



Republic of Botswana

National Policy on Mental Health

Ministry of Health, Gaborone
July 2003



NATIONAL POLICY ON MENTAL HEALTH

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FOREWORD

The Botswana National Policy on Mental Health is produced in line with the provision of the long term Vision 2016 of Botswana and the philosophy of the Botswana National Health Policy. That is, to ensure access to good quality and essential health care by all citizens of Botswana, and to assure an equitable distribution and utilization of resources and services.

Mental health is an integral part of health. The magnitude and burden of mental, neurological and psychosocial problems in this region has been a cause of great concern to the World Health Organisation member states of the Southern African Region. This concern has come about through the growing realization of the widespread health, social and economic problems and suffering that these disorders bring about to the individual, the family and the community, and their implications for socio-economic development.

The National Policy on Mental Health provides a framework for the incorporation of the objectives of the mental health programme into the existing general health care services. This is to be implemented through the primary health care strategy and Ministry of Health Corporate Plan that aims at ensuring an improved health status of the nation, quality service, system efficiency and customer satisfaction.

This Policy recognises the role played by all health workers in the mental health sector but identifies trained mental health workers as pivotal towards its successful implementation. It requires the commitment of all stakeholders if it is to succeed in its aims. The stakeholders being the clients, their families, other government departments, private sector, non governmental organizations, religious organizations and the community at large.

The Policy provides the basis for the increase of resources to expand and improve current mental health services and facilities.



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BOTSWANA NATIONAL POLICY ON MENTAL HEALTH

1.0 INTRODUCTION

- 1.1 Mental health is an integral part of health. Every individual has a right to mental health, which can be described as a positive state of mental well-being in which the individuals feel basically satisfied with themselves, their roles in life and their relationships with others. Mental Health Services totally subscribe to the goal “Health For All in the 21st Century”. Individuals are more useful to others and themselves if they are in good mental health.
- 1.2 The Separatist or Vertical model of mental health care has often led to discrimination whereby the various needs of those with mental health problems and mental disorders were seen as the responsibility of mental health services and trained mental health professionals only. In some instances, those who have used mental health services have been excluded from eligibility for mainstream services. Often the discrimination is subtle with them being given low priority or their specific needs not being recognized, thus denying them their human dignity and rights.
- 1.3 This policy will therefore be used to improve the provision and delivery of comprehensive mental health services. It will be used in conjunction with any other existing policies that relate to mental health issues and services for the mentally ill in Botswana. This Policy document has been developed in line with the Philosophy of the National Health Policy in addition to the policy statements in the National Development Plan and other documents on the subject of mental health.
- 1.4 The magnitude and burden of mental, neurological and psychosocial problems in this region has been a cause of great concern to WHO member states of the Southern African Region. This concern has come about through the growing realization of the widespread health, social and economic problems and suffering that these disorders bring about to the individual, the family and the community, and their implications for socio-economic development.

- 1.5 Mental, behavioural and social health problems add to the health burden in all parts of the globe. The World Health Reports (1996 and 2001) quote the World Bank as ranking mental health problems *in general* as the fifth leading cause of lost years of quality life (*QOL*), and depressive disorders *in particular* as the fourth leading cause of *disease burden*, calculated in Disability Adjusted Life Years (DALYs). It is projected that by 2020 depression will be one of the three leading causes of the global disease burden. The 1998 World Health Report indicates that the global burden of disease attributable to mental and neurological disorders and substance abuse is 11.5% and this is expected to rise to 15% by 2020. This figure excludes the 1.6% of the burden due to attempted and completed suicide. The 2001 World Health Report puts the global burden of behavioural and social health problems at 12%. Further, surveys in the Southern African region have shown that 20% of all those who attend general outpatient clinics do so for mental health problems that often go unrecognised.
- 1.6 Moreover, in this region there are problems of adjustment to rapid urbanization and socio-economic development with resultant overcrowding, urban slums, loss of extended family system *support*, social isolation, unemployment, and school failure. These give rise to stresses which manifest in high rates of alcohol and drug abuse, violence and serious crime, suicide and attempted suicide, teenage pregnancies and baby dumping, teenage law breaking and street children. Mental health challenges occur as people move through the different stages of the life span from childhood, through the teenage years, to adulthood and old age. Studies of psychiatric disorder have also identified gender differences in various regions. In addition, this Region has very high prevalence of organic causative factors that result in epilepsy, mental retardation and confusional states. The HIV/AIDS pandemic is already exacting a heavy toll on mental health.
- 1.7 Botswana *is faced* with many of the mental health challenges of the African region. It is estimated that at least 3.7% (1% with severe mental illness and 2.7% with moderate mental illness) of the population is affected by mental ill health and psychosocial problems and there are indications that this percentage will increase. In an effort to *decentralise and* integrate mental health services into general health services, mental health services have spread to all district and primary hospitals in the country. However stigma is still a major barrier to access to these services.
- 1.8 In response to these challenges, Botswana has made significant strides in laying the necessary foundation for developing a comprehensive Mental Health Service in the context of Primary Health Care. The emphasis of the service is on prevention of mental ill health and substance abuse, promotion of good mental health and on the treatment and rehabilitation of the mentally ill through a community based mental health programme.

