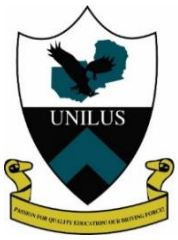

UNIVERSITY OF LUSAKA

SCHOOL OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF PUBLIC HEALTH

ASSESSING THE MENTAL HEALTH CARE AND THERAPY SERVICES DELIVERY AT LEWANIKA GENERAL HOSPITAL, MONGU

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BSc PUBLIC HEALTH

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A research proposal submitted to the University of Lusaka in partial fulfilment of a Bachelor of Science in public health degree

DECLARATION

I MONDE SIMANDI declare that this dissertation is entirely my own unique work. My supervisor advised and graded it in accordance with the University of Lusaka's Bachelor of Science in Public Health requirements. It has not previously been submitted for a degree at this or another university.

Signature: msimandi Date 20/5/22

I **Pamela Mwansa** supervised, read, and authorised the submission of this dissertation. I am confident that this is the author's first work under the name provided. I certify that the work has been adequately completed and is ready for submission.

Supervisors signature: Date: 25/05/2022

DEDICATION

My dedication goes to my family and friends for their never-ending support and the encouragement. May God continue blessing them for their good works

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- Initially, I would like to thank my Almighty God, for giving me courage and strength to work hard, thank you so much dear Lord.
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- All my Bachelors in Public Health lecturers for their skills and knowledge I acquired and learned from them, indeed I applied these in undertaking this research work

Contents

ABSTRUCT

Access to mental health services is a serious issue worldwide, but it is particularly acute in underdeveloped nations like Zambia. Mental disorders, despite their importance in the comparison to other maladies such as infectious conditions, the global burden of disease receives less attention at the global, regional, and local levels. The objectives were to identify systems of treatment for mental illnesses, explore local concepts about mental illness and how these influence access to mental health services and to find out the experiences of people in accessing mental health services at Lewanika hospital in Mongu

Study approach A qualitative study was used in this research Study design It's exploratory because it goes further into an issue that hasn't previously been completely studied, with the purpose of identifying priorities, generating operational definitions, and refining the final research..Study population The study population was drawn from the residents of Mongu Sample sizeA upper limit of 15 participants was used in the study according to the recommended number for qualitative type of research Data collection technique. Thematic analysis was used to analyse the data obtained, which involved

Use of services has also been hampered by stigma from health care practitioners, the community, and family members. Lack of prioritising of mental health services in primary and certain secondary health institutions, as well as a lack of or limited awareness of mental health disorders, have contributed to the stigma. Despite its neglect, excellent mental health benefits everyone, thus these barriers must be overcome

The provided information that might be valuable in resolving obstacles at three levels: policy, facility, and individual, based on the research conducted. It can also help with the implementation of mental health policies because the roots of these impediments have been identified

CHAPTER ONE

1.0 Introduction

Patients' access to mental health (MH) care is uneven in many regions of the world, and this would necessitate reforms (Volpe U 2015). Although Eastern European nations appear to be in line with worldwide statistics when it comes to the length of time it takes for a patient to visit a psychiatrist for the first time, studies reveal that this time varies substantially from one patient to the next (Volpe U,2015).

People with mental health diseases are also subjected to violations of human rights including chaining and treatment without their consent, which is a major source of worry. They are also discriminated against, with political participation forbidden to them and social, family, and educational opportunities denied to them (Eaton et al., 2014). According to a survey conducted in Zambia in 2007 (MOH, 2007), 120,000 people suffer from mental diseases, with 27,000 of them suffering from schizophrenia, bipolar disorder, and anxiety disorders. However, over 90% of these folks do not receive treatment for their ailments. According to a review of several databases, published research data on mental health in Zambia is few. According to the World Health Organization, Zambia's 2014 country profile is a stand-alone mental health strategy or plan, although the plan has yet to be implemented owing to a lack of financing. It also suggests a shortage of mental health experts for the county's mental health services. Several research imply that local mental disease notions such as causal features, treatment acceptability, and stigma obstruct care seeking even when services are accessible (Miranda & Patel, 2005).

Access to mental health services is a serious issue worldwide, but it is particularly acute in underdeveloped nations like Zambia. Mental disorders, despite their importance in the comparison to other maladies such as infectious conditions, the global burden of disease receives less attention at the global, regional, and local levels.. The treatment gap for mental diseases in Africa, that is, the number of individuals who require therapy but do not receive it, is quite vast, particularly in low- and middle-income nations. The worldwide community has identified this vast treatment gap as a serious public health issue (Bass et al., 2012; WHO, 2013).

