AFRICA

Social Work Service and Interdisciplinary Mental Health Care Delivery Systems for the Mentally Ill in Zimbabwe

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Like other developing countries, Zimbabwe has a population of individuals who struggle with mental illness, and families have to bear the brunt of their care. It is estimated that at least 4% of the population suffers from either acute or chronic mental illness and a significant number of chronically ill individuals are to be seen loitering in the streets (Matimba-Masuku, 1996). However there are a variety of agencies which offer services to the mentally ill - and these include governmental bodies such as the Ministry of Health, clinics run by the urban Municipalities, voluntary organizations such as the Zimbabwe National Association for Mental Health (ZIMNAMH), the Zimbabwe National Traditional Healers' Association (ZINATHA), and other private self-help groups dealing with specific illnesses, such as schizophrenia. Various types of professionals work with the mentally ill - from medical doctors and nursing staff, to psychologists, social workers and volunteers. It is important that these different helpers are able to work together in bringing about the most appropriate care possible for the mentally ill. However in practice this sometimes does not happen due to a lack of dialogue between the professionals themselves and between professionals and volunteers. There are also resource constraints which mean in practice that much of the care offered is ad hoc and unplanned. Often mentally ill persons have to cope entirely on their own, with very little, or even no, support available. Where help is provided it may be unsuitable or lacking in imagination. Despite these shortcomings, social workers where possible will work with other professionals and volunteers in bringing services to the mentally ill.

SOCIAL WORK AND MENTAL HEALTH

Social work is a professional activity which seeks to enhance the social functioning of individuals, groups and communities, usually through a process whereby the social worker tries to assist those receiving help to develop their own capacities and abilities to cope with the demands of life. In addition the social worker is concerned with inequitable and disadvantageous social circumstances which discriminate against sections of the community and 'marginalize' them from the mainstream.

In the African context it is suggested that social workers should also adopt a

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developmental approach which in essence requires them to become involved in a wide variety of areas - employment, education, income generation, project planning and management, for example. With the bewildering variety of social work tasks expected in the context of developing countries, there is a danger that the field of mental health may be neglected in favor of more pressing concerns. However social workers, if they are not already involved, need to be interested in this area as mental health is increasingly becoming an issue in a situation where rampant poverty is commonplace, where increased stress resulting from unemployment and disadvantageous circumstances is the norm for the majority and where social disintegration of the extended family has led to the breakdown of previously supportive networks. Mental illness consequently is one of the problems which is of major concern to social workers. In Zimbabwe it is becoming an increasingly serious problem; those suffering its effects need support services which require a multidisciplinary approach as the problem needs to be viewed from an "holistic" perspective.

The International Federation of Social Workers - an organization that represents nearly 500,000 social workers in 70 countries worldwide - is aware of this responsibility of professional social workers and has stated in its International Policy on Health that it will alert its members to their responsibility to:

1. Comprehend and respect the cultural, religious, socio-economic and political factors that contribute to the health of individuals and communities;
2. Understand and combat the factors and conditions that contribute to illness and disability; and
3. Be knowledgeable about issues that affect the delivery of health care services, and work to combat the forces that oppose the principles of the universality, comprehensiveness, and accessibility of these services (IFSW, 1988, p.34).

According to the classic definition of Pincus & Minahan (1973) there are four major purposes to social work intervention and these are to:

1. enhance the problem-solving and coping capacities of people;
2. link people with systems that provide them with resources, services and opportunities;
3. promote the effective and humane operation of these systems; and
4. contribute to the development and improvement of social policy.

The well-known systems approach to social problems is one way in which social workers can expand their repertoire of knowledge, skills and interventive opportunities. It is particularly useful in our developing world context as it implies that the social worker should not work alone, but engage the widest possible variety of systems - individuals, groups, communities, organizations, etc. - to contribute towards the solution of social problems such as mental illness. Perhaps the primary system which the social worker will work through in assisting mentally ill individuals is the family, which is likely to require

support, encouragement and direct practical help but this is only one system, and as mentioned previously there are other levels or systems with which social workers will need to engage.

THE NEEDS OF FAMILIES OF THE MENTALLY ILL

The role that families play in the support and care of their relatives with mental illness has gained increasing attention in the last two decades. As Hatfield (1997) has pointed out, it is now generally recognized that people with mental illness do substantially better in life if they have the interest and concern of their families; also that the family members have their own needs for support, information and practical assistance. Research has shown that collaboration with families fosters feelings of competence and validates the family's experiences and its role as offering primary support to the client.

Families in particular will require help and assistance in coping with the situation facing them. One study which investigated this area was undertaken through the School of Social Work in Harare, Zimbabwe (see Wintersteen; Mupedziswa & Wintersteen, 1995). It described the experiences, attitudes and needs of families who were caring for persons with a serious mental illness (schizophrenia or other affective disorder). The research sought to discover the needs of these families, whether they were being assisted in any way by social workers in voluntary or statutory organizations, identify what help they required and determine their attitude towards this assistance. The results indicated that most families are in need and do want services to assist them in dealing with a family member with mental illness. The research also indicated that most families do not want to provide long-term care - at least not without some support - and would welcome the availability of a halfway house or residential program, seeing this as better both for themselves and for the ill person. Families recognize the need especially for day time programs, particularly those with a vocational orientation, seeing these as giving their mentally ill relatives a purpose in life, as well as providing some opportunity for increased self-sufficiency. The researchers also observed in the course of the study that many persons, especially those newly ill, were interested in vocational services. Many of them seemed to have the potential for eventual employment and at least partial independence.

It was clear from this study that families continue to bear a heavy responsibility for providing assistance. They want and need a great deal more support, education and additional services if they are to successfully assist in caring for their family members with mental illness. Families are providing for the ill persons partially from

choice, but often because they see no alternative. What is more, they are doing so with minimal support from the mental health system.

The study noted that those social workers, nurses and other psychiatric personnel who come into regular contact with families should make it a point to be available to answer questions, provide advice and helpful suggestions, and generally treat them as 'colleagues' in the business of rehabilitation and treatment. Families are currently being expected to carry a heavy burden, and it is too much to expect them to continue when so poorly equipped. The researchers noted that several of the staff who assisted with their study reported having changed their approach to families, and now try to spend more time with them, addressing their needs and questions. They concluded that when this becomes an universal practice families will be able to serve both their own needs and the needs of the ill persons better.

The researchers also made the observation that there is need for further education on mental illness - particularly for the health professionals involved who are sometimes unaware of the needs of mentally ill persons. In practice clinics are very busy and there are few facilities for social workers or community psychiatric sisters to interview or counsel patients in private. Clinics also may not be accessible to families wishing to bring in their mentally ill relative. Very often the primary source of contact for the mentally ill is the traditional healer or *n'anga*; in some circumstances treatment through the *n'anga* might be the most appropriate form of care, but in others this may not be so.

People often fear living with, meeting and even communicating with the mentally ill, but this is gradually changing through the work of social workers in NGOs such as CONNECT (the Zimbabwe Institute of Systemic Therapy), the AIDS Counselling Trust and the Zimbabwe National Association for Mental Health (ZIMNAMH). Social workers are very involved with patients and clients in settings such as the hospitals and clinics where they have an advisory role to the health professionals and are responsible for some rehabilitation programs. Unfortunately, their full contribution has not been realized due to excessive administrative responsibilities, staff shortages and the problems attached to working in a "secondary" setting.

However, when social workers are the prime care workers in voluntary health care institutions, or acting as rehabilitative workers with NGOs in the community they are been appreciated.

MULTI-DISCIPLINARY CARE AND MENTAL HEALTH SERVICES

In caring for mentally ill persons and their families, social workers need to find or develop resources, establish and follow through rehabilitation plans and be available

to assist at times of crisis. This requires a close working relationship of all those involved in the care of the mentally ill, and if well-managed, this approach is likely to improve community support systems and reduce the recidivism rate to hospital.

However before this approach can be successfully adopted it is important that those concerned in the caring task - the interdisciplinary groups of professionals and volunteers -are clear regarding their objectives, strategies and goals. The venue of such a group can be negotiated - for example it could be based at the Department of Psychiatry, or within the auspices of a voluntary organization. This is not really important so long as there is a genuine sharing of information, equality of roles and trust between those concerned. The group would need to meet regularly and consider the status and general situation of those who are in-patients, those who are about to be discharged or those already discharged and in the community where follow-up support may be required.

The ideal of a multi-disciplinary approach to caring for the mentally ill is where professionals from different disciplines/occupations work together to provide a more comprehensive type of care. This approach can be very useful as it builds on a wider network of information and knowledge. One organization making an attempt to adopt this approach is ZIMNAMH's Vimbainesu Workshop in Harare, a mental health care day centre employing social workers, which provides social and vocational skills training for approximately 25 people for 18 months at a time. Some of the vocational activities that trainees engage in include carpentry, sewing skills, batik-making and industrial sub-contract work. The aim is to offer training that is going to provide them with a skill, hopefully for re-entry into the open labor market in the future. The Workshop acts as a multi-disciplinary setting. Referrals come from Polyclinics, Social Services Departments, the Parirenyatwa Annexe Hospital and Harare Hospital. Apart from the skilled technical instructors employed at Vimbainesu, there is a psychiatric nurse and rehabilitation technician working at the Centre and contact is maintained with psychiatrists, general practitioners, social workers and personnel managers concerning job placements. Students from the School of Social Work and technical colleges also undertake placements at Vimbainesu. There is a six-month follow-up system where the discharged trainee is seen once a month either on a home visit or during a medical review of his/her case. Although Vimbainesu is attempting to provide care which is of a multidisciplinary, or cooperative, nature between different professionals, there are still many areas of improvement required. There is need to develop the concept of sheltered employment further as it is obviously even more difficult for those who have had a mental illness to find work in these hard times (ZIMNAMH, 1994).

However, apart from the services provided by ZIMNAMH, there is little concrete social work service actually available to the mentally ill. The Department of Social Welfare is heavily committed to its established programs of public assistance and drought relief, and more recently administration of the Social Dimensions Fund under the Structural Adjustment Program. Social workers are also restricted in their activities by the fact that there is no process of professional registration, and indeed no private practice, apart from the few clinical social workers who are accredited by the Health Professions Council. This situation may change in the near future with legal recognition and formal registration under a proposed Social Workers' Act. With these changes social workers should be in a stronger position to advocate and work for systems of community care and be on a more equitable level with the other professions.

Institutionalization of the chronically mentally ill is still a serious problem in Zimbabwe and the institutional facilities which exist leave much to be desired. For example violence is rife in the psychiatric hospitals of Ngomahuru and Ingutsheni which have reported deaths of patients due to poor supervision by nursing staff and the placing together of persons with criminal and violent behaviors (Matimba-Masuku, 1996).

Internationally, institutional care is now generally only used in the most extreme cases with community care as the main source of support, assisted by professionals. This relies very much on good interdisciplinary sharing of information and cooperation, so that useful strategies may be designed to benefit the mentally ill. Mental health care delivery could be improved by developing a community-based rehabilitative strategy, which requires a multidisciplinary approach. However while community care and home care may be desirable to avoid institutionalization, in the context of neo-liberal policies which aim at a reduction of state financing there is a danger that the services that remain may be poorly funded and of doubtful quality.

COMMUNITY-BASED REHABILITATION AND VOLUNTARY AGENCIES

Yet within Africa and a country like Zimbabwe, the idea of community-based rehabilitation (CBR) is much more relevant than any institution-based care, although this needs to be further supported through mobile health teams and other services. Due to the severe financial constraints of the government, these services have - in a limited way - mainly been offered through international NGOs and some local voluntary organizations. A good outreach program is needed - directed at all provinces in Zimbabwe - with the aim of facilitating the development of local mental health support groups. Good CBR requires a sophisticated collaboration

between different professionals and even volunteers, if these are available.

Osei-Hwedie (1989) advocates the use of volunteers when dealing with the problem of mental health in Africa. He notes that voluntary agencies are able to innovate, pioneer, experiment and demonstrate new programs and therefore they help society widen the range of options available. With a concern for the mentally ill that arises from the grassroots nature of voluntary organizations, a voluntary agency can assist in the rehabilitation of mental patients and their restoration to community life. It is not enough to treat patients and then release them to a community that may be hostile and which may provide little or no rehabilitation, and to employers who will not hire them because they have been mentally ill. As the average person still rejects those who are mentally ill, or have a history of mental illness, those working with them have to think of innovative ways of helping them to gain social approval. This means in effect changing society's attitude towards the mentally ill and helping to make society more tolerant and accepting of those in this situation. This is a key role for the social worker in the field of mental health, i.e. working with others to provide a network of care that can support and provide socially acceptable ways for those with mental health problems to reintegrate themselves. For example, in Zimbabwe (as previously mentioned), Vimbainesu and also Tirivanhu Farm (a residential social and rehabilitation centre catering for 20 people near Ruwa) provide a socially productive and useful means by which the mentally ill can achieve some social acceptance.

Osei-Hwedie (1989, p.56) writes: "Mental illness is a constant source of friction and embarrassment to members of the family. The solution lies in the emergence of a new mental health field which is based on a psychosocial model ...In this sense the new professional and the services need to cross existing disciplinary boundaries. Subjects like urban studies, ecology, political science, sociology, economics, law and education have all become crucial in shaping the professional, the future professional, and services."