2.0 BASES AND PRINCIPLES FOR A NATIONAL POLICY ON MENTAL HEALTH

- 2.1 Health is one of the nation's most valuable assets. Mental health is an integral part of health. It is for this reason that the government has accepted and adopted the principle of universal access to basic health care, which includes mental health care for everyone in the community. However, the lack of a comprehensive policy to guide mental health provision has tended to frustrate the implementation of this principle.
- 2.2 Mental health service needs exist in every part of the country, and are multi faceted. However service provision has tended to lag behind these needs. A comprehensive national policy on mental health is therefore required to provide vision, scope and direction; to articulate national aspirations; to guide the various role players; to mobilize resources; to coordinate national mental health activities by government departments and non-governmental organizations (NGOs), and to give impetus to further service development.
- 2.3 People with mental disorders have potential for personal growth and the right to opportunities that support this growth. Mental health problems and mental disorders are not insurmountable barriers to individuals leading fulfilling and productive lives. The policy shall allow for this potential to be realized and will provide a framework for addressing these challenges.
- 2.4 Stigma reduction - People with mental disorders, their families and their caregivers, experience substantial stigma. This stigma is undesirable, unjustified and leads to distress. It also discourages people with mental illness from seeking help early, and has lead to isolation in the community, as well as to discrimination and problems of access to services e.g. education, employment, and access to insurance.
- 2.5 Positive customer care outcomes depend on well-trained health personnel and strong support from caregivers and advocacy groups. Mental health services should ensure that all care providers agencies receive appropriate training and support, and that they are motivated and committed to their work.
- 2.6 Mental disorders can result in behaviours that place the individual and others in the community at risk of harm. The community and the individual have a justifiable expectation that they be protected. In Instances where harm to individuals or damage to property has occurred, following rehabilitation of the client and/or discharge from hospital into the community, reconciliation between the client and the victim will be promoted to facilitate future acceptance of the client by the community.
- 2.7 The community should positively contribute to the treatment and rehabilitation of the patients in order to minimize this harm.

- 2.8 People with mental health problems are particularly vulnerable to infringement of their civil and human rights and to discrimination. Reduction of negative discrimination and promotion of supportive programmes such as sheltered employment leads to better outcomes. Every person with a mental disorder should have the same civil, economic, social and cultural rights as every one in the community. The National Policy on Mental Health seeks to establish a framework for the protection of these rights and civil liberties as set out in the Constitution of Botswana, Botswana Mental Health Act, and the Botswana National Health Policy. It also seeks to encourage the development of high quality and uniform national standards of care for mental health services, and systems for assessing whether or not services are meeting these standards.

3. AIM OF THE NATIONAL POLICY ON MENTAL HEALTH

The aim of this policy is to provide access to services, which will enable every individual to have the benefit of good mental health and therefore be able to make optimal contribution to personal, community and national development.

4. OBJECTIVES OF THE NATIONAL POLICY ON MENTAL HEALTH

The overall objective of this policy is to ensure the development of a comprehensive community based mental health service that is an integral part of the general health service of Botswana and that has as its stakeholders the clients, their families, health workers, other government departments, private sector, non governmental organizations, religious organizations and the community at large.

