Zambia

General Information

Zambia is a country with an approximate area of 753 thousand sq. km. (UNO, 2001). Its population is 10.924 million, and the sex ratio (men per hundred women) is 99 (UNO, 2004). The proportion of population under the age of 15 years is 47% (UNO, 2004), and the proportion of population above the age of 60 years is 5% (WHO, 2004). The literacy rate is 86.3% for men and 73.8% for women (UNESCO/MoH, 2004).

The country is a low income group country (based on World Bank 2004 criteria). The proportion of health budget to GDP is 5.7%. The per capita total expenditure on health is 52 international $, and the per capita government expenditure on health is 27 international $ (WHO, 2004).

The main language(s) used in the country is (are) English. The largest religious group(s) is (are) Christian, and the other religious group(s) are (is) Muslim and Hindu.

The life expectancy at birth is 39.1 years for males and 40.2 years for females (WHO, 2004). The healthy life expectancy at birth is 35 years for males and 35 years for females (WHO, 2004).

Epidemiology

Wapnick et al (1972) reviewed psychiatric diagnoses of a group of female patients admitted in a hospital over 2 consecutive years. The common diagnoses recorded were: depression (26% and 42%) and schizophrenia (14% and 21%). The diagnosis of acute transient psychoses was rare. Kwalambota (2002) assessed the mental health of pregnant women with HIV. 85% of women, who were diagnosed to have HIV during the index hospitalization, showed major depressive episodes and had significant suicidal thoughts, and about 60% showed signs of somatic illness. Those who knew their HIV status before becoming pregnant did not show severe depressive episodes during the index hospitalization but were anxious about the HIV status of their babies. Dhadphale and Shaikh (1983) described an outbreak of epidemic hysteria which was triggered off by a group of girls who were having educational and emotional problems prior to the epidemic. A change in the administrative policy of rigidly segregating the genders apparently prepared an emotionally charged background for the rapid spread of the illness. Rwegellera (1978) examined the records of all suicides and of all open verdicts in Lusaka (Zambia) over a 5-year period. The following suicide rates (per 100 000 of the population per annum) were found: 7.4 for all races (11.3 for males and 3.0 for females), 6.9 for Africans (11.2 for males and 2.2 for females), 12.8 for all Africans above the age of 14 years, and 20.9 for European (20.7 for males and 21.0 for females). In the African population, suicide was associated with gender (males committed suicide five times more often) and age. Hanging was the most common method of suicide by Africans. There was no definite seasonal variation and mental illness and physical diseases were important precipitating factors of suicide. Lin and Ebrahim (1991) studied behaviour patterns among 210 primary school children in the age group of 8-12 years using the Teacher's Rutter Scale and interviews of mothers. The frequency of behaviour disorder was 14.8%with a sex ratio of 1.9:1 (boy:girl). Behaviour disorder was largely associated with the type of school, socio-economic status, mother's occupation, play facilities at home and past history of hospitalization.

Mental Health Resources

Mental Health Policy

A mental health policy is present. The policy was initially formulated in 2004.

The policy is in the draft form.

Substance Abuse Policy

A substance abuse policy is present. The policy was initially formulated in 1998.

National Mental Health Programme

A national mental health programme is absent.

It is being formulated using the WHO's Public Mental Health Programme. Priorities for mental health services were outlined by the Ministry of Health in 1979.

National Therapeutic Drug Policy/Essential List of Drugs

A national therapeutic drug policy/essential list of drugs is present. It was formulated in 1999.

Psychotropics are in short supply.

Mental Health Legislation

The Mental Disorders Act is old and there is a new draft bill.

The latest legislation was enacted in 1951.

Mental Health Financing

There are no budget allocations for mental health.

Details about expenditure on mental health are not available.

The primary sources of mental health financing in descending order are tax based, out of pocket expenditure by the patient or family, private insurances and social insurance.

Funds for mental health have been through the basket funds under the Sector Wide Approach.

The country does not have disability benefits for persons with mental disorders. There is a National Disability Act and a National Disability Fund that is available for all persons with disability. However, patients hardly access them. patients who retire on medical grounds are given full benefits. However, it is difficult for the families to receive the benefits due to a shortage of funds.

Mental Health Facilities

Mental health is a part of primary health care system. Actual treatment of severe mental disorders is available at the primary level. District hospitals have psychiatric outpatient facilities, and the psychotropic situation has improved in the recent past.

Regular training of primary care professionals is carried out in the field of mental health. In the last two years, about 100 personnel were provided training. Referral system is still a challenge. There is little communication between traditional and orthodox medicine. However, there is good communication between the Ministry of Health and the Mental Health Association, an NGO.

There are community care facilities for patients with mental disorders. Psychiatric units are present in 7 provincial general hospitals. They are managed by clinical officers. Community care is not well developed and is under threat due to the lack of funds. It was started as a pilot project in one particular district with the help of outside funds.

Psychiatric Beds and Professionals

Total psychiatric beds per 10 000 population	0.5
Psychiatric beds in mental hospitals per 10 000 population	0.17
Psychiatric beds in general hospitals per 10 000 population	0.18
Psychiatric beds in other settings per 10 000 population	0.07
Number of psychiatrists per 100 000 population	0.02
Number of neurosurgeons per 100 000 population	0.03
Number of psychiatric nurses per 100 000 population	5
Number of neurologists per 100 000 population	0
Number of psychologists per 100 000 population	0.04
Number of social workers per 100 000 population	0.04

There is a critical shortage of mental health providers. Clinical officers carry out most of the clinical work in psychiatry. They work independently and are registered by the Medical Council of Zambia. And for Zambia, with only one psychiatrist in Government practice, the clinical officers form the backbone of psychiatric practice. There are 154 secure beds for forensic patients. Considering the severe shortage of mental health professionals at all levels, plans are under way to reintroduce pre-service training for primary care professionals in mental health. Many nurses are being recruited for the British NHS.

Non-Governmental Organizations

NGOs are involved with mental health in the country. They are mainly involved in advocacy, promotion, prevention and rehabilitation.

Information Gathering System

There is mental health reporting system in the country. The mental health reporting system requires to be reviewed to meet the challenges of the health reform programme. Although psychiatric facilities keep records of mental disorders, the ICD 10 criteria has been replaced by the country specific Health Information Management System (HMIS) which limits all types of mental illnesses under one category of 'mental disorders' causing concern among mental health professionals.

The country has data collection system or epidemiological study on mental health. Data are compiled at the main psychiatric hospital and psychiatric units in all provincial general hospitals.

All mental illness together form one rubric.

Programmes for Special Population

There are no special programmes.

With the approval of the mental health policy, expectations are high for the development of programmes. Refugees had a trauma programme through UNHCR. The country successfully participated in the two-year WHO-UNDP global initiative on the primary prevention of substance abuse among the young. Currently, it is involved in the five-year Southern African Development Community Network on Drug Use Project.

Therapeutic Drugs

The following therapeutic drugs are generally available at the primary health care level of the country: carbamazepine, phenobarbital, phenytoin sodium, sodium valproate, amitriptyline, chlorpromazine, diazepam, fluphenazine, haloperidol, lithium.

The newer anti-psychotics like pimozide are not available. Benzhexol (2mg) is used.

Other Information

The overall state of mental health is not adequate from the human resources and services point of view.

Health sector reforms in the early 1990s led to downgrading of mental health services. Zambia participated in the European Commission funded Concerted Action Report on Methods for Intervention in Mental Health in Sub-Saharan Africa coordinated by South Bank University of London from 1997-2000.

Additional Sources of Information

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