These diseases have been recognised as substantial contributors to the worldwide disease burden (Whiteford et al., 2013), accounting for 13% of the total in 2004 (Whiteford et al., 2013). (WHO, 2013). . According to the WHO, 59,000 individuals in Africa suffer from bipolar illness, while 24 have schizophrenia (WHO, 2014). According to WHO projections, one out of every four individuals may have a mental health problem over their lifetime, resulting in 600 million people globally being incapacitated (WHO, 2003)

Even though mental diseases contribute considerably to the global burden of disease and have serious implications for individuals who suffer from them, the majority of persons who seek treatment for mental illnesses are denied. as stated by WHO estimates, amid 76 and 85 percent of people who have mental diseases in small and middle-pay countries do not obtain therapy for their ailment. Zambia is a middle- to low-income country, and mental health services are mostly available to the wealthy. People who suffer from these conditions have a higher risk of impairment and death. (W.H.O 2015). Individuals with schizophrenia and serious depression, For example, having a 40% to 60% greater chance of dying before their time than the general population. Other medical illnesses, such as cardiovascular diseases, malignancies, diabetes, HIV infections, and suicide, are frequently the cause of these early deaths (Whiteford et al., 2013). Several research imply that local mental disease notions such as causal features, treatment acceptability, and stigma obstruct care seeking even when services are accessible (Miranda & Patel, 2005).

1.1 Statement of the problem

Individuals suffering from mental illnesses are typically overlooked, and it takes serious instances or violent behaviour to seek medical help, which is usually done members of the family (Abdelgadir, 2012). Mental illness can have serious consequences or exacerbate other health problems, and vice versa. According to health care specialists, HIV infection causes 40% of mental distress cases.

The services in Zambia are focused on the tertiary level, while basic health treatment services is poor or non-existent due to reasons like human resources restrictions (Mwape, 2010). Mongu district of the western province of Zambia which is the provincial head quoters has reported some cases of mental health cases as most of the patients are kept locked up in homes or considered as

a cultural abomination. (Bunonge 2018). Despite Lewanika general hospital providing mental health services to the people, it is unknown as to why the services are not highly utilized. For example, a study at a Lusaka urban health centre found that more than 80% of respondents have access and utilisation issues (Lungu) (2015). Given the magnitude of poverty and unemployment, mental health issues are extremely likely to worsen, and many Zambians are at danger (Mwape, 2010).

As a result, there is a need to investigate the variables that impact access to mental health services at Lewanika General Hospital in Mongu, Zambia, in order to provide a suitable response to the country's mental health care needs; and to maximise the provision of already scarce services.

Justification Poor mental health can have an impact on how an individual thinks, feels, and communicates with others (Simenda, 2013). Mental well-being is an issue that's frequently overlooked (Raviola et al, 2011). As a result, it is not considered a hazard to human life or health. and it receives less attention than other communicable and non-communicable illnesses. As a result, this study focused on the characteristics that impact hospital-based mental health care utilisation as a key entry point for the implementation of the Mental Health Policy at other hospitals or across the country.

The fact that Zambia still employs the Mental Health Act of 1951 is concerning (Mwape, 2010). Changes to the legislation are still being worked on. The first DSM was released in 1952, while the most recent edition was released in 2013. (APA, 2014). Zambia's legislation, obviously, has to be amended as well. The findings can be used to address issues at both the individual and national levels. Because there is a scarcity of information on mental health, this study will contribute to the country's mental health care understanding.

1.3 Objectives

1.3.1 General objective

To assess the mental health care and services delivery capacity at Lewanika hospital in Mongu.

1.3.2 Specific Objectives

1. To identify systems of treatment for mental illnesses at Lewanika hospital in Mongu.
2. To explore local concepts about mental illness and how these influence access to mental health services at Lewanika hospital in Mongu.

3. To find out the experiences of people in accessing mental health services at Lewanika hospital in Mongu.

1.5 Research questions

1. What are systems of treatment for mental illnesses at Lewanika hospital in Mongu?
2. What are the local concepts about mental illness and how these influence access to mental health services at Lewanika hospital in Mongu?
3. What are the experiences of people in accessing mental health services at Lewanika hospital in Mongu

CHAPTER TWO

Literature review

2.0 Barrier to Accessing of Mental Health Services

Various impediments to use services for mental health have already been discovered all around the world. Supply side obstacles, demand side barriers, and structural impediments have been identified. They'll be considered on trio different points: individual, facility, and policy.