5. SPECIFIC OBJECTIVES

The specific objectives are to: -

- 5.1 Achieve decentralisation and integration of mental health services into general health services by providing equitable access to mental health care in primary care facilities and the rest of the referral system.
- 5.2 Improve the quality of mental health services through responsive and appropriate legislation, investment in services provided and equitable allocation of resources.
- 5.3 Provide a framework for the periodic review of legislation in line with local, regional and international trends in good mental health practices.
- 5.4 Define the roles and responsibilities of service users and providers in the

prevention, promotion and treatment of mental illness and substance abuse.

- 5.5 Advocate for the basic needs and human rights of mentally ill individuals, as a vulnerable group in society.
- 5.6 Reduce the stigma attached to mental illness and people with mental disorder, their caregivers and the community. This stigma results in powerlessness, isolation, vulnerability and unemployment.
- 5.7 Ensure adequate training in mental health for all health personnel of all cadres and other non-health professionals.
- 5.8 Provide adequate information on mental health to the clients, their families and the community at large.
- 5.9 Promote the development of community based rehabilitation services in mental health so as to take mental health services closer to individuals, *their* families, communities and socio-cultural networks.
- 5.10 Promote co-ordination of national efforts in mental health from all sectors of the country.
- 5.11 Strengthen co-operation with other service providers both national and international.
- 5.12 Promote research and development of local materials and appropriate technologies.
- 5.13 Ensure the development of mechanisms for continuous monitoring and evaluation.

6.0 STRATEGIES FOR THE IMPLEMENTATION OF THE NATIONAL POLICY ON MENTAL HEALTH

6.1 NATIONAL MENTAL HEALTH SERVICES MANAGEMENT AND COORDINATION

Objective:

To maintain a sustainable National Mental Health service at all levels of the health care system, other sectors, both government and non-governmental and the community.

The Ministry of Health, which has the overall portfolio responsibility to provide leadership to the country on health care matters, shall promote a high level of awareness on mental health issues among policy makers, and shall ensure that there is the necessary support for the provision of services and resources as needed for people with mental health problems and for the promotion of good mental health.

The Ministry of Health shall ensure effective coordination of mental health services at National and District level in order to provide comprehensive mental health services that will allow for continuity of care by both the community and health care professionals. This will reduce unnecessary hospital admissions through follow up support by health facilities, community and home based services.

The Ministry of Health shall ensure the involvement of all stakeholders in the provision of comprehensive mental health services, which shall include the following:

- 1) Decentralized and integrated community based mental health services that will be in line with the principles of primary health care.
- 2) Hospital based mental health services which will ensure an environment that will provide adequate care and safety for patients and staff and protection of the human rights of all patients.
- 3) Appropriate private and NGO managed mental health services.
- 4) Provision of mental health services to special services such as the armed forces, other disciplined forces and those in conflict situations.
- 5) Provision of appropriate mental health personnel for all its facilities through training and recruitment.

- 6) Strengthening existing coordination mechanisms within the health sector (i.e. Mental Health Coordinating Group, National Health Promotion Committee, Primary Health Care Coordinating Committee and District Health Services Coordinating Committees).
- 7) Supporting the establishment of a broad range of community based rehabilitation services.
- 8) Provision of essential drugs for the treatment and management of mental and behavioural disorders.
- 9) Encouraging linkages and intersectoral collaboration between mental health services, departments in other sectors and various community agencies so that social service support is mobilised on behalf of patients, and to ensure that patients benefit from other mainstream government programmes.

6.2 MENTAL HEALTH PROMOTION

Objective:

To improve the mental health of the population, prevent mental disorders and other mental health problems in the community.

The Mental Health Programme shall ensure the development and implementation of culturally appropriate mental health promotion activities in line with the needs of the people. These activities shall be aimed at:

- 1) Improving mental health, reducing stigma and reducing the incidence of mental health problems in the community.
- 2) Advocating for the human and constitutional rights of those with mental illness.
- 3) Raising public awareness to overcome stigma and discrimination towards people suffering from mental and behavioural disorders.
- 4) Strengthening school health programmes to include a mental health component.
- 5) Empowering voluntary and community agencies with mental health knowledge to strengthen community participation in mental health issues and to encourage a positive attitude towards mental health.
- 6) Providing effective education and information in mental health to the general public through various electronic and print media such as the radio, T.V., posters, brochures, pamphlets, health education talks, drama, poems and health campaigns.

