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TOWARDS UNDERSTANDING GOVERNANCE ISSUES IN INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE IN UGANDA

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Civil conflicts and other factors such as a high prevalence of HIV/AIDS, poverty, urbanization etc. have aggravated the burden of mental illness in Africa.

In Uganda, the Ministry of Health, with support from WHO and World Vision is implementing the Mental Health Gap Action Programme (mhGAP) in three districts, with the aim of fostering integration of mental health into PHC in the country. This will likely improve patient outcomes, improve adherence to medication, and reduced health care costs.

OBJECTIVES

To identify governance related factors that promote/or hinder integration of mental health into PHC in Uganda.

METHODOLOGY

➤ A qualitative research design was adopted.
➤ A total of 18 Key informant interviews from the national and the district level (Policy maker/program managers, Psychiatrists, Senior nurses, Administrators, Politicians, Health facility managers) were conducted at both levels.
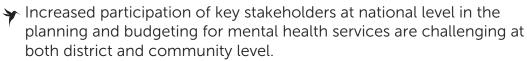➤ Content thematic data analysis was based on the Siddiqi and colleagues governance framework.

FINDINGS

Mental health policies and laws:
➤ Uganda revised mental health law and policy are still in draft form.
➤ At the district level, service delivery follows the national policies.
➤ Power, decision making and resource allocation is still largely centralized.
➤ Mental health is a neglected area with no clear budget line in the district plans.
➤ There are challenges in operationalising local government's plans due to lack of resources, specialists and technical capability.

EMERALD Policy Brief 7 May 2016

Responsiveness and integration

➤ Increased participation of key stakeholders at national level in the planning and budgeting for mental health services are challenging at both district and community level.

➤ Budgets prioritize communicable diseases with high mortality/morbidity rates.

➤ There is limited epidemiological data of mental disorders in the country.

➤ There is low demand and community awareness for mental health services.

➤ At community level, there are poor psychiatric services and psychosocial services are delivered by poorly funded, uncoordinated non-governmental organizations

Effectiveness and efficiency: Human resources, financing, infrastructure, medicines and technologies

➤ Lack of skilled, trained and motivated unstigmatisized manpower.

➤ Need for a well stream-lined health management information system for mental health.

➤ Heavy workloads at the health facilities and a ban on recruitment of health workers due to financial constraints.

➤ Under-resourced infrastructure and frequent stock out of medicines at the district level.

➤ Finances, medicines and technologies constitute a major drawback to the integration of mental health into PHC.

Participation and collaboration

➤ Minimal representation and involvement of service users and lack of multi-sectoral collaboration for mental health has been pointed out.

➤ At district level, there are no reports of service user involvement in planning, supervision and monitoring of mental health services.

Equity and inclusiveness

➤ Free access to health care, but disparity in access to care by location, gender and age.

Ethics, oversight, information and monitoring

➤ These are weaker at the district level due to limited finances, human resources gaps and limited technical capacity:

➤ Not largely implemented accreditation of health workers in practice and research ethics.

➤ Poor and not reliable monitoring and evaluation systems (through the HIMS).

Accountability and transparency

➤ Inadequate monitoring and supervision of health workers at the district level.

➤ Poor coordination and communication between the health workers, health facility managers and the Ministry of Health headquarters.