2.1Individual level Barriers

According to studies, the largest barrier at an individual level is stigma from friends, family, society, and medical experts (Stefl and Prosperi, 1985; Corrigan, 2004; Abdelgadir, 2012; Shim and Rust, 2013, Tsai et al., 2014); Stefl and Prosperi, 1985; Stefl and Prosperi, 1985; According to Owens et al. (2002), the United States lacked a policy that examined the mental health of mental health care patients ' wives and family, even them are equally impacted psychologically through their families. As a result, both the patients and their relatives require support mechanisms (Wong et al., 2006). Inadequate information of mental disease is also a hindrance to use, as it inhibits initial detection of problems (OAS, 2006, Saraceno et al., 2007, Kung, 2004). Because certain tribes associate mental diseases with bad spirits, studies in Sudan and the Niger Delta have revealed a reliance on traditional healers in providing care to clients. Some patients in Sudan are only hospitalised after they become aggressive, or when 'Sheikhs' or traditional healers have failed to "cure" them (Woodward et al., 1992, Owens et al., 2002, Abdelgadir, 2012). Poverty has an impact on mental health, according to Anakwenze and Zuberi (2013). The expense of mental illness can also have an impact on social economic position (Saunders, 2007). Because Zambia has a poverty rate of over 60%, it would be prudent to invest in enhancing mental health services and health facilities (Abdelgadir, 2012, Jack-Ide and Uys, 2013).

Nevertheless, according to Bird et al. (2010), most poor nations continue to give mental health a low priority and lack information since other'more'has eclipsed its important' initiatives like antiretroviral therapy or vector infection control (Raviola et al., 2011).

2.2 Policy constraints

The Act on Mental Illnesses of Zambia is old and is being revised (Kapata, 2010). Though, in 2005, a policy on mental health was formed so that as to meet the country's mental well-being treatment requirements (MoH, 2005). This policy complied with WHO regulations, although not with the needs of the people, as it was developed with no input from benefactors such as mental health care consumers (Mwanza et al., 2008).

The Mental Health Care Act of South Africa was passed in 2002. according to research by the MHaPP (2008). It demonstrated a reaction to the people's human right's needs, and key parties were consulted during its preparation. Facilities have being transferred from the regional level to the locality point (Mkhize, 2008). It also supports informed consent and voluntary treatment. However, obstacles like as uniform funding throughout all districts and provinces impede implementation of this law (MHaPP, 2008). Sudan, too, faces legal issues, according to Abdelgadir (2012). One of the strategies implemented is health insurance and increasing coverage would enhance patients' capacity to receive care. However, because health insurance cover does not include many prescription items, the medications are even so insufficient. Healthcare is expensive for patients due to insufficient policy financing (Lea, 2014). Mwape (2010) proposed to policymakers in Zambia a policy brief concerning the Incorporation of mental health services within the healthcare system. The first strategy was incremental, beginning with a pilot project to introduce services and then gradually extending the initiative. The second plan was more thorough, involving the simultaneous implementation of services in all provinces. This would allow for a rapid and efficient scaling up of the services. It's important to look at how things have gone thus far.

2.3 Facility level barriers

The condition of the facilities is a major impediment to mental well-being treatment (Saraceno et al., 2007). In Uganda, public spending on mental health is less than 1% of the overall budget allocated for health (Chisholm et al. a - 6 - 2007), and 30% of nations do not provide any funds to mental health (Abdelgadir, 2012). Drug shortages, a lack of staff, and overpopulation plague most mental health facilities (Sherbourne et al., 2011, Mwape, 2010, Kapata et al., 2010, Abdelgadir, 2012). According to Abdelgadir (2012), working employees at Khartoum state mental health institutions is not much appreciated and lacks monetary support in order to enhance its functioning.

