

# Unaddressed health concerns: **New Educational Efforts**



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Markos Tesfaye (M.D)  
Department of Psychiatry  
Jimma University (Ethiopia)  
Email: [markos.tesfaye@ju.edu.et](mailto:markos.tesfaye@ju.edu.et)



# Human resource for MH

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Human resources:

“mental health care relies on professionals, rather than advanced technology or equipment”

“shortages of psychiatrists, psychiatric nurses, psychologists, and social workers hinder treatment and care in LMIC...”



## Human resource

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- "...support for primary care services with training, assistance, and supervision by available specialist mental health staff, is the best way to extend mental health care to the population."
- "Worldwide only 111(59%) of all countries have facilities to train primary care workers in mental health care."

*Saxena, et. al The lancet, 2007*



# Human Resource for mental health in sub-Saharan Africa

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|                     |                    |
|---------------------|--------------------|
| <b>Availability</b> | <b>Scarce</b>      |
| <b>Distribution</b> | <b>Inequitable</b> |
| <b>Utilization</b>  | <b>Inefficient</b> |

# Scarcity

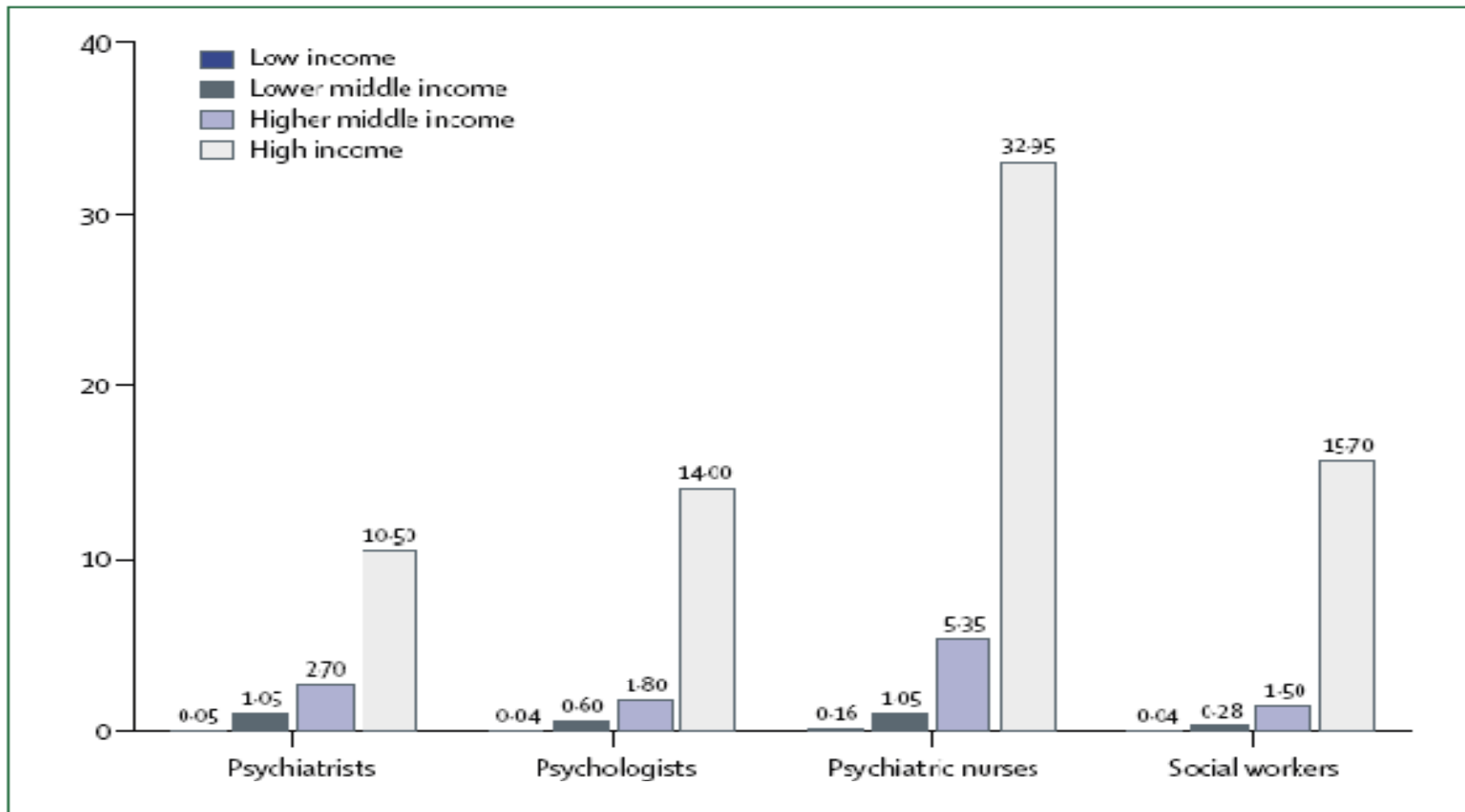


Figure 2: Human resources for mental health in each income group of countries per 100 000 population



# An example from sub-Saharan Africa: Ethiopia

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- Population of over 82 million
- About 80% live in rural areas
- One mental hospital situated in A. Ababa
- The prevalence of CMDs – 12 – 17%
- Schizophrenia: 0.6-0.7%
- Problem drinking: 2.7-3.7%





# Ethiopia: HR for MH

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- In 2011, there are 40 psychiatrists (**Scarcity**)
- Thirty-four are of them working in Addis Ababa (**Inequitable** distribution)
- Five regions do not have psychiatrist
- Psychiatrists spend most of their time doing routine clinical care (**Inefficiency**)



# Challenges

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- Low number of medical doctors
- Brain drain (Internal Vs External)
- Unattractive payment



