



Read-out from CSSP's Learning Seminar: The Hidden Disease 'There is no Health without Mental Health!'

Introduction

On July 19-20th 2017, over 80 representatives from government including universities and hospitals, civil society and people affected by mental ill health came together in Dire Dawa to debate learning from five CSSP CSOs working on the issue. Specialists came from Federal Ministry of Health and Jimma University, Amanuel Mental Health Hospital, Addis Ababa University and St Paul's Hospital College. The seminar was the first of its kind to bring together such diverse stakeholders. A serious non-communicable disease (for example, affecting one in three persons in Dire Dawa), mental ill health is putting pressure on the government to reconsider its prevention health policy. This note provides an overview of the debates, tentative conclusions and proposed actions.

Inputs to the seminar*

- Experience from: Positive Action for Development (PAD) and Dire Dawa Mental Health Association (MHA) and Alliance of Civil Society Organizations of Tigray (ACSOT), Operation Rescue Ethiopia (ORE), *Tebegesso* Social Support Association (TSSA), Relief Society of Tigray (REST) and The Special Educational Needs in Tigray (SENTigrai), and Mekedonia and Forum for Social Studies (FSS).
- Case studies from: interventions by PAD and Dire Dawa City Health Bureau by Kelklachew Ali, CSSP Results Review team; responses to people with special learning needs by REST; effect of volunteer social support on recovery processes in Mekelle by TSSA and rehabilitation by Mekelle University;
- Testimonies from individuals recovering from mental ill health and engaging in income generating business (Tigray and Dire Dawa); and
- Video screening and photo gallery (CSO work)

"The government recognizes addiction, stress and depression lead to mental illness. Those people already suffering need immediate and urgent intervention. We understand government alone cannot address the problem. But the overall challenges can be progressively addressed together with CSOs and communities. Particularly, the role of CSOs is huge. Efforts made to address the challenge are considered as part of poverty reduction."

Senior Government official from Tigray Regional State

Key findings

- Mental ill-health is largely misunderstood, associated with witchcraft, curses or evil spirits. Remedy is usually sought within the spiritual realm rather than as a disease that can be treated and cured. This has led to neglect, stigma and discrimination. It affects 11% of the total population in Ethiopia, higher in some places than others.
- People with mental illness are viewed by others as burdens, insane, dangerous or useless, not as potentially productive citizens. Changing the attitude of communities is essential.
- There are over 100 types of mental illness and several hypotheses as to the cause - genetic and biological factors, psychological trauma, *khat* addiction, and other environmental conditions. Autism is a developmental disorder which can lead to mental ill health.
- In Dire Dawa additional factors appear to have increased prevalence: stress caused by the closure of the textile factory and rail station leading to high job loss; elimination of contraband trade as the mainstay of livelihoods for thousands of families without alternatives; and in-migration of people with mental illness to the city.
- Intervention is complex and expensive, requiring a system of knowledge management and sustained effort. A high proportion of people with mental ill health live in poverty.
- Civil society provides various support: income generating schemes, voluntary services, rehabilitation centres, and integration of the rehabilitated people to their families; but mental ill health has, to date, received little government policy attention either through the lead Health Ministry or through related sectors of education, social affairs, and women and child affairs. Budget allocation, human resources, drugs and equipment supply are all needed.
- Recently Federal Government has developed a national strategy for mental health and begun to expand its scope through the new strategy being formulated for the coming five to eight years.

Key debates and conclusions

Knowledge around mental ill-health is very limited. Mental ill-health has different categories and types each in need of deep scientific research to better understand the cause. The view that *Khat* consumption can be the cause of mental illness has so far no scientific validity. However, there is a consensus that *Khat* abuse may contribute to or perpetuate mental illness whatever the cause may be. *Khat* abuse does appear to lead to loss of economic assets/income, and as a gateway to other drugs. Misunderstanding about mental illness inhibits people affected (and their families) from seeking appropriate medication at health centres and other institutions.

Mental ill-health is not only a clinical (medical) matter. It has psychological, social and economic dimensions. The need for a multi-disciplinary approach to address the problem has gained support of the participants. This multi-disciplinary approach, as experienced by CSO interventions, includes creating extensive public awareness on the matter to address stigma; ensuring accessible health facilities and medication; providing psychosocial services; and providing economic opportunities/decent jobs.

The conclusion from a recent qualitative study: Health System governance to support scale up of mental health care in Ethiopia (June 2017)

“To support scale up of mental health care in Ethiopia, there is a critical need to strengthen leadership and coordination at national and regional zonal and district levels, expand indicators for routine monitoring of mental health care, promote service user involvement and address widespread stigma and low mental health awareness.”

Key lessons for the future

The two-day learning seminar offered important lessons for the participants. The major ones are:

- **Need for further research on the link between *khat* and Mental Health.** Mental ill-health is an increasingly widespread health problem affecting millions of people in Ethiopia. Stimulant drugs including *khat* contribute to the problem. Regulating and discouraging the use of these drugs will have positive impact in reducing mental illness.
- **Government attention required to reach people with mental health services (that lag behind other services).** It is estimated that less than 10% of people with mental ill health access to medical services. These patients are usually better off with the majority of people suffering from neglect, stigma and discrimination. In the worst case, they are chased from home, left unattended in towns and cities, and exposed to threats such as rape. Yet, as emphasised by one government official, these are simply citizens with health problems who have a right to get treatment and protection by the government, CSOs and communities.
- **It is time to ensure coordination of actors and actions to address overlooked issues – and the need for research.** Only Amanuel (specialized) Hospital is known across the country for providing treatment for mentally ill people. However, other hospitals and health centres in Addis Ababa, Dire Dawa, Jimma, Gonder, Mekelle and more others have introduced units dedicated to mental health services for these people. Universities have also begun to do research and other interventions to alleviate the problem. Unfortunately, little is known about their services. The seminar has brought to light the need for coordination and cooperation among these health and academic institutions and CSOs to better address the problem.
- **Mental ill-health is preventable – but needs systems to ensure early treatment.** Mental ill-health usually evolves gradually before it becomes a severe health problem. Early treatment is possible, and this is usually considered part of the prevention intervention. For instance, it is possible to develop the reading habits of people at early age to treat the rational part of the brain as part of prevention. Such preventive interventions are cost effective compared to medical treatment required once the illness is severe. Other lower cost prevention interventions can be made by learning from experience.