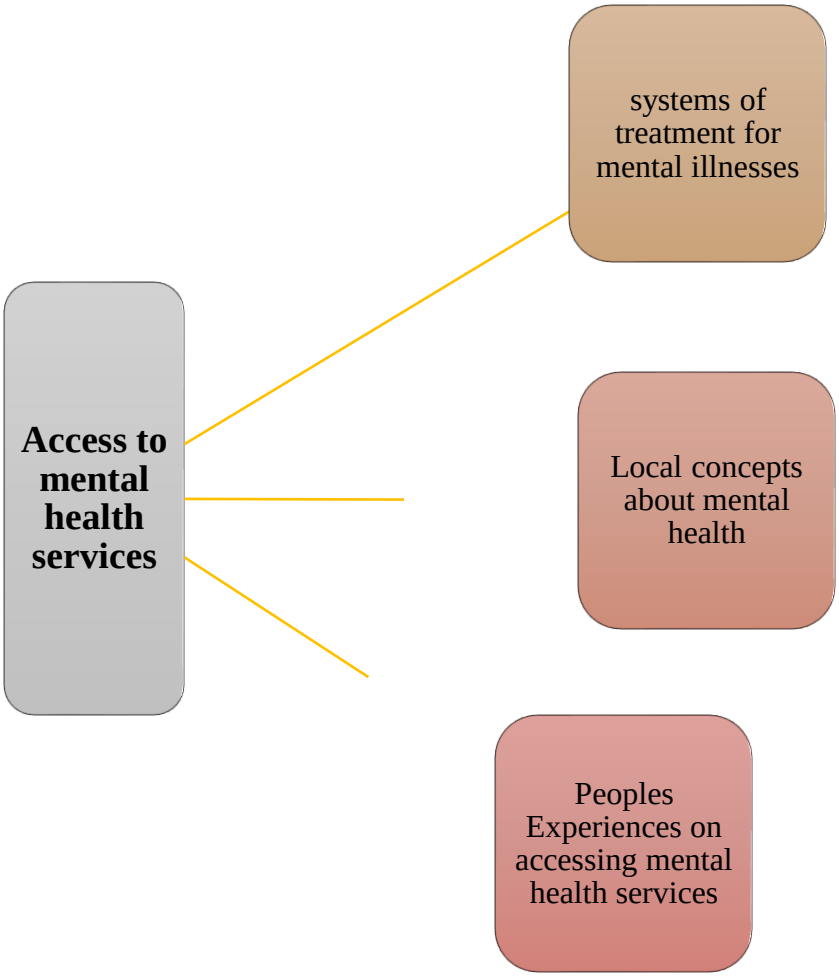
According to the poll on mental health and poverty (2008), people who have mental problems remain not examined before being admitted to a higher level hospital. They recommend situations to larger facilities when they may be managed at the lower levels, resulting in both a referral and an overcrowding problem at the tertiary level. The majority of the present workforce is either uninterested in mental illness situations (Yankauer, 1987) or may be interested but are underpaid (Mwape, 2010). Primary care physicians, rather than specialised mental health experts, offer the majority of treatment, according to Eaton et al. (2008). This is due to a scarcity of psychological health professionals (Kauye, 2008). In Zambia, psychiatric units are in seven general hospices around the country, with Lewanika Hospital in Mongu serving as the province's sole provider of mental health care (Mwape et al., 2010). In these psychiatric institutions, there are around 2667 patients per 100,000 persons (Mwape et al., 2010). These data already reveal a scarcity of resources. There is also an issue with how data is collected at the district level, since it is classified as psychosis and neurosis (Mwape, 2010); this is in accordance with the obsolete DS Anxiety-based illnesses, somatoform disorders, mood disorders, dissociative disorders, and schizophrenia have all been replaced by more precise classifications. This leads to under-reporting, misdiagnosis, and a lack of reporting (Mwape, 2010). The Master of Medicine in Psychiatry, which was just started in 2010 at the University of Zambia, has resulted in the addition of three new psychiatrists to Zambia. Only three psychiatrists practised in the nation prior to this (Simenda, 2013). In light of this, it was necessary to identify the roadblocks to the implementation of mental health policies. The goal is to minimise the burden of mental health disorders by breaking down barriers at the individual and institutional levels.M-II to DSM-III R (Kasschau, 1995).

2.4 Theoretical framework

The present study is positioned in the Problem Behaviour Model (PBM), a psychosocial framework formulated by Richard Jessor (Jessor 1991). Three separates but connected systems make up this idea. Personality, perception of the environment, and behaviour are examples of these systems (Zamboanga et al. 2004). Individual values, expectations, beliefs, and attitudes are variables in the personality system, whereas social elements like family and peers are included in the perceived environment system. On the other hand, behaviour system consists of problems such as delinquency and other maladaptive behaviours (Murphy et al. 2001).

This theory will explain how an individual's view of the advantages and obstacles to mental healthcare access, as well as ensuring that people have access to mental healthcare, may enhance people's lives and communities. Suicide, legal challenges, family conflicts, career issues, drug misuse, and other mental and physical health problems may all be drastically reduced or eliminated for many people**.**

Conceptual framework



CHAPTER THREE

METHODOLOGY

3.1 Introduction

The methodology used in this chapter contains a research., which is divided into sections such as the data gathering instruments, data collection process, sample size, sample selection, inclusion and exclusion criteria, research design, research environment, study population, scientific rigor, and ethical consideration.

3.2 Study approach

A qualitative study was used in this research. Qualitative techniques draw on the experiences of those involved in order to better understand why certain behaviours occur. Narratives are the core focus of qualitative research**.**

3.3 Study design

A research design is a strategy for collecting, evaluating, and interpreting data that guides the researcher through the process. It's exploratory because it goes further into an issue that hasn't previously been completely studied, with the purpose of identifying priorities, generating operational definitions, and refining the final research..

