296	0.6% females 0.9% males	n/s
	Epilepsy	0.3%	48,355	0.3% females 0.4% males	n/s
	Suicide deaths per year	18.0*	2,647	9.7 females 26.9 males*	

^{*}rate per 100k; **GBD 2017

Services

Human resources			
	#	Rate per 100,000	
Doctor	2,245	16	
Doctor Nurse Pharmacist	10,102	72	
Pharmacist	n/s	n/s	
Neurologist	4	0.03	
Psychiatrist	18	0.1	
Psychiatrist Psychologist Psychiatric nurse	6	0.04	
Psychiatric nurse	917	6.5	
MH social worker	13	0.09	

Health care facilities

	R	ate per
	# 1	00,000
Mental hospital	2	0.01
General hospital psychiatric unit	2	0.01
psychiatric unit Forensic unit	2	0.01
Residential care facility	10	0.07
Hospital mental health	7	0.05
Hospital mental health Community-based /non-hospital mental health	n/s	n/s

Key Informant:

The cadres who look after mental patients are few but they are **highly dedicated** and work under difficult conditions to provide care.

- Psychiatrist

Mental health training	n/s
Primary care integration	mhGAP trainings have covered 7 towns and 2 cities.
Available psychosocial	Friendship Bench (problem-solving therapy) has been scaled across Harare.
interventions	
Medication summary	Countrywide drug shortage. First generation antipsychotics are more common than
	antidepressants or mood stabilizers.
Mental health promotion	Ministry of Health has Health Promotion unit; limited funding and coordination.
	Annual National Mental Health Games launched in 2018.

Community and Other Sectors

Community	Faith healers practice throughout the country.
Education	Policy stipulates presence of guidance counsellors in all schools.
Social Welfare	Queen of Peace Rehabilitation and Crisis Centre provides essential re-integration services to discharged individuals.
Justice	n/s

Monitoring and Evaluation

Facilities routinely report on numbers of different types of diagnoses related to mental health. These indicators are stratified by age, sex, new/returning patients, and in/out referral. Data related to service delivery are not comprehensive and may be of low quality.