- 7) Reducing the incidence of suicide and attempted suicide through the initiation of suicide prevention programmes in schools and the community.
- 8) Improving the awareness of the youth on mental health issues by strengthening Peer Approach to Counselling by Teens (PACT) to include a mental health component.
- 9) Providing adequate and relevant in-service training in mental health to all health care personnel and other non health professionals as appropriate by formal training, seminars, workshops and exchange programmes nationally, regionally and internationally.

6.3 SUBSTANCE ABUSE PREVENTION

Objective:

To strengthen activities aimed at substance abuse reduction with the aim of improving the quality of life of individuals, families and communities.

The Ministry of Health shall ensure that substance abuse prevention, treatment and rehabilitation is given sufficient priority through:

- 1) The development of substance abuse prevention strategies in line with the Botswana National Drug Control Coordinating Council (BNDCCC) Master plan.
- 2) Networking with community organisations involved in substance abuse prevention activities.
- 3) Provision of targeted public education on the consequences of substance abuse to empower individuals to make healthy life choices.
- 4) Supporting and enforcing legislation aimed at controlling advertising, sale and consumption of alcohol and other drugs, as well as measures against the illicit supply, production and use of harmful substances.
- 5) The implementation of prevention of substance use and abuse reduction programmes that are culturally appropriate and are aimed at specific target groups.
- 6) Development of effective programmes for the treatment and rehabilitation of persons with substance abuse related problems and their families.

6.4 PERFORMANCE IMPROVEMENT

Objective:

To ensure the effectiveness and efficiency of existing mental health services.

- 1) The Ministry of Health shall ensure the decentralization and integration of Mental Health Services within the general health care system such that all health care providers will be provided with appropriate mental health care skills. The Ministry will also foster effective collaboration with other sectors, non-governmental organisations, voluntary and community based organisations.
- 2) The Ministry of Health shall ensure the incorporation of a mental health component into the training of all health personnel in the country.
- 3) The Ministry of Health shall ensure the strengthening of the national referral system, linkages and communication among health workers and between facilities to improve the quality of mental health service delivery.
- 4) The Ministry of Health shall collaborate with United Nations agencies particularly the World Health Organisation and other agencies with expertise in mental health for the improvement of mental health services in the country.

6.5 SERVICES FOR VULNERABLE GROUPS AND SPECIAL POPULATIONS

Vulnerable groups have special mental health needs. These include children and adolescents, orphans, women, abused spouses or partners, the elderly, the underprivileged, refugees and prisoners.

Objective:

To provide mental health services relevant to the needs of special or vulnerable groups.

- 1) The Ministry of Health shall encourage the involvement of all stakeholders in the creation of appropriate services to support vulnerable persons, groups with special needs in the community and at primary and secondary care levels.
- 2) The Ministry of Health shall encourage the inclusion in relevant programmes for children and adolescents of a mental health component with the aim of addressing mental disability issues in these age groups.

- 3) The Mental Health Programme shall encourage the development of community-based social, health and educational programmes that make adequate provision for the mental health needs of special or vulnerable groups. These services shall include:
- a) Promoting the establishment of programmes for the care and support of at risk individuals especially those with mental health and substance abuse problems.
 - b) Encouraging the formation of support groups for discharged patients.
 - c) Providing technical support to youth services offered by schools and youth centres and other community based organisations.
 - d) Sensitising the public on human rights and mental health and supporting groups engaged in advocacy for improving mental health and protection of the rights of affected individuals. The interests of the mentally ill victim should be taken into account when evidence is given.
 - e) Counselling services for victims of serious crime

6.6 EVIDENCE BASED MENTAL HEALTH SERVICES AND RESEARCH

Progress in achieving better consumer outcomes in mental health depends on the availability of adequate research into causes of mental disorders and evaluation of the effectiveness of various service interventions

Objective:

To promote and support basic and operational mental health research and its application in prevention and intervention programmes.