3.4 Study population

The study population was drawn from the residents of Mongu. Mongu is the provincial headquarters of Western province in Zambia, holding a population of up to 71 830 residents

3.5 Sample size

A upper limit of 15 participants was used in the study according to the recommended number for qualitative type of research. Marshall (2013), In a qualitative study, the sample size for in-depth interviews/focus group discussions should not exceed 15. 5 Health workers and 10 members of Mongu residents

3.5.1 Sampling strategy

The research used a purposive sampling for it best describes the targeted group within a specific population. The study did not just use all the workers at the health facility but targeted those that hundle or understand mental health issues and the residents that are well informed on the matter.

3.6 Data collection technique

The research process was used a combination of research instruments to collect primary and secondary data. The study's methods included in-depth interviews and focus group discussions. In-depth interviews and focus group discussions were used to acquire information.

3.7 Data analysis

In order to avoid misleading data, the data acquired from the interviews was double-checked for consistency. Thematic analysis was used to analyse the data obtained, which involved developing themes from interview and focus group data. The analytic procedure began when the data was initially gathered and lasted until the study was concluded.

3.8 Scientific rigor

The stringent use of scientific processes to guarantee robust and impartial design, methodology, analysis, interpretation, and reporting of results is known as scientific rigor.. To obtain reliable information the researcher used credibility, transferability, dependability and confirmability to ensure robust and unbiased in this research. To obtain consistent and valid information, the researcher has to be trustworthy in order have to trust in the researcher.

The research was conducted with permission from the school and other stake holders and the research findings were counter checked by other research informants to make sure there is no biasness. The objective is typically to gain a "genuine" understanding of people's experiences, and open-ended inquiries are the best way to do it. As an example, while collecting life histories or interviewing participants, they may simply be requested to "tell me your tale." Small samples are used in qualitative interview research, and the interviewer-interviewee connection can be characterized scientifically. Buchler and Biggs (2007)

The technique was designed to encourage interactions with data that allow for and support creative discoveries. This will be accomplished in the research by collaborating with the participants. The researcher surrounds himself with data in many formats, such as verbal representations, models, infographics, and so on, allowing for and enabling multimodality forms of data engagement throughout time. Engagements to wide overview and during moments of intense labour and thought, both vital for creative ideas on excellence in research activity. Because qualitative

research is context-specific, it is critical to offer a "rich description" of the specific study setting, allowing the reader to determine if it is transferrable to their scenario or not. Dependability ensures that the procedure is detailed in sufficient detail for another researcher to recreate the study.

3.9 Ethical Considerations

The following ethical issues were taken into account during the research: consent from authorities, right to secrecy, and respect for human rights. All participants in the research were initially granted permission. Before participating in the study, the researchers will ask respondents' agreement and propose non-compulsory participation as a social value. As a result, participation was entirely voluntary and not compelled, as the researcher was required to respect the rights, dignity, and beliefs of each individual respondent. Respondents will be provided with detailed information about the study, as well as the potential costs and advantages of participating. The integrity of secrecy and discretion had to be preserved, with the gathered data being considered as a cumulative study. As a result, no one was recognised by name. The right to privacy, desire, voluntary involvement, and dignity of respondents will be protected."

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

4.1 Introduction

The results or outcomes of the research Assessing the Delivery of Mental Health Care and Therapy Services at Lewanika General Hospital, Mongu are presented in this chapter. It also includes a summary of the findings based on theme analysis of In-depth interviews and Focus Group Discussions**.**

Following presentations of emergent themes derived from data thematic analysis, participants in this research project were discussed. Verbatim citations were utilised to highlight the themes while presenting the study's findings. Cryptograms (secret codes) such as Participant 01 to Participant 15 were employed to show the data to ensure participant confidentiality."

4.2 Participant's information

The participants consisted of 9 females and 6 males 1 doctor, 1 clinical officers 1 nurse, 2 psychologist and 10 respondents of found ***at Lewanika General Hospital, Mongu*** that emerged for the interviews and focus group discussion with the health workers. The participant's age range was from 26 to 45.

Table 4.1 participants

Sr No.	**Age**	**Gender**	**Education**	**Marital status**	**Occupation**	**Totals**
1	47	Male	Tertiary	Married	Doctor	**1**
2	32	Female	Tertiary	Married	Clinician	**1**
3	40	female	Tertiary	Single	Nurse	**1**
4	36	Female	Tertiary	Married	Psychologists	**1**
5	33	Male	Tertiary	Single	Psychologist	**1**
6	20 -30	Female	Secondary	Married	Unemployed	**6**
7	31- 40	Male	Secondary	Married	Employed	**4**

The themes that emerged from the focus group questions and interviews in line with the three specific objectives were grouped into the following topics in this study: Mental illness, System treatments, Major challenges, Facility level, Individual level, Factors contributing to utilization Service, Alternative treatment, Mental health conditions Men's or women or children mental health illness are there, Stigma in mental health in families,Knowledge of mental illness in the family, service and expectations

4.3 Identify systems of treatment for mental illnesses

Individual or group therapy helps many people who have been diagnosed with mental illness achieve strength and recovery. There are numerous therapeutic options available. There is no one-size-fits-all therapy; instead, people can select the treatment or treatment combination that best suits them.

