

Republic of The Gambia
Department of State for Health
& Social Welfare

THE GAMBIA
MENTAL HEALTH
STRATEGIC PLAN
2007-2012

March 2007



Republic of The Gambia

Department of State for Health

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FOREWORD

It is estimated that approximately 27,000 people in the Gambia are suffering from a severe mental and/or substance abuse disorder and that a further 91,000 Gambians have a mild disorder still requiring treatment (World health Survey, 2004) .A local prevalence study in the Gambia, puts prevalence rates higher (at 20%) and leads to estimates of approximately 180,000 people suffering from a mental or substance abuse disorder. Providing effective treatment and support to all these people is challenging, given the scarce health resources in the Gambia and an overall situation of poverty in the country, where 34% of the population live below the poverty line and 18% of the population are extremely poor. However, consultation with many different experts, health professions and key individuals from different government sectors has highlighted the great need, willingness and strategies required to strengthen the overall mental health system in order to provide effective treatment and care to those in need as well as to promote the mental health of all Gambians. In fact it is through this consultation and the work of the drafting committee that enabled the Gambia to develop its mental health policy as well as the current mental health strategic plan. Both these documents should be read side-by side, with the policy providing the key objectives and the overall directions and the strategic plan document outlining the concrete strategies and activities that will be implemented to implement the policy directions.

Thanks also go to WHO-Gambia, WHO-AFRO and WHO Geneva offices, who provided financial and technical assistance for its development. A list of all those who contributed to the development of this plan are attached as an annex 1.

Dr Tamsir Mbowe,
Secretary of State for Health and Social Welfare.

SIGNATURE



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List of Abbreviations

CU	Coordinating Unit
DMO	District Medical Officer
DOSH	Department of State for Health
HW	Health Workers
HWPCCL	Health Workers at Primary and Community Levels
HMIS	Health Management Information System.
NC	National Coordinator
PWMD	People With Mental Disorders
W.H.O	World Health Organization



Glossary

Mental Health Plan: these are a coordinated set of strategies and activities, to implement the policy and improve mental health of the population, and are defined by a timeframe, targets, indicators and a budget

Mental Health: A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.

Mental Disorder: The existence of a clinically recognizable set of symptoms or behavior associated in most cases with distress and with interference with personal functions. Social deviance or conflict alone, without personal dysfunction, should not be included in mental disorder as defined here”



FRAMEWORK FOR MENTAL HEALTH STRATEGIC PLAN

1. Objectives

- i.** To provide equitable access to quality mental health care to all people in the Gambia with mental and substance use disorders including vulnerable populations (i.e., children, women, the aged, migrants and refugees among others).
- ii.** To promote and protect the human rights of people with mental and substance use disorders.
- iii.** To change negative perceptions of the population regarding people with mental disorders and substance abuse through the sensitisation of communities to mental health issues.
- iv.** To provide mental health and substance abuse services which are integrated into the entire health care system and widely available through secondary, primary, and community based services
- v.** To reduce institutionalisation of people with mental and substance abuse disorders.
- vi.** To decentralize authority, resources and services for mental health care, allowing for more participatory decision at the primary health care and community levels, including consumers and family members.



2. Strategies

- **Strategy 1**: To strengthen the national mental health coordinating unit at the Department of State for Health
- **Strategy 2**: To mobilise resources for mental health interventions with a view to providing quality services.
- **Strategy 3**: To review the existing mental health legislation of The Gambia in line with the international human rights standards.
- **Strategy 4**: To raise awareness and reduce negative perceptions about those suffering from mental and substance abuse disorders through the use of advocacy and Information, Education and Communication (IEC) strategies.
- **Strategy 5**: To improve the availability, distribution and use of cost-effective psychotropic medicines.
- **Strategy 6**: To support the strengthening of the health management information system to adequately address mental health issues.
- **Strategy 7**: To strengthen community involvement and participation in mental health care delivery.
- **Strategy 8**: To create 3 in-patient mental health units and outpatient clinics integrated in the general hospitals.
- **Strategy 9**: To improve treatment and human rights conditions in the Campama psychiatric unit until it is closed.
- **Strategy 10**: To recruit and train a sufficient number of health workers at the specialised, community and primary health care levels in order for them to be able to provide appropriate quality mental health care at all levels.
- **Strategy 11**: To train and support traditional healers in mental health.
- **Strategy 12**: To regularly monitor and evaluate the mental health policy and plan.



3. Strategies and related activities

Strategy 1: To strengthen the national mental health coordinating unit at the Department of State for Health and Social Welfare.

RELATED ACTIVITIES

- **Activity 1:** Appoint a person to the post of national mental health coordinator at DOSH.
- **Activity 2:** Put into place the appropriate infrastructure to support the mental health coordinating unit and the operationalisation of the coordinating committee.
- **Activity 3:** Create a multidisciplinary technical advisory committee to implement, monitor and evaluate the policy and plan.
- **Activity 4:** Draft Terms of Reference (TOR) for the technical advisory committee, including frequency of meetings.