The Mental Health Programme shall encourage:

- 1) The strengthening of research activities in all areas of mental health to inform service planning; evaluate treatment outcomes and the impact of awareness creation and orientation programmes, to guide reform activities in mental health, in collaboration with the Health Research Unit of the Ministry of Health.
- 2) The regular and consistent collection of gender disaggregated mental health statistics across the country to create a database for mental health planning, decision-making and monitoring and evaluation of service quality in collaboration with the Health Statistics Unit.
- 3) The collection and utilisation of epidemiological data for assessing the burden of mental and behavioural disorders, substance abuse, setting priorities within

mental health and substance abuse prevention programmes as well as for the design and evaluation of mental health interventions, in collaboration with the Epidemiology and Disease Control Unit and other agencies.

- 4) The adherence by all researchers in the mental health area, to good practices in research and the conduct of ethical research as set out in guidelines issued by the National Health Research and Development Committee paying particular attention to issues of obtaining valid or informed consent in patients with mental illness.

6.7 HIV/AIDS

The presence of major diseases affects the mental health of individuals and families. The mental health consequences of HIV/AIDS include psychosocial stress, feelings of sadness and depression as a result of reaction to discrimination and stigma, stress associated with the premature death of family members, broken families, being orphaned and the psychiatric manifestations of HIV/AIDS.

Objective:

To promote mental health amongst those infected and affected by HIV/AIDS.

- 1) The Ministry of Health shall ensure the inclusion of a mental health component in existing programmes dealing with HIV/AIDS.
- 2) The Mental Health Programme shall encourage the strengthening of psychosocial support services at community level for people living with HIV/AIDS, their caregivers, dependants and orphans.

6.8 LEGISLATION

Legislation is essential for ensuring sustained action, so that standards of care are adhered to, for the protection of rights of those with mental disorders and for balancing these rights with the community's legitimate expectation that it be protected from harm. The legislation should reflect modern developments in mental health and Botswana's obligations under international law and human rights.

Objective:

To ensure the review and enactment of legislation necessary for the protection of the dignity and human rights of people suffering from mental illness and provision of quality services.

- 1) The Ministry of Health shall advocate for mental health legislation that is consistent with assuring the rights and protection of people with mental disorders and adequate treatment and care of involuntary and voluntary patients.
- 2) The Ministry of Health shall ensure that legislation in all statutes dealing with mental health is consistent with the principles set out in the National Policy on Mental Health.

8. MONITORING AND EVALUATION

Objective:

To develop a mental health monitoring and evaluation framework that will provide measures of service provision and continuous monitoring and evaluation of mental health activities and the mental health of communities at all levels of the health care system and in the community.

- 1) The Ministry of Health shall ensure the inclusion of mental health indicators in health information and reporting systems, *which* will be used to determine trends in mental health.
- 2) The Mental Health Programme shall, as a central component of mental health service delivery, continuously monitor and evaluate mental health services to assess the impact and effectiveness of mental health prevention and treatment programmes, including services to high-risk groups, and to measure performance against set objectives and priorities.
- 3) The Mental Health Programme shall carry out regular reviews of the Mental Health Programme Strategic Plan that will provide the institutional framework for implementation of this policy.

9. *ROLES*

The roles and responsibilities of service users and providers in the prevention, promotion and treatment of mental illness and substance abuse:

1. Service users, their families and the community to facilitate early identification of symptoms of mental illness, referral and aftercare.
2. Government, Legislators and Policy Makers to provide political will, resources and formulate policies.
3. Ministry of Health to ensure the efficient and effective coordination of the programme at all levels of the health care system and to develop the relevant structures necessary for guiding the implementation such as the Mental Health Board, Mental Health Coordinating Group and the Mental Health Technical Committee.
4. Ministry of Local Government to ensure that Mental Health services are integrated into primary health care and all the activities of the District Health Teams and other relevant council departments and that there is equitable distribution and maximum utilisation of trained mental health personnel in the districts.
5. Health Workers to provide comprehensive mental health care that will include the prevention of mental illness, promotion of mental health, identification and management of those affected, and follow up in the community.
6. Non-Governmental Organisations and Home Based Care committees to strengthen community based rehabilitation and encourage family support groups
7. Police to support health services and respond to psychiatric emergencies in the community and refer as necessary.
8. Administration of Justice to be sensitive to mental health issues when dealing with offenders.
9. Ministry of Education to ensure the identification of children with emotional and mental health problems in schools and referral to appropriate services as necessary.
10. Information and Broadcasting to support the dissemination of mental health information and campaigns to reduce stigma.

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