4.3.1 Mental illness

Mental disease, often known as mental health problems, encompasses a wide spectrum of disorders that impact your emotions, thought, and behaviour. Depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours are all examples of mental disease. Many people experience mental health issues at times. (W.H.O.2011).

But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

Respondents were asked on what mental illness was and how the service was at Lewanika general hospital,

"Many persons who have been diagnosed with mental illness find strength and healing via individual or group therapy. Clinical therapy nowadays is usually done in the community rather than in a hospital. Anyone diagnosed with a mental disorder that requires treatment should be able to access a variety of professional services in their own neighbourhood. Psychotherapy, medication, case management, hospitalisation, complementary and alternative medicine, self-help plans, electroconvulsive therapy, and art therapy are only some of the therapeutic options available." Doctor

4.3.2 Major challenges

A health system, according to the World Health Organization (WHO), is the sum of all the organisations, institutions, and resources that work to improve the health of the people they serve. It should offer appropriate and financially equitable services, high-quality universal healthcare and resources, and safeguard everyone's right to health through professional and non-professional assistance (Semrau et al., 2015).

Major issues and barriers in mental health treatment were discussed with the participants.

"More patients than ever before are suffering from mental disease. Most individuals are unaware that mental health and behavioural difficulties are significantly more widespread than they think. Every day, patients all around the country suffer from psychological issues and diseases. However, instead of going to the doctor as they would for any other illness, these people encounter significant patient access restrictions. As a result, they are kept out of mental health facilities. Because mental illness is a chronic condition, it can be fatal if not treated properly." Psychologist

4.3.3 Facility level

A multidisciplinary team that treats mental illnesses frequently includes counsellors, psychologists, psychiatrists, nurses, mental health aides, and peer support workers. Psychotherapy is a therapeutic treatment for mental disease provided by a competent mental health practitioner. Psychotherapy seeks to improve a person's well-being by analysing their thoughts, feelings, and behaviours. Combining psychotherapy and medication is the most effective way to promote recovery..

"The major challenges faced at the facility level include lack of human resource. It was observed that the infrastructure employed for mental health treatments was both decrepit and ineffective. The structures were deteriorated since they had been constructed many years ago and had not been strengthened. The unit at Ndola was in better shape. The status of these facilities had an impact on how family members viewed the institutions to which their patients were admitted. Furthermore, these institutions were deemed ineffective since they lacked innovation geared at mental health patients.e." Nurse

"A patient seeking therapy should feel as if they have arrived in heaven. As a result, if the facility appears to be filthy, it is not helpful for them. Progress is hampered by the environment. Because of how the atmosphere is looking, some families refuse to provide assistance for their ailing relatives." psychologist

The institutions also didn't have the capacity to handle the influx of patients. Some nurses said that segregating acute and rehabilitative patients was vital since treating both produced congestion in the facilities. It was determined that the units' capacity to see a significant number of patients was constrained. The number of beds available was just insufficient to fulfil the demand for mental health care.

"Then there's the issue of too much congestion on occasion. This ward has just 18 bed places, however we can occasionally have up to 60 patients. …" doctor

4.3.4 Individual level

Mental health services must accommodate a broad clientele. Diversity refers to the presence of distinctions amongst individuals; it is most typically used to historically oppressed groups such as women, gays, and racial and ethnic minorities, although it is not restricted to them. The psychology of variety investigates why these distinctions matter, how the ensuing social categories are used to assess and evaluate others, and how this might lead to interpersonal and intergroup problems. Individuals from ethnic minority groups have special challenges when it comes to service provision.

Despite possessing knowledge and expertise, there is little incentive to work. We can't treat the patient since we don't have any medications. There are no support staff on hand, such as psychologists or social workers. employing a multidisciplinary strategy All of these persons need be present in order for a patient to be treated holistically. Despite having the expertise, demotivation is too much... Within PHC, there is also a secondary level when someone is already unwell, and there should be a lot of staff, such as social workers, psychiatrists, and

psychologists, so that a patient may be treated holistically rather than merely given medication and sent home.". Respondent and nurse

Awareness or Education (Knowledge about mental health conditions) The missing link in mental health care has been identified as a lack of knowledge regarding mental health disorders. Prior to having a patient in their home, all family members admitted to having little or no awareness about mental health disorders. Faced with the condition, they became more conscious and knowledgeable. They also stated that if they had known more about the diseases, caring for their family members would have been lot easier. However, one of the reasons why family caregivers sought medical attention directly from regional centres was because services were centralised. The most common knowledge regarding mental illness was where to go if a family member became unwell. One participant indicated that she was aware of mental health difficulties previous to the sickness in the family:

"No. I only found out after she became ill. I used to simply stare at ill individuals. I wasn't thinking about mental health issues at the time. I was only concerned with feeding my family and ensuring that their basic necessities were addressed. Because I am not married. I had no prior knowledge of these illnesses…." respondent female

Poverty According to some nurses, mental health problems afflict the impoverished more than the wealthy. Although the majority of the medicine was offered at the health institutions, the patients' treatment was expensive. However, the cost of the sickness was viewed as a difficulty by the majority of patients' family members. The cost of illness refers to the additional expenses experienced by these family members as a result of having a patient in the home. Because the services were only available at provincial hospitals, family members had to travel from all across the province to get them. They also had to care for their patients while living in a shelter.

They were unable to work since they were required to care for the sick in these annexes. Patients who did not have family support had difficulty getting healthy, according to the health care providers. Not only were the consequences pecuniary, but they were also emotional.

"It's been a financial problem since before he was sick, we both worked, he had a job, and I also sold some things, but now everything has come to a halt. We've both arrived. There is now

hunger in the house... Even youngsters are affected. I just have one child right now, and caring for him has become quite challenging, so I've just sent him to my relatives while I'm in the hospital... Because he is unwell, work has come to a halt, and I am here to care for him. It's quite difficult..." respondent

4.3.5 Factors contributing to utilization

The administration of mental health services has also been identified as a hindrance to mental health care provision in Zambia. Due to the present legal framework, numerous people with mental illnesses have been reported to be hauled to institutions against their will with the assistance of police officers who, in some cases, were abusive and violent to the patients. Because of this therapy, some individuals became hostile to getting any drug.

"Because he was scaring people and they couldn't lock him up, it was government policy for the cops to step in... Until he stabilises and the doctor says he's OK... Even if a court order is in place, the police should treat him with respect because he is not a criminal, but rather a victim of disease. You simply greet the person politely." Respondent's

Many health care practitioners believed that even if they voiced their concerns, nothing would change because mental health had seen very little major improvement. Despite stating where they believe reform should begin, many believed their thoughts would fall on deaf ears. The biggest problem these organizations encountered was a lack of funds to conduct out operations or completely enable them to deliver these services. There was not much change that could be expected due to the lack of monetary provision.

"I may blame management for this since we need money and transportation to perform these things... I believe there are no critical persons who can make and implement choices... Being heard when you don't have a voice is difficult, so you simply keep doing what you're doing. Because your voice has little weight, you stick to doing things inside your sphere of influence." psychologist

4.3.6 Service provision

Community Mental Health was viewed as a way to assist raise awareness about mental health issues. Mental Health Assistants were a solution for raising mental health awareness as well as human resources. Following their training, the Mental Health Assistants went out into the community to teach and sensitise people about mental health and how it might be protected. They enhanced knowledge levels and hence provided information to the community. Because individuals became more aware of mental health issues, their risk factors, causes, and symptoms, early diagnosis and prevention of mental health conditions became possible. They may also be more equipped to care for sick family members, lowering the incidence of recurrence instances.

"Nurses and community helpers would both go out into the field to educate people about the predisposing and triggering elements. It can also help family members understand the necessity of supporting their patients. Also, to remind them that they are the key to getting better as quickly as possible. They are crucial in avoiding relapse."

Doctor

4.3.7 Alternative treatment

Another option was to use the media to assist raise awareness. It was claimed that the media, in the form of music and films, occasionally promoted negativity connected with mental health conditions. Others, on the other hand, thought that using the media to raise mental health awareness was a wonderful idea. Campaigns can also help raise awareness.

"People lock up their family members with conditions in their houses, even the crippled and HIV positive, because there are so many radio stations, television stations, newspapers... such things are nice. Because more individuals are aware of AIDS, the situation has improved. Funding for raising awareness should be made available. " Doctor

Participants were asked on how the mental health patients given the service at the faculty and the response was as follows

"Mental health services are provided through counseling and treatment at the facility, treatment is somewhat complicated as the hospital doesn't really have a, mental health facility at the place" Nurse

Participant's response on service expectations

"Lewanica being a hospital I expected proper services, most of these mental health services are neglected and not taken serious, it's very disappointing " Respondent male

4.3.8 Considered alternative treatment of mental health, eg traditional healers

While family members considered this as the first option owing to the "supernatural" nature of mental health issues, medical workers noted that traditional healer consultations frequently interfered with a patient's treatment plan. Mental illnesses are chronic illnesses that require constant monitoring and management. As a result, most families lost their tolerance when caring for their patients. As a result, they sought alternate remedies. Alternative treatment alternatives influenced medication and care compliance.