TARGETS

- ▶ Appoint a mental health coordinator within six months.
- ▶ Establish a technical advisory committee for mental health services within six months.
- ▶ Make an infrastructure available to support the work of the mental health coordinating unit within one year.

INDICATORS

- ✦ National mental health coordinator appointed.
- ✦ Clearly defined roles and functions of the coordinator available.
- ✦ Technical advisory committee in place and functioning with TOR.
- ✦ Allocation and availability of budget and resources (secretary, computer, internet access).



Strategy 2: To mobilize resources for mental health interventions with a view to providing quality services.

RELATED ACTIVITIES

- **Activity 1:** Secure funding from government and other donors to fund the policy and strategic plan, and open a bank account.
- **Activity 2:** Keep foundations and bi-laterals regularly informed of progress through brief written updates and courtesy visits and meetings.
- **Activity 3:** Prepare at least five grant applications over the next five years.

TARGETS

- ▶ Clearly define and make available an annual budget for mental health (including sources of funding) within one year.

INDICATORS

- ✦ An existing budget for mental health will be available for each year of the plan.



Strategy 3: To review the existing mental health legislation of The Gambia in line with the international human rights standards.

RELATED ACTIVITIES

- **Activity 1**: Conduct an analysis of the strengths and weaknesses of the existing mental health legislation.
- **Activity 2**: Prepare drafts of the new mental health legislation.
- **Activity 3**: Circulate successive drafts to stakeholders for comments and revise accordingly.
- **Activity 4**: Conduct a workshop/workshops with stakeholders in order to achieve consensus, finalize the draft legislation and prepare an implementation plan for the legislation.
- **Activity 5**: Submit the new mental health legislation for cabinet and national assembly for approval.
- **Activity 6**: Draft regulations to accompany the legislation.
- **Activity 7**: Set up independent review mechanisms to monitor involuntary admission, treatment, and complaints and human rights conditions in facilities.
- **Activity 8**: Conduct training of all relevant groups in the implementation of the new law.

TARGETS

- ▶ Draft a new law within two years.
- ▶ Implement new mental health legislation within five years.

INDICATORS

- ✦ A new mental health law in line with human rights standards is in place.
- ✦ An independent monitoring body is established and is functional.
- ✦ Complaints procedures are utilized.



Strategy 4: To raise awareness and reduce negative perceptions about those suffering from mental and substance abuse disorders through the use of advocacy and Information, Education and Communication (IEC) strategies.

RELATED ACTIVITIES

- **Activity 1:** Identify misconceptions, common fears, stigmatization and negative attitudes towards people with mental disorders.
- **Activity 2:** Develop identified problems into messages and strategies via meetings with the mental health coordinating unit, DOSH, user and family groups and the media.
- **Activity 3:** Engage in both print and electronic sensitization campaigns on an ongoing basis.

TARGETS

- ▶ Put ongoing media campaigns (broadcasting, TV, radio, newspaper) in place, developed nationwide each year.

INDICATORS

- ✦ Proportion of the population who recalled one or more of the key messages.



Strategy 5: To improve the availability, distribution and use of cost-effective psychotropic medicines.

RELATED ACTIVITIES

- **Activity 1:** Review and update the current list of psychotropic medicines included in the National Essential Drugs List.
- **Activity 2:** Revise recommended list of psychotropic medicines to be available in the different health facilities and send for international expert review.
- **Activity 3:** Improve the distribution of psychotropic medicines to the different facilities.
- **Activity 4:** Develop and put in place treatment protocols and guidelines for the use of psychotropic medicines in each health facility where medicines will be made available.
- **Activity 5:** Put in place a stock monitoring system for psychotropic medicines in each health facility where medicines will be made available.

TARGETS

- ▶ Implement national standards for mental health care (services and treatment) by Year 3.
- ▶ Make those medicines identified in the national essential drug list available in relevant health facilities by Year 1.

INDICATORS

- ✦ Availability of guidelines and protocols for mental health treatment and services in all health facilities.
- ✦ Percentage of patients with access to a constant supply of psychotropic medicines.



Strategy 6: To support the strengthening of the health management information system to adequately address mental health issues.

RELATED ACTIVITIES

- **Activity 1**: Review the mental health component of the current HMIS.
- **Activity 2**: Establish a Multidisciplinary Task Team (MTT) responsible for designing and implementing the mental health component of the HMIS.
- **Activity 3**: Organize a consultation of stakeholders in order to identify the key indicators for the HMIS and a minimum mental health data set to be collected in each health facility.
- **Activity 4**: Design and incorporate mental health information into the HMIS (instruction / procedure manuals, data collection forms) for use in the different health facilities.
- **Activity 5**: Pilot the tools in selected health facilities, to test feasibility and implementation problems.
- **Activity 6**: Scale up the use of mental health HMIS at all level of delivery, including the training of all staff involved.

TARGETS

- ▶ Record key information on all patients accessing mental health services (symptoms, diagnosis, treatment, hospitalization, follow-up and rehabilitation activities) by Year 5.