According to this model, the new mental health practitioner "is moving away from the clinical practitioner role towards something akin to a social engineer and mental health 'quarterback'" (Cowen, 1967, p. 89). Yet this practitioner should not see himself as a supercoordinator, but rather as a facilitator who helps to organize and motivate others.

The best form of care for the mentally ill - as indeed with most of us - is not some expensive treatment facility, which in all likelihood is not available or which we cannot afford - but the network of friends, family and community which should provide a supportive and nurturing role when difficulties are encountered. However

in the African context it is also recognized that some existing cultural attitudes can be very negative and hostile to those suffering from mental illness, and this is often a case of "blaming the victim". In Zimbabwe mental illness is traditionally seen as a curse on the family and the belief that the afflicted person has been invaded by an avenging spirit is very common. Hence families will often hide their mentally ill members from public view and in some extreme cases lock them up for years, particularly in the more remote rural areas.

As social workers we need to become more aware of the factors precipitating mental illness and how to manage and control these; we also need to make the community more sensitive and concerned as well through educational and awareness programs.

SOCIAL WORKERS AND PREVENTION OF MENTAL ILLNESS

Although traditionally social work may have been an activity that only worked at a charitable level, providing counselling and physical relief to needy individuals and their families, these days it is seen as a wider professional activity. Social workers today not only will work to assist the disadvantaged, but will also try to understand the situation that has caused this disadvantage to occur and to change it for the better. This is called the "preventive" function of social work and means that social workers have to engage themselves with other professionals interested in these problems, and in the arena of social policy. While the discussion so far has been in the area of services to the mentally ill and assistance to their families, social workers also have a vital role to play in the prevention of mental illness in the first place. Firstly the stigma associated with being mentally ill causes fear, misunderstanding and discrimination; this needs to be countered through public education and use of the media. Attitudes towards emotional problems and mental illness need to be influenced by educating the general public towards a more permissive and informed opinion. First of all, prevention strategies need to focus on the reasons why social situations lead to mental illness: for example the overwhelming social pressures on young unmarried mothers can precipitate 'baby dumping', domestic violence and other forms of physical and sexual abuse within the family, the pressures connected with achievement at school and the stress it precipitated in an unending search for non-existent jobs. Poverty can also take its toll when individuals are subjected to enormous stress when they are unable to meet the needs of their families.

Improved facilities for the mentally ill are not sufficient. Greater stability in social relations, more sensitivity and awareness of the severe difficulties faced

by many people in this society and changing cultural attitudes towards mental illness are needed as well.

This public awareness should also extend to the consequence for mental health of a highly competitive, stressful environment. As previously noted, some of the traditional mechanisms which helped people to cope with stressful events are breaking down. For example, WHO (1994) pointed out that urbanization not only leads to rapid social change, a loss of long-cherished values and beliefs, it is also causes breakdown of two-parents and extended families. Overcrowding and the growing incidence of violent crime in cities are also known to create fear and stress which affect mental health. Attempts to cope with unsatisfactory lifestyles by resorting to alcohol, drugs and other harmful substances lead to more health problems. Social workers and others involved in the mental health field can take on some responsibility in countering these tendencies by emphasizing the harmful consequences on mental health that stem from these situations and to define clearly the environments that generate it. This will help identify the political measures that should be advocated in order to ensure better mental health and quality of life for all. Ultimately changes also need to occur in terms of eradicating - or a least minimizing - the endemic poverty and harsh social circumstances which precipitate much of the mental illness we encounter in developing countries.

CONCLUSION

Social workers have an important role to play in the mental health care delivery system. Their training emphasizes a multi-disciplinary approach and in working with their clients they are expected to 'network' with other professionals, voluntary helping organizations and volunteers in the community. As such, they are in a key position to develop this caring network. Through field training they gain experience in working at a grassroots level with individuals, groups and communities. They are also trained to use an integrated approach in their work, which means they must become adept at relating to a wide variety of other professionals and organizations, both at governmental and non-governmental levels. This multifaceted nature of their work provides them with the perspective to engage in, or coordinate plans to develop caring networks for the mentally ill.

It is clear that families require greater community support in caring for their mentally ill relatives, and social workers are in a useful position to develop systems of care which will reduce the likelihood of institutional care being the only

option available. There are several examples of useful community support schemes, promoted and facilitated by social workers who are working with other professionals and volunteers. In Zimbabwe, social workers are actively involved in this care, mainly through voluntary organizations with a specific interest in mental health. However there is room for improvement as social workers are not as active and involved as they could be, partly due to a heavy workload in the statutory social services, and partly due to legislative and resource constraints. However we hope that this situation will improve with a growing awareness of the needs of the mentally ill, and an improved professional social work practice within Zimbabwe.

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