

## CASE STUDY

### INCREASING ACCESS TO HEALTHCARE AMONG PERSONS WITH MENTAL HEALTH DISORDERS IN ZANZIBAR

Mganga Bwire

Zanzibar Psychiatric Association, Kenya

**Abstract.** The abstract is a case study highlighting initiatives designed by the Zanzibar Psychiatric Association (ZPA) to serve persons with mental disorders (MHDs) confined indoors. The purpose of the program was to increase access to healthcare among confined MHDs. This was achieved through conducting outreach programs aimed at community awareness creation on MHDs, providing first aids to the patients and referring to the MHDs designed hospitals. Moreover, the program focused on advocating for increased local health budget prioritizing on mental health. A total of 63 patients reached and provided with first aids and referred to the hospital, meanwhile 200 people form the community were educated on MHDs. Limited funding to operationalize interventions fueled by increased demands are some of the key challenges. We urge like-minded partners to join hands in our initiatives in providing experts, technical advises and other resources so that we can scale-up interventions in Zanzibar.

**Keywords.** Mental health, healthcare, Zanzibar, psychiatry.

### **Context/background**

Zanzibar is an Island that is part of the United Republic of Tanzania. It is an archipelago composed of two islands, Unguja and Pemba. Like its Counterpart, mainland Tanzania, Zanzibar is significantly affected by Non-Communicable Diseases (NCDs), one of them being mental health disorders (MHDs). Generally MHDs among young people in Tanzania is attributable to a number of factors including increased demands for means of survival, use of psycho-active drugs (drugs addiction), persistence of HIV/AIDS epidemic and other socio-economic challenges like abject poverty (Mahenge, Stöckl, Likindikoki, Kaaya, & Mbwambo, 2015). Common forms of MHDs in Zanzibar includes schizophrenia, depressions, epilepsy and Neuro-cognitive disorders (NCDs). Data collected at Kidongo-chekundu Mental Hospital (KCMH) in Zanzibar in 2018 showed 10, 645 total outpatients. According WHO national survey in 2011, Zanzibar had a MHDs prevalence of 6.8% (men 4.7% and women 8.8%) (Mental Health Strategic Plan-2014).

One of the critical challenges facing MHDs in Zanzibar is limited access to healthcare. The common practice is that patients are confined indoors while fixed in shackles. This practice is attributable due to the fact that vast number of people believe that MHDs cannot be cured with mere biomedical means. In other hand, those who believe in biomedical treatment have limited access to healthcare specialised for MHDs (physical barriers and other indirect costs), and lack of psychiatrists and neurologists. Zanzibar has only one public health facility that provides services for MHDs with only two specialists. Therefore, these barriers compel them to resort to using traditional headers and sheikh's prayers and concoction called "kombe". In-house confinement has critical detrimental impacts to the patient including deteriorating patients. Furthermore, confinement violates the rights to inherent dignity, freedom from torture, right to liberty and other degrading treatment enshrined in the Universal Declaration of Human rights (1948), The Banjui Charter (1981), the Constitution of the United Republic of Tanzania (1977) and the Constitution of the Revolutionary Government of Zanzibar (2010).

### **About the program**

Zanzibar Psychiatric Association (ZPA) is a Non-governmental organization located in Unguja-Zanzibar-Tanzania. Its mission is to improve the quality of life for those with mental illness, including substance use disorders and those affected by epilepsy. Some of our interventions include facilitating access to mental health services, education, treatment, medication, and support programs.

ZPA collected and documented information regarding MHDs in Zanzibar through households' surveys; referrals from community members and local government authorities (sheias). ZPA draw a conclusion that there is a significant number of persons suffering from MHDs confined indoors hence resorted to intervene. ZPA designed a voluntary program to reach these vulnerable persons. Through this program, ZPA conducted outreach programs with its voluntary health workers (VHWs). The program involved the following interventions: 1. Identifying patients in the communities through house-holds visits and referrals 2. Sensitizing parents, guardians and relatives of the patient on MHDs especially on its possibility of cure 3 providing first aid to the patients using Mental health GAP Action Program (MHGAP). 4. Referring the patient to the hospital after seeking their consent via counselling. Apart from direct service to the targeted beneficiaries, ZPA has been conducting strategic policy advocacy programs aimed at increasing budget allocation to health sector with a focus to mental health. Experience reveals that NCDs including mental health have not been given priorities it deserves.

#### **Purpose of the program**

The purpose is to contribute to increasing access to healthcare among MHDs in Zanzibar.

**Objectives:** 1. Increasing awareness on mental health disorders among community members 2. Advocating for increased local budget on health targeting MHDs

#### **Results**

Increasing Access to Healthcare Among Persons with Mental Health Disability Through Home Visits program has significantly contributed in improving health outcomes of persons with mental disability in Zanzibar. Some of critical outcomes include: 1. Visiting a total of 200 householders and providing mental health education. 2. Improving health outcomes of 63 patients and referring them to the health facilities 3. Holding a total of 3 engagement sessions aimed at increasing local budget on health sector and documented commitment of policy and decision makers.

#### **Resources**

ZPA has been using membership contributions from its members which is in a tune of Tshs 6,000 per year that equals USD 2.60 per person and other humanitarian aids from stakeholders to operationalize its programs. For example, ZPA has been receiving free mental health drugs from partners. To make programs sustainable, the management has been charging a fee of Tshs 2,000 (that is USD 0.90) per visit. However, these contributions are not sufficing the operational needs.

#### **Achievements**

Amplifying visibility of mental health problem within the ambit of the policy and decision makers and community at large is worthy mentioning. ZPA has contributed substantially in raising awareness to the government and community on the magnitude of the problem of mental health in Zanzibar. Additionally, a proportion of the community members understanding the significance of health facilities on healthcare of persons with mental disability has increased.

#### **Challenges**

1.Limited funding to finance programs. People work on voluntary basis which sometimes impair their motivations

2. Client's over-expectations. Some clients expect ZPA to provide more than it can offer

3. Limited facilities to accommodate patients. In Zanzibar there is only one hospital designated for mental disorders (Kidongo-chekundu Mental Hospital-KCMH) with only 2 specialists. Therefore, it can admit only 120 patients.

4. Stigma and discrimination perpetrated by some parents, guardians, relatives, community members and some health service providers (HSPs) against people with mental disorders which act as a barrier towards accessing healthcare.

5. Lack of modern equipment to diagnose epilepsy in Zanzibar. One partner offered a free machine (EEG machine) but we need to have some funds for hosting installers and trainers and purchasing medications.

#### **Key learning points**

1. Zanzibar is one of the areas with high prevalence (6.8%) of mental health disorders but astonishingly have only 2 psychiatrists which is against WHO doctor-population ratio

2. No direct local budgetary allocation allotted for mental health disorders

3. Health Insurance companies are reluctant to insure persons with mental disorders

4. Customs, traditions and practices influence perceive misconceptions that mental disorders are attributed to sorcerers therefore a patient should be referred to traditional healers and sheikhs (98% of Zanzibarians are Muslims)

#### **Future plans**

1. Scaling-up outreach programs to reach more patients especially in rural settings and link them to health facilities

2. Conducting a national program focusing on providing a comprehensive and accurate information on mental health in Zanzibar

3. Advocating for inclusiveness of persons with mental retardations in decision making pertaining to:

family decision making (inheritance, child bearing etc.), voting, voluntary treatment, employment etc.