INDICATORS

- ✦ A minimum dataset is collected and processed.
- ✦ The proportion of mental health facilities from which the government health department receives data, per year.



Strategy 7: To strengthen community involvement and participation in mental health care delivery.

RELATED ACTIVITIES

- **Activity 1:** Create local associations of psychosocial rehabilitation involving formal health care providers, community leaders and traditional healers within each health division.
- **Activity 2:** Organize meetings of each local association of psychosocial rehabilitation in order to define modalities for work in the area of mental health at the primary health care level.
- **Activity 3:** Create a national association of psychosocial rehabilitation with representatives from local associations, with a clear mandate and TOR.
- **Activity 4:** Organize a minimum of one meeting a year of the national association of psychosocial rehabilitation.

TARGETS

- ▶ Make a local association of psychosocial rehabilitation available in each division within three years.
- ▶ Establish the national association within five years.

INDICATORS

- ✦ Each local association established and several meetings held.
- ✦ National association established and at least one meeting held.



Strategy 8: To create 3 in-patient mental health units and outpatient clinics integrated in the general hospitals.¹

RELATED ACTIVITIES

- **Activity 1:** Consult with hospital authorities and other stakeholders to discuss the creation of mental health units and outpatient clinics in three hospitals (Serekunda, Farafenni, and Bansang).
- **Activity 2:** Identify an appropriate wing and set-up an inpatient mental health unit to accommodate twelve patients in each of the three main general hospitals.
- **Activity 3:** Equip the mental health in-patient units with basic infrastructure and psychotropic medicines.
- **Activity 4:** Deploy trained mental health workers to run the three in patient- units:
 - Within the first year, **per unit:** one registered psychiatric nurse, five general nurses who have completed a one-week orientation and on-the-job training, and one medical doctor who has attended a mental health orientation workshop.
 - Within the next five years, **per unit:** four trained registered psychiatric nurses (three for in-patient unit and one for outpatients), one psychiatrist and one clinical psychologist).
- **Activity 5:** Strengthen the outpatient department of the hospitals to provide mental health services, including the provision of psychotropic medications and one general nurse who has completed the orientation for the outpatient unit (eventually to be replaced by a registered psychiatric nurse).
- **Activity 6:** Train other key hospital staff to manage people with mental disorders (at least one general medical doctor and three nursing officers in charge (NO). See Strategy 10 - human resources and training).
- **Activity 7:** Quarterly supervision of inpatient and outpatient wards in each hospital by qualified external mental health supervisors (University of the Gambia and mental health coordinating unit).

TARGETS

- ▶ Create a concrete plan for setting up the units in the three general hospitals within two months.
- ▶ Create one psychiatric in-patient unit and outpatient department integrated in one general hospital, within one year.
- ▶ Create the remaining two in-patient units within five years.

¹ This strategy needs to be implemented together with Strategy 10 (Activities 1-5).



INDICATORS

- ✦ Number of units created.
- ✦ Number of trained mental health workers manning the unit.
- ✦ Quarterly visits to each of the hospitals undertaken.



Strategy 9: To improve treatment and human rights conditions in the Campama psychiatric unit pending its closure.

RELATED ACTIVITIES

- **Activity 1:** Set up an independent visiting committee (composition includes representatives of the UTG, medical and dental council, Ombudsman, Attorney General's office, human rights commission) to assess the degree to which the unit meets human rights standards on an annual basis and to make the findings publicly available until the unit is closed.
- **Activity 2:** Discuss the results of the assessment with staff in the unit and train staff in human rights.
- **Activity 3:** Put in place a mechanism to improve the conditions in the unit according to assessment results and recommendations until its eventual closure.
- **Activity 4:** Conduct a qualitative community survey to understand the acceptability of discharging long term in-patients into the community both before and after they have been discharged in order to address the obstacles identified.
- **Activity 5:** Assess the level of disability, risk of relapse and home conditions of each chronic patient in the Campama Unit.
- **Activity 6:** Discharge the least disabled back to their families and communities with the appropriate monitoring and support from divisional community mental health nurses, social workers and traditional healers who are part of the national mental health traditional healers association.

TARGETS

- ▶ Discharge 20% of chronic patients (the least disabled and with family acceptance) into their families within the first four years (with 10% discharged in the first two years).
- ▶ Improve on all standards relating to human rights in Campama unit.

INDICATORS

- ✦ Proportion of patients discharged from Campama unit.
- ✦ Proportion of successful discharges (e.g. no relapse and no readmission within six months).
- ✦ Ratings on WHO human rights instrument.



Strategy 10: To recruit and train a sufficient number of health workers at the specialized, community and primary health care levels.

RELATED ACTIVITIES

- **Activity 1:** Develop and adapt training materials, including for substance and alcohol abuse, for health workers at all levels.

- **Activity 1:** Train mental health workers to run the in-patient units in the general hospitals:
 - Within the first year, **per unit:** one registered psychiatric nurse, five general nurses with four-weeks of orientation work and on-the-job training, and one medical doctor who has completed a mental health orientation workshop.

- **Activity 3:** Send twelve registered nurses for training in mental health abroad, to eventually be deployed in the general hospitals as registered psychiatric nurses (three for the in-patient unit and one for the outpatient department in each of the three hospitals).

- **Activity 4:** Send two doctors (trained in the Gambia) for training abroad as psychiatrists to be deployed in general hospitals.

- **Activity 5:** Train fifteen general nurses in mental health and three nursing officers through orientation courses (duration of sessions: 4 weeks) to be deployed to the general hospitals while the registered nurses in psychiatry are being trained.

- **Activity 6:** Train six social workers in mental health abroad in a five-year period, to be deployed to divisional health teams (DHT).

- **Activity 7:** Train the focal point at each DHT (while the CMHN are being trained abroad) and five other personnel (one doctor, three nurses, one public health officer) from each major and minor health centre.

- **Activity 8:** Refresher training abroad for psychiatric nurses in the country every five years.

- **Activity 9:** Train seven health education officers in mental health promotion.

- **Activity 10:** Train security officers (fifty officers - ten from each category), ten health journalists, and legal practitioners (six - from different divisions).

- **Activity 11:** Train two teachers in each of the selected ten schools to identify and refer mental health problems, including problems related to substances and alcohol abuse issues.

- **Activity 12:** One study tour or conference for at least two mental health providers per year.



TARGETS

- ▶ Recruit and train twelve nurses and two doctors as psychiatric nurses and psychiatrists respectively within 5 years.
- ▶ Have at least one medical officer per hospital and five trained nurses per hospital undergo local WHO orientation in mental health training within one year.
- ▶ Develop training materials for each health system level in the first year.
- ▶ Train three health personnel in mental health from 50% of health facilities by Year 3 and 100% by Year 5.

INDICATORS

- ✦ Number of specialized mental health workers recruited and trained within five years.
- ✦ Number of health personnel from health facilities trained.
- ✦ Number of non-health personnel trained.



Strategy 11: To train and support traditional healers in mental health

RELATED ACTIVITIES

- **Activity 1:** Train all volunteer traditional healers to identify and treat people with mental disorders.
- **Activity 2:** Hold teaching and exchange sessions on mental health diagnosis and treatment in traditional medicine (organized by traditional healers for primary health care workers).
- **Activity 3:** Set up a referral and support system for traditional healers when dealing with people with mental disorders.

TARGETS

- ▶ Train at least 50% of the traditional healers identified in the country in basic mental health knowledge and skills, to involve them in active collaboration with local formal health services for the care of people with mental disorders within five years.

INDICATORS

- ✦ Proportion of trained traditional healers.
- ✦ Proportion of traditional healers actively collaborating with local formal health services.



Strategy 12: To monitor and evaluate the mental health policy and plan.

RELATED ACTIVITIES

- **Activity 1:** Clarify the purpose and scope of the monitoring and evaluation.
- **Activity 2:** Regular monitoring and evaluation of mental health activities by the technical advisory committee.
- **Activity 3:** Prepare an operational plan for the evaluation.
- **Activity 4:** Set up and support evaluation visits by community leaders to enterprises/ associations for follow-up, twice a year.
- **Activity 5:** Evaluate the impact of the collaboration with traditional healers on the mental health outcomes in the community.
- **Activity 6:** Prepare quarterly reports and a report at end of five years of the plan.

TARGETS

- ▶ Monitor all activities and outputs, and produce a short quarterly and yearly report on each.
- ▶ Produce a five-year report on the evaluation of the mental health policy and plan.

INDICATORS

- ✦ Quarterly and yearly reports on all the activities will be in place/available.
- ✦ A five-year report assessing the degree to which targets were met for each of the strategies and the policy objectives.



PLANNING TABLES



Strategy 1: To strengthen the national mental health coordinating unit at the Department of State for Health and Social Welfare.

TARGETS

- ▶ Appoint a mental health coordinator within six months.
- ▶ Establish a technical advisory committee for mental health services within six months.
- ▶ Make an infrastructure available to support the work of the mental health coordinating unit within one year.

INDICATORS

- ✦ National mental health coordinator appointed.
- ✦ Clearly defined roles and functions of the coordinator available.
- ✦ Technical advisory committee in place and functioning with TOR.
- ✦ Allocation and availability of budget and resources (secretary, computer, internet access).

Related Activities (Strategy 1)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Appoint a person to the post of national mental health coordinator at DOSH	X					Government approved salary ²
2. Put into place the appropriate infrastructure to support the mental health coordinating unit and the operationalisation of the coordinating committee	X	X	X	X	X	125,000
3. Create a multidisciplinary technical advisory committee to implement, monitor and evaluate the policy and plan	X	X	X	X	X	6,000
4. Draft Terms of Reference (TOR) for the technical advisory committee, including frequency of meetings	X					1,800
TOTAL COST (Strategy 1)						132,800

² Full cost of salary to be covered by the government.



Strategy 2: To mobilize resources for mental health interventions with a view to providing quality services.

TARGETS

► Clearly define and make available an annual budget for mental health (including sources of funding) within one year.

INDICATORS

✦ An existing budget for mental health will be available for each year of the plan.

Related Activities (Strategy 2)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Secure funding from the government to fund the policy and strategic plan, and open a bank account	X					Create a new bank account
2. Keep foundations and bi-laterals regularly informed of progress through brief written updates and courtesy visits and meetings	X	X	X	X	X	21,000
3. Prepare at least five grant applications over the next five years	X	X	X	X	X	4,500
TOTAL COST (Strategy 2)						25,500



Strategy 3: To review the existing mental health legislation of The Gambia in line with the international human rights standards.

TARGETS

- ▶ Draft a new law within two years.
- ▶ Implement new mental health legislation within five years.

INDICATORS

- ★ A new mental health law in line with human rights standards is in place.
- ★ An independent monitoring body is established and is functional.
- ★ Complaints procedures are utilized.

Related Activities (Strategy 3)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Conduct an analysis of the strengths and weaknesses of the existing mental health legislation	X					20,000
2. Prepare drafts of the new mental health legislation	X					21,600
3. Circulate successive drafts to stakeholders for comments and revise accordingly		X	X			5,000
4. Conduct a workshop/workshops with stakeholders in order to achieve consensus, finalize the draft legislation, and prepare an implementation plan for the legislation			X			4,000
5. Submit the new mental health legislation to cabinet and the national assembly for approval			X			1,250
6. Draft regulations to accompany the legislation				X		9,000
7. Set up independent review mechanisms to monitor involuntary admission, treatment, complaints, and human rights conditions in facilities	X	X	X	X	X	36,000
8. Conduct training of all relevant groups in the implementation of the new law		X	X	X	X	55,000
TOTAL COST (Strategy 3)						151,850



Strategy 4: To raise awareness and reduce negative perceptions about those suffering from mental and substance abuse disorders through the use of advocacy and Information, Education and Communication (IEC) strategies.

TARGETS

► Put ongoing media campaigns (broadcasting, TV, radio, newspaper) in place, developed nationwide each year.

INDICATORS

✦ Proportion of the population who recalled one or more of the key messages.

Related Activities (Strategy 4)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Identify misconceptions, common fears, stigmatization and negative attitudes towards people with mental disorders		X				5,000
2. Develop identified problems into messages and strategies via meetings with mental health coordinating unit, DOSH, user and family groups, and the media		X	X	X		4,000
3. Engage in both print and electronic sensitization campaigns on an ongoing basis		X	X	X	X	19,750
TOTAL COST (Strategy 4)						28,750



Strategy 5: To improve the availability, distribution and use of cost-effective psychotropic medicines.

TARGETS

- ▶ Implement national standards for mental health care (services and treatment) by Year 3.
- ▶ Make those medicines identified in the national essential drug list available in relevant health facilities by Year 1.

INDICATORS

- ★ Availability of guidelines and protocols for mental health treatment and services in all health facilities.
- ★ Percentage of patients with access to a constant supply of psychotropic medicines.

Related Activities (Strategy 5)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Review and update the current list of psychotropic medicines included in the National Essential Drugs List	X					6,000
2. Revise the recommended list of psychotropic medicines to be available in the different health facilities and send for international expert review		X				9,900
3. Improve the distribution of psychotropic medicines to the different facilities	X	X	X	X	X	200,000
4. Develop and put in place treatment protocols and guidelines for the use of psychotropic medicines in each health facility where medicines will be made available	X	X	X	X	X	49,000
5. Put in place a stock monitoring system for psychotropic medicines in each health facility where medicines will be made available	X	X	X	X	X	12,500
TOTAL COST (Strategy 5)						313,900



Strategy 6: To support the strengthening of the health management information system to adequately address mental health issues.

TARGETS

► Record key information on all patients accessing mental health services (symptoms, diagnosis, treatment, hospitalization, follow-up and rehabilitation activities) by Year 5.

INDICATORS

- ◆ A minimum dataset is collected and processed.
- ◆ The proportion of mental health facilities from which the government health department receives data, per year.

Related Activities (Strategy 6)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Review mental health component of the current HMIS		X	X			6,000
2. Establish Multidisciplinary Team (MTT) responsible for designing & implementing the mental health component of the HMIS	X	X	X	X	X	3,000
3. Organize a consultation of stakeholders in order to identify the key indicators for the HMIS and a minimum mental health data set to be collected in each health facility.			X			6,000
4. Design and incorporate mental health information into the HMIS (instruction/procedure manuals, data collection forms) for use in different health facilities		X	X	X	X	15,000
5. Pilot the tools in selected health facilities to test feasibility and implementation problems		X	X	X	X	24,000
6. Scale up the use of mental health HMIS at all levels of delivery, including the training of all staff involved			X	X	X	34,500
TOTAL COST (Strategy 6)						88,500



Strategy 7: To strengthen community involvement and participation in mental health care delivery.

TARGETS

- ▶ Make a local association of psychosocial rehabilitation available in each division within three years.
- ▶ Establish the national association within five years.

INDICATORS

- ★ Each local association established and several meetings held.
- ★ National association established and at least one meeting held.

Related Activities (Strategy 7)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Create local associations of psychosocial rehabilitation involving formal health care providers, community leaders and traditional healers within each health division	X	X	X	X		6,000
2. Organize meetings of each local association of psychosocial rehabilitation in order to define modalities for work in the area of mental health at the primary health care level	X	X	X	X		30,000
3. Create a national association of psychosocial rehabilitation with representatives from local associations, with a clear mandate and TOR			X			3,000
4. Organize a minimum of one meeting a year of the national association of psychosocial rehabilitation			X	X		40,000
TOTAL COST (Strategy 7)						79,000



Strategy 8: To create 3 in-patient mental health units and outpatient clinics integrated in the general hospitals.³

TARGETS

- ▶ Create a concrete plan for setting up the units in the three general hospitals within two months.
- ▶ Create one psychiatric in-patient unit and outpatient department integrated in one general hospital, within one year.
- ▶ Create the remaining two in-patient units within five years.

INDICATORS

- ★ Number of units created.
- ★ Number of trained mental health workers manning the unit.
- ★ Quarterly visits to each of the hospitals undertaken.

Related Activities (Strategy 8)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Consult with hospital authorities and other stakeholders to discuss the creation of mental health units and outpatient clinics in three hospitals (Serekunda, Farafenni, and Bansang)	X	X	X			3,825
2. Identify an appropriate wing and to set up an in-patient mental health unit to accommodate twelve patients in each of the three main general hospitals	X					NIL
3. Equip the mental health in-patient units with basic infrastructure and psychotropic medicines	X	X	X	X	X	360,000
4. Deploy trained mental health workers to run the three in-patient units. <ul style="list-style-type: none"> ▪ Within the first year, per unit: one registered psychiatric nurse, five general nurses who have completed a one-week orientation and on-the-job training, and one medical doctor who has attended a mental health orientation workshop ▪ Within the next five years, per unit: four trained registered psychiatric nurses (three for the in-patient unit and one for outpatients), one psychiatrist and one clinical psychologist 		X				3,000 <i>(future salary to be covered by DOSH)</i>

³ This strategy needs to be implemented together with Strategy 10 (Activities 1-5).



Related Activities (Strategy 8)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
5. Strengthen the outpatient department of the hospitals to provide mental health services, including the provision of psychotropic medications and one general nurse who has completed the orientation for the outpatient unit (eventually to be replaced with a registered psychiatric nurse)	X	X	X	X	X	10,000
6. Train key hospital staff to manage people with mental disorders (at least one general medical doctor and three nursing officers in charge (NO). See Strategy 10 - human resources and training)	X		X			6,000
7. Quarterly supervision of inpatient and outpatient wards in each hospital by qualified external mental health supervisors (University of the Gambia and the mental health coordinating unit)	X	X	X	X	X	5,000
TOTAL COST (Strategy 8)						387,825
Cost of training psychiatrists and psychiatric nurses (see Strategy 10, Activities 1-5)						797,000
TOTAL COST (Strategy 8) including cost of training⁴						1,184,825

⁴ If funded as an independent strategy, the cost of the strategy will need to include the training of mental health staff.



Strategy 9: To improve treatment and human rights conditions in the Campama psychiatric unit pending its closure.

TARGETS

- ▶ Discharge 20% of chronic patients (the least disabled and with family acceptance) into their families within the first four years (with 10% discharged in the first two years).
- ▶ Improve on all standards relating to human rights in Campama unit.

INDICATORS

- ✦ Proportion of patients discharged from Campama unit.
- ✦ Proportion of successful discharges (e.g. no relapse and no readmission within six months).
- ✦ Ratings on WHO human rights instrument.

Related Activities (Strategy 9)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Set up an independent visiting committee (composition includes representatives of UTG, medical and dental council, Ombudsman, Attorney General's office, Human rights commission) to assess the degree to which the unit meets human rights standards on an annual basis and make the findings publicly available until the unit is closed	X	X	X	X	X	21,600
2. Discuss the results of the assessment with staff in the unit and train staff in human rights		X	X	X		2,000
3. Put in place a mechanism to improve the conditions in the unit according to assessment results and recommendations until its eventual closure		X	X	X		11,000
4. Conduct a qualitative community survey to understand the acceptability of discharging long term in-patients into the community both before and after they have been discharged in order to address the obstacles identified		X				5,000
5. Assess the level of disability, risk of relapse and home conditions of each chronic patient in the Campama Unit		X	X	X	X	4,000
6. Discharge the least disabled back to their families and communities with the appropriate monitoring and support from divisional community mental health nurses, social workers and traditional healers who are part of the national mental health traditional healers association		X	X	X	X	8,000
TOTAL COST (Strategy 9)						51,600



Strategy 10: To recruit and train a sufficient number of health workers at the specialized, community and primary health care levels.

TARGETS

- ▶ Recruit and train twelve nurses and two doctors as psychiatric nurses and psychiatrists respectively within 5 years.
- ▶ Have at least one medical officer per hospital and five trained nurses per hospital undergo local WHO orientation in mental health training within one year.
- ▶ Develop training materials for each health system level in the first year.
- ▶ Train three health personnel in mental health from 50% of health facilities by Year 3 and 100% by Year 5.

INDICATORS

- ✦ Number of specialized mental health workers recruited and trained within five years.
- ✦ Number of health personnel from health facilities trained.
- ✦ Number of non-health personnel trained.

Related Activities (Strategy 10)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Develop and adapt training materials, including for substance and alcohol abuse, for health workers at all levels	X	X	X			9,000
2. Train mental health workers to run the three in-patient units in general hospitals. <ul style="list-style-type: none"> ▪ Within the first year, per unit: one registered psychiatric nurse, five general nurses with four-weeks of orientation work and on-the-job training, and one medical doctor who has completed a mental health orientation workshop 	X	X				6,000
3. Send twelve registered nurses for training in mental health abroad, to eventually be deployed in the general hospitals as registered psychiatric nurses (three for the in-patient unit and one for the outpatient department in each of the three hospitals)	X	X	X			420,000
4. Send two doctors (trained in the Gambia) for training abroad as psychiatrists to be deployed in general hospitals ⁵	X	X				350,000

⁵ Cost estimates based on training in Nigeria.



Related Activities (Strategy 10)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
5. Train fifteen general nurses in mental health and three nursing officers through orientation courses (duration of sessions: 4 weeks) to be deployed to the general hospitals while the registered nurses in psychiatry are being trained	X		X		X	12,000
6. Train six social workers in mental health abroad, in a five-year period, to be deployed to divisional health teams (DHT)		X				45,000
7. Train the focal point at each DHT (while the CMHN are being trained abroad) and five other personnel (one doctor, three nurses, one public health officer) from each major and minor health centre	X	X	X			8,460
8. Refresher training abroad for psychiatric nurses in the country every five years			X			10,000
9. Train seven health education officers in mental health promotion	X		X			5,000
10. Train security officers (fifty officers - ten from each category), ten health journalists, and legal practitioners (six - from different divisions)	X		X			10,000
11. Train two teachers in each of the selected ten schools to identify and refer mental health problems, including problems related to substances and alcohol abuse issues	X			X		4,000
12. One study tour or conference for at least 2 mental health providers per year				X	X	6,000
TOTAL COST (Strategy 10)						893,920



Strategy 11: To train and support traditional healers in mental health

TARGETS

▶ Train at least 50% of the traditional healers identified in the country in basic mental health knowledge and skills, to involve them in active collaboration with local formal health services for the care of people with mental disorders within five years.

INDICATORS

- ✦ Proportion of trained traditional healers.
- ✦ Proportion of traditional healers actively collaborating with local formal health services.

Related Activities (Strategy 11)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Train all volunteer traditional healers to identify and treat people with mental disorders	X	X				25,000
2. Hold teaching and exchange sessions on mental health diagnosis and treatment in traditional medicine (organized by traditional healers for primary health care workers)			X	X		45,000
3. Set up a referral and support system for traditional healers when dealing with people with mental disorders		X	X	X	X	70,000
TOTAL COST (Strategy 11)						140,000
Cost of training (see Strategy 10, Activity 7)						8,460
Cost of distribution of medications (see Strategy 5, Activity 3)⁶						200,000
TOTAL COST (Strategy 11) including training, and distribution of medications						348,460

⁶ If funded as an independent strategy, the cost of the strategy will need to include training of DHT focal points and some health centre personnel, as well as funds towards supply of medicines.



Strategy 12: To monitor and evaluate the mental health policy and plan.

TARGETS

- ▶ Monitor all activities and outputs, and produce a short quarterly and yearly report on each.
- ▶ Produce a five-year report on the evaluation of the mental health policy and plan.

INDICATORS

- ★ Quarterly and yearly reports on all the activities will be in place/available.
- ★ A five-year report assessing the degree to which targets were met for each of the strategies and the policy objectives

Related Activities (Strategy 12)	Timeframe for implementation (years)					Cost (US\$)
	1	2	3	4	5	
1. Clarify the purpose and scope of the monitoring and evaluation	X					2,000
2. Regular monitoring and evaluation of mental health activities by the technical advisory committee	X	X	X	X	X	10,000
3. Prepare an operational plan for the evaluation	X					2,000
4. Set up and support evaluation visits by community leaders to enterprises/associations for follow-up, twice a year		X	X	X		6,000
5. Evaluate the impact of the collaboration with traditional healers on the mental health outcomes in the community		X			X	7,000
6. Prepare quarterly reports and a report at end of five years of the plan	X	X	X	X	X	5,000
TOTAL COST (Strategy 12)						32,000



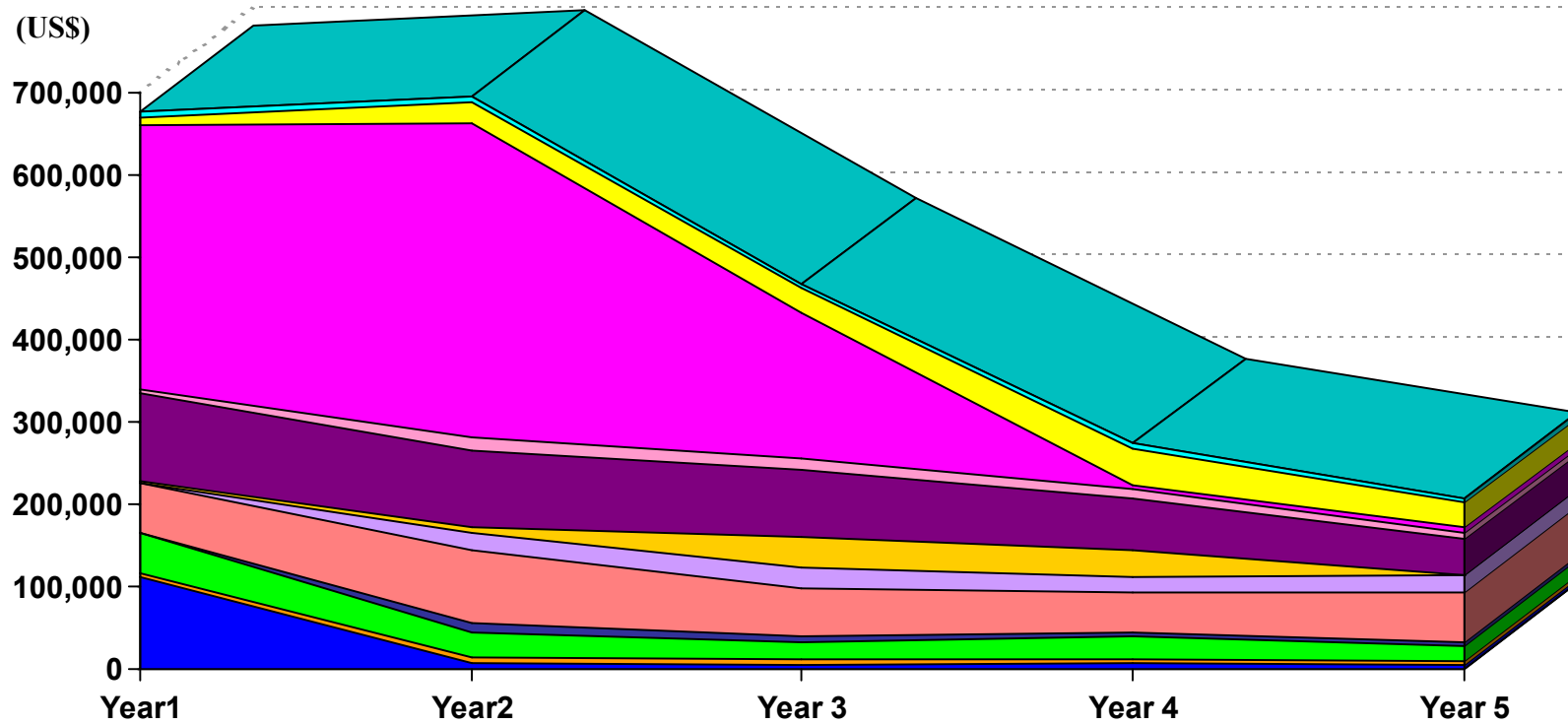
SUMMARY TABLE

Table: Summary Cost of Implementing the Mental Health Strategic Plan 2007-2012

	Year1	Year2	Year 3	Year 4	Year 5	Total (US\$)
Strategy 1	111,000	7,200	4,800	5,600	4,200	132,800
Strategy 2	5,100	5,100	5,100	5,100	5,100	25,500
Strategy 3	48,800	30,200	22,450	27,700	18,700	147,850
Strategy 4	-	12,500	5,750	5,750	4,750	28,750
Strategy 5	59,000	89,400	57,750	47,250	60,500	313,900
Strategy 6	600	19,600	27,600	20,350	20,350	88,500
Strategy 7	2,900	7,350	36,650	32,100	-	79,000
Strategy 8	107,275	92,275	82,275	63,000	43,000	387,825
Strategy 9	4,320	16,920	11,920	11,120	7,320	51,600
Strategy 10	321,100	382,000	178,820	5,000	7,000	893,920
Strategy 11	10,000	25,000	30,000	45,000	30,000	140,000
Strategy 12	7,000	8,500	5,000	5,000	6,500	32,000
TOTAL COST (Strategic Plan 2007-2012)	677,095	696,045	468,115	272,970	207,420	2,321,645



SUMMARY GRAPH



- Strategy 1
- Strategy 2
- Strategy 3
- Strategy 4
- Strategy 5
- Strategy 6
- Strategy 7
- Strategy 8
- Strategy 9
- Strategy 10
- Strategy 11
- Strategy 12

Graph: Summary Cost of Implementing the Mental Health Strategic Plan 2007-2012



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ANNEXES



Annex 1

ACKNOWLEDGEMENTS

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