"A Zambian may be a Christian, but the traditional healer is always there in their minds. When one option doesn't work, we move on to the next." "Both health care clinicians and family caregivers pointed to the fact that traditional healers and other support organisations, such as the church, are frequently contacted before, during, and after the development of mental health disorders," said one respondent. Before coming to the hospital, the majority of the family members went to a traditional healer or went to pray. Because of the emotional pressure brought on by mental illness, several family caregivers claimed that the church was a source of solace.

" Respondents

. "Some people opt to see traditional healers instead of coming to the hospital. And only after they have failed do they come to the hospital. And by that time you find that the patient has even started to deteriorate. The brain becomes damaged so bad that even if you treat them, it can't

even lead to the maximum level of functioning they were at before getting sick…" Respondent Male

Family members frequently travel to the hospital when the person's health has seriously worsened and other consultants have failed to treat them, according to health care providers. Because many family caregivers equate mental health problems with spiritual sickness, they are generally treated by traditional healers. The health-care professionals, on the other hand, choose to encourage dual therapy or consultations. They were more concerned with ensuring that patients got to the hospital for medical treatment than than banning them from seeing traditional and spiritual healers. So far, this has helped to alleviate any delays or derailments caused by just seeing conventional or spiritual healers.

"…over 80 per cent of the times we are able to convince them, they may continue seeing the traditional healers but they also take our medicines… The only conflict comes when the traditional healer says they cannot take our medications, and that's when the patients relapse…" Clinician

4.4 Local perceptions of mental illness and how they impact access to mental health services

4.4.1 Mental health conditions

Many people experience mental health issues at times. When persistent indications and symptoms create regular stress and impair your capacity to operate, a mental health condition becomes a mental disease. Mental illness can make you unhappy and cause issues in your everyday life, such as in school, work, or in your relationships. Symptoms may usually be controlled with a combination of medicines and talk therapy (psychotherapy)

"Mental illness, also called mental health disorders, refers to a wide range of mental health conditions disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors." Doctor

4.4.2 Men's or women or children mental health illness are there

Males and women are both affected by mental diseases, although men suffer from them at a lesser rate than women. Men with mental problems are also less likely than women to have sought help in the previous year.

"However, men are more likely to die by suicide than women, according to the Centers for Disease Control and Prevention. Recognizing the signs that you or someone you love may have a mental disorder is the first step toward getting treatment. The earlier that treatment begins, the more effective it can be." Doctor

4.4.3 Stigma in mental health in families

Three degrees of stigma were identified. Stigma from family members and the community in which the patient resided, as well as stigma from health-care practitioners. Self-stigma developed when a patient realised they were unwell and began to lose faith in their medicine and family's treatment.

"Also self-stigma from the clients themselves it becomes very difficult for someone to recover because of certain beliefs they come with from the community" Respondents

The health-care practitioners were another source of stigma. This wasn't always evident in the manner they treated patients, but it is evident in the number of human resources who became mental health professionals at various levels of care, including Primary Health Care.

"The clinics do not attend to the patients because they feel lazy to take care of the patients. So whenever they see a mental condition, they just refer them here (facility)…the clinics refer them here because they take it for granted that here we have wards and bed spaces for treating these conditions, even though the conditions are not that bad". Respondent

The way the patients were handled was something that both the family caregivers and the health care personnel took pleasure in. Despite being overburdened owing to personnel shortages, family members of customers commented on how outstanding the treatment was. The health-care workers stated that their training allowed them to treat patients nicely rather than stigmatise them. This

therapy, however, took place at regional hospitals or at Chainman. The patients were not even attended to by the lowest level institutions.

"The clinics do not attend to the patients because they feel lazy to take care of the patients. So whenever they see a mental condition, they just refer them here. Sometimes I send these back, because the clinics can handle some of the cases. Sometimes the patients are brought here in cuffs but they are not even violent. It just takes a little more understanding." Doctor and respondent

Patients with mental health illnesses were said to be stigmatized in the community, which created problems with medication adherence and the patient's well-being. Even when the patient was cared for by the family, they were unable to fully protect them from humiliation and criticism from their neighbors and acquaintances. As the patient became aware of their disease, learning about the community's stigma was said to lead to self-stigma.

"In the community, there is stigma. Because people see you in the ward and know my spouse is a psycho. Even when we are released and arrive in the neighbourhood. Her spouse is a lunatic, and they nickname him "lishilu." When he asks what led him here, I tell him it was raised blood pressure. Because they are afraid of relapsing he is told the truth. People in the community are the ones that inform him that something is wrong with him, that he has a mental disease. