

## SETTING UP A MENTAL HEALTH CLINIC IN THE HEART OF RURAL AFRICA

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### SUMMARY

**Introduction:** The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948). In Africa, mental health issues often come last on the list of priorities for policy-makers & people's attitudes towards mental illness are strongly influenced by traditional beliefs in supernatural causes/remedies. The massive burden attributed to mental illness in these communities, poses a huge moral, cultural/economic challenge and requires a concerted and integrated approach involving policy makers, mental health Practitioners, the general public, service users and their families and other stake holders to reverse the trend.

#### Project Objectives:

- Improving community awareness of mental illness.
- Change the negative perception of mental illness by the community.
- Providing a screening/referral pathway for mental illnesses.
- Providing supervision of patient care.

**Potential Results:** Promote community participation on issues regarding mental health with a view to challenge existing traditional attitudes and beliefs, reduce stigma and promote health seeking behaviour.

**Key words:** Africa - mental health

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### BACKGROUND

The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 1948).

In Africa, mental health issues often come last on the list of priorities for policy-makers (Desjarlais 1995).

To compound the problem, in most parts of the continent, people's attitudes towards mental illness are still strongly influenced by traditional beliefs in supernatural causes and remedies (Makanjuola 1987).

This belief system often leads to unhelpful or health-damaging responses to mental illness, to stigmatization of mentally ill persons and those who attempt suicide, and to reluctance or delay in seeking appropriate care for these problems (Gureje 1996) (Figure 1).

As a consequence, people with mental illnesses in this part of the world are abandoned by governments, forgotten by the aid community, neglected and abused by entire societies. They are resigned to the dark corners of churches, chained to rusted hospital beds, locked away to live behind the bars of filthy prisons (Hammond 2013).

The massive burden attributed to mental illness in these communities, poses a huge moral, cultural and economic challenge and will require a concerted and integrated approach involving policy makers, mental health Practitioners, the general public, service users and their families and other stake holders to reverse the trend.

This project is intended to lessen this burden on the communities.

### PROJECT MISSION

The purpose of the project is to change for the better the lives of people in a rural community in the heart of Africa by improving their mental health.

This mission will be achieved through the following objectives:

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#### Scope of the Project

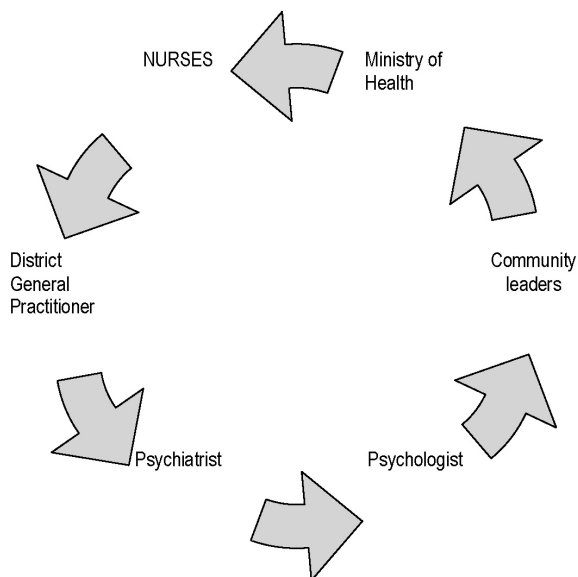
The project will involve soliciting for funding from Aid agencies, non governmental organisations, pharmaceutical companies etc. It will involve visiting the site, holding meetings with stake holders, recruitment and training of mental health nurses. We will rent an office to be utilized for the project. We will use of Posters, hand outs, radio and television messages to promote awareness and ensure good record keeping for audit purposes.



**Figure 1.** Chained Mental Health Patient (Hill & Jaffa 2008)

### Skill Mix

We intend to carry out extensive talent mapping to ensure that we get the right skill mix for the project. Emphasis will be placed on recruiting talented, innovative and hard working staff. We will recruit people who are familiar with the local culture, who are passionate about the project and respected by the communities (Figure 2).



**Figure 2.** Local skills related to each other

The objective will be to create a team as defined by Cohen and Bailey (1997): a team is “a collection of individuals who are interdependent in their task, who share responsibility for the outcomes, who see themselves and who are seen by others as an intact social entity em-

bedded in one or more social systems and who manage their relationship across organisational boundaries.”

### SWOT analysis

In order to understand the impact of this change, one needs to carry out a change analysis. After an overarching consultation with the stake holders, we carried out a SWOT analysis, to reveal the strengths, weaknesses, threats and opportunities of the project as displayed in the table 1.

### Force Field Analysis

A further exploration was carried out using the Force Filed analysis after a wide range of scooping with the stake holders as shown in the figure 3.

### Change Management

We are aware of the importance of change management and will ensure that it gets the emphasis it deserves.

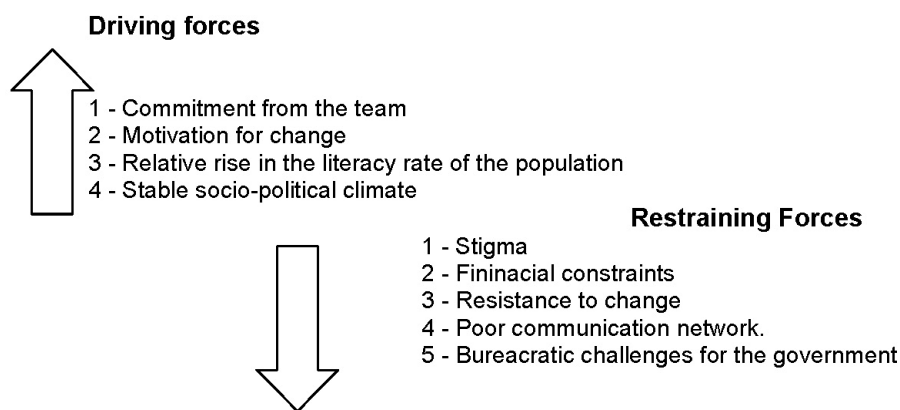
Successful management of change is crucial to any organization in order to survive and succeed in the present highly competitive and continuously evolving business environment (Iles 2009).

To underscore the importance of change management, practitioners and academics have considered the management of change in organisations ever since management emerged as a discipline, at the beginning of the twentieth century (Todnem By 2005).

Cameron and Green (2012) in their book *Making Sense of Change* “argue that individual change is at the heart of everything that is achieved in an organization, that once individuals have the motivation to do something differently, the whole world can begin to change.

**Table 1.** SWOT Analysis

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>▪ Use of standardized Psychiatric screening tools</li> <li>▪ Staff familiarity with the “rough terrain” of Africa</li> <li>▪ Dedicated and committed staff</li> <li>▪ Access via smart phones/internet</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>▪ Lack of any prior mental health experience by nurses.</li> <li>▪ Supervising the project from UK.</li> <li>▪ Financial constraints</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>▪ This project is unique and if successful can be replicated in other communities.</li> <li>▪ Employment opportunities.</li> <li>▪ Increase awareness about mental illness.</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>▪ Lack of community participation</li> <li>▪ Lack of support from local authority</li> <li>▪ Financial constraints</li> <li>▪ Socio-cultural constraints</li> <li>▪ Backlash from traditional and faith healers who earn a living from “Treating” Mental illness.</li> </ul>



**Figure 3.** Force Field Analysis

**Table 3.** Budget

Posters/ hand outs/ Radio and Television	£5000
Recruitment /interview of Nurse	£7000
Office stationeries	£500
Motorbikes for nurses	£600
Annual Salary for staff in the first year	£7200
Miscellaneous	£3000
Total annual expenditure	23,300

**Leadership**

Gill (2010) argues that, while change must be well managed, it also requires effective leadership to be successfully introduced and sustained

We intend to provide a quality of leadership will be beyond the vision of the project. Jean Lipman-Blumen (2002) says that vision is no longer the answer. She encourages leaders to search for meaning and make connections, rather than build one vision.

On a similar note, Heifetz and Laurie (1997) argue that in order to match the needs of 21st century organizations, senior executives should alter their approach. They say that leadership is about challenging people, taking them out of their comfort zones, letting people feel external pressures and exposing conflict.

Still on leadership, William Bridges (1991) has very clear ideas about what leaders need to do to make change

work. Bridges says that what often stops people from making new beginnings in a change process is that they have not yet let go of the past. He sees the leader as the person who helps to manage that transition.

**Budget**

See table 3.

**Challenges**

We would expect some degree of resistance to change as we implement this project.

Nevertheless we will be mindful of this advice by Waddel and Sohal (1998) that resistance may indeed be useful and is not to be simply discounted.

**POTENTIAL OUTCOME**

It is envisaged that this project will increase awareness of mental illness in the community.

We intend to promote community participation on issues regarding mental health with a view to challenge existing traditional attitudes and beliefs, reduce stigma and promote health seeking behaviour.

It is also anticipated that in providing a screening service and referral pathway, patients will benefit from a timely intervention. This will improve their prognosis and facilitate rehabilitation into the community.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

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