Key lessons for the future (cont'd)

- The right approaches needed to address challenging health problems.** Mental ill-health treatment requires a lengthy period of time. The seminar introduced the three core processes that must draw attention of all stakeholders: a) medical treatment by specialized medical personnel at hospitals and health centres; b) the psychosocial services at rehabilitation centres to make sure that the recovery process is done well and to the expectation; and c) reintegration with families and care givers after providing the necessary orientation and training to the latter to make sure that relapse is avoided.
- Government needs to lead on coordinating efforts of civil society to address gaps in health service delivery.** Because of the seriousness and increasing number of people with mental ill-health problems, the government must take the lead to address this aspect of the health. This does not mean that government alone can solve all mental ill-health problems. The roles and active involvement of civil society at national and local levels, including religious and traditional leaders and individuals, are immense. The government can lead the way by coordinating all actors.
- Government needs evidence-based learning as input to strategy development.** The Federal Ministry of Health developed a five-year national mental health strategy in 2012. Little is known about the strategy at regional states and lower health structures. The second five-year strategy is being drafted as the learning seminar is held. The seminar has provided important inputs (as noted by representative of the Ministry) for the draft strategy and also paved the way to connect important stakeholders for further consultation.



Bringing from the street to be productive and self confident...

Key actions and results proposed – by actor

Many of the participants have noted that the magnitude and severity of mental ill-health problem in Ethiopia is more than they anticipated before the seminar. There is strong consensus that more should be done to reduce the problem. They were able to identify the following action points that can be implemented in the coming 12 months by different actors along with what positive changes, progresses or results they expect to see.

Each actor group was asked to identify what change it could achieve within the next 12 months, and what needed to be done to achieve this. These are summarised here, with a full breakdown of activities on the next page.

Government (incl. academic) actors...

...want to see increased commitment of the government to address mental ill health issues through allocating more budget and human resource, introducing better Mental Health strategy, and coordinating different stakeholders (CSOs, Donors/Development Partners-DPs, Religious and Traditional Institutions, Universities, private actors) for efficient and effective interventions.

Representatives from people affected by mental ill health...

...want to see increased commitment and responsibility to promote mental health interventions and to draw attention of the government and other relevant actors to this issue.

Civil Society Organisations...

...want see increased participation in advocacy and massive awareness creation to draw attention of policy makers and the wider public on the mental ill-health matter.

Development Partners...

...from CSSP want to see much stronger promotion of discussions, cross-country learning and dialogue at higher government levels on this issue – and want to have continued support to ensure sustainability of the interventions.

The table on the final page provides more detailed description of actions that each actor proposes to take. These actions will be monitored through a follow-up process after the end of CSSP.

| What each actor would like to see within 12 months | What each actor plans to do to achieve this |
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| <p>Government (incl. academic) actors want to see increased commitment of the government to address mental ill health issues through allocating more budget and human resource, introducing better mental ill health strategy, and coordinating different stakeholders (CSOs, Donors/Development Partners-DPs, Religious and Traditional Institutions, Universities, private actors) for efficient and effective interventions.</p> | <ul style="list-style-type: none"> • Launch and promote massive awareness creation on the issue including use of government mass media; • Start undertaking comprehensive research and study on mental ill-health led by Federal Ministry of Health; • Improve supply of medicines and health facilities incl. equipment for health institutions providing medications for mental illness; • Establish and/ or expand rehabilitation centres for people that have received medical treatment; • Establish Forums for coordination and periodical discussion of relevant stakeholders (CSOs, Donors/DPs, CBOs, Universities, Religious and Traditional Leaders, Private Actors, etc.) on the mental illness; • Facilitate free health service for people with mental ill-health; and • Priority job opportunity for those who have recovered from their illness. |
| <p>Representatives from Hard to Reach communities with which CSSP has worked want to see increased commitment and responsibility to promote mental ill health to draw attention of the government and other relevant actors.</p> | <ul style="list-style-type: none"> • Help strengthen associations supporting people with mental illness through community mobilization; • Produce more evidence – case points – to provide to key policy and decision makers to help the government to develop good strategy document; • Encourage families of individuals with mental ill-health to provide the necessary care and attention to the victims. |
| <p>Civil Society Organisations want see increased participation in advocacy and massive awareness creation to draw attention of policy makers and the wider public on the mental ill health matter.</p> | <ul style="list-style-type: none"> • Engage in awareness raising activities on mental ill-health using media, public and other fora in their operation areas; • Organize discussion forums at Regional State level to discuss research works on the mental illness with stakeholders; • Implement innovative projects that can be taken and scaled up by the government as best practices; • Mobilize communities and financial resources (including access to Micro Finance Institutes-MFIs for those recovered from the illness) to address the problem; • Follow up, monitor and report on the progress of action points outlined in the learning seminar. |
| <p>Development Partners and CSSP want to have continued support to ensure sustainability of the interventions.</p> | <ul style="list-style-type: none"> • Connect this issue together with four other issues to CSSP for its consideration and continued support. |