# Challenges

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- Psychiatric nurses working in the district hospitals
  - Isolation within the hospital setting
  - Lack of empowerment in decision making
  - Lack of access to resources
  - Little support & supervision by specialist
- Absence of mental health leadership at the regional health bureaus



# Responding to the challenges

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If there are not enough

psychiatrists could non-physician

clinicians (NPCs) do the job?



# Non-physician clinicians

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- Trained with less cost than physicians (4yrs)
- Take on many of the diagnostic and clinical functions of medical doctors
- In 25 countries of sub-Saharan Africa
- Some have been trained successfully in specialty activities such as caesarian section, anesthesia and ophthalmology.

*(Mullan & Frehywot, the lancet, 2007)*



# Specialty program in mental health for NPCs?

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- Jimma University's Department of Psychiatry took the initiative in 2008.
- The need for such a program explored at a consultative meeting with stakeholders
- Staffed by only one psychiatrist collaborations were crucial to realize the program.

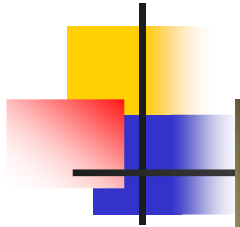


# Master's in Mental Health

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- A two year training program that makes use of the rich experience of Community Based Education at JU
- Courses had to be designed to enable trainees in: clinical psychiatry, psychosocial care, leadership, MH in PC and research

# Curriculum completed by mid 2009



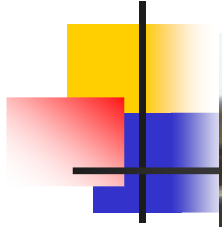


# Aims of the program

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- **The graduates will be responsible for:**
  - Running acute inpatient care at district hospitals
  - Train, support and supervise PHC staff
  - Mental health service planning and management in the regions

# By January 2010...



# Challenges of running the program...





## Challenges (2)

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- Basic resources: classrooms, computers
- Implementing social work practice
- Supervision of clinical activities (visitors?)
- Some collaborators failing to keep promise

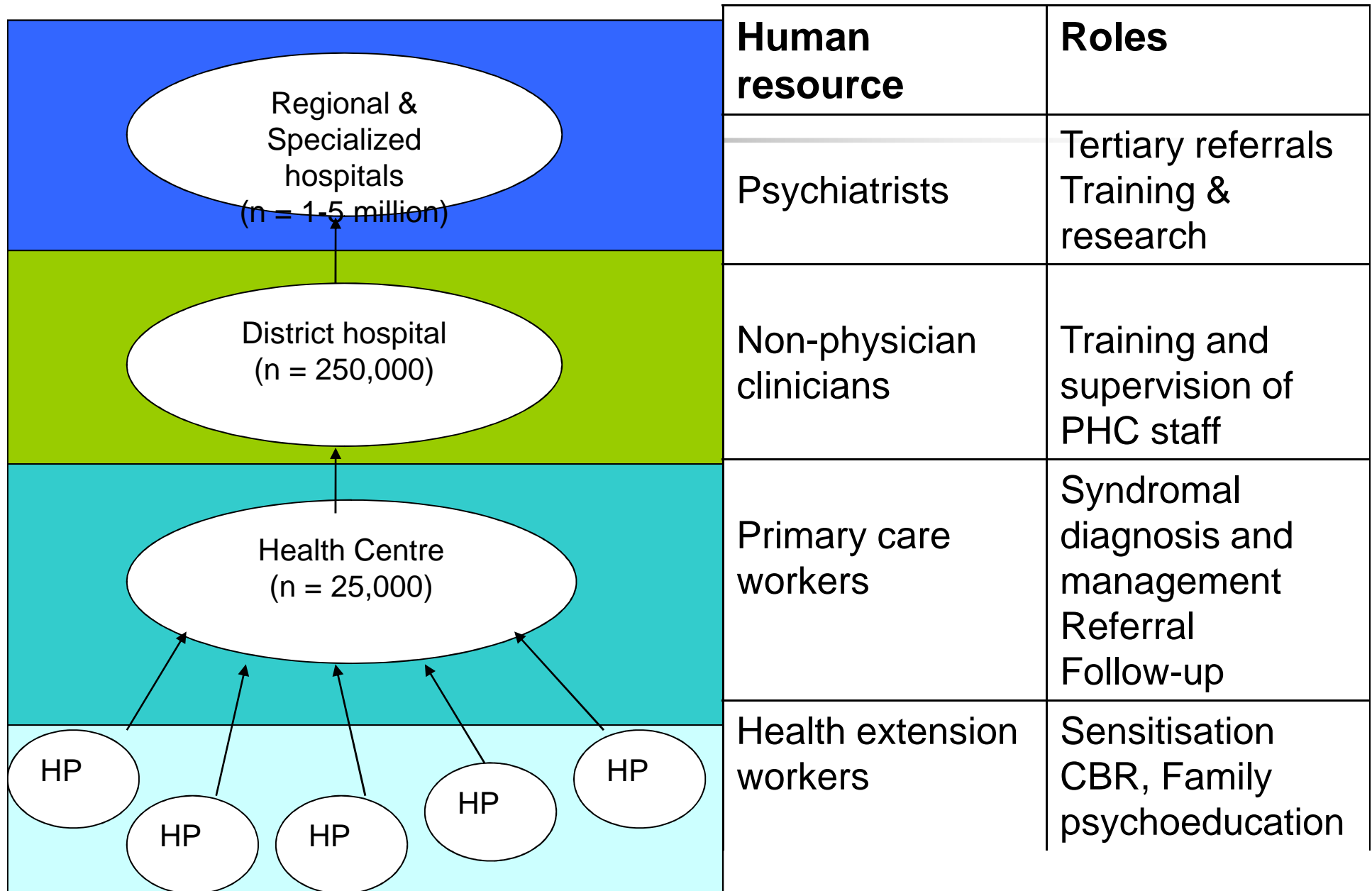


# Success...

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- Popularity
- Similar program opened elsewhere
- Good number of applicants
- Improved services

# How does it fit into the health system?



# Right time?

- Focus on: depression, psychosis, epilepsy, dementia, child and adolescent disorders, alcohol use, suicide
- Development of evidence-based practice guidelines for non-specialists in LAMIC
- Implementation
- Evaluation

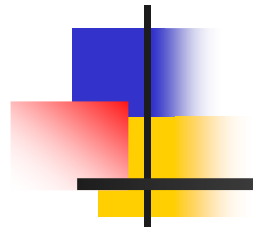




## Way forward...

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- Task shifting
- Training of PHC staff in identifying and managing common psychiatric disorders needs to be expanded to other regions.
- Improving psychiatric training within the curricula for mainstream health workers e.g. medical doctors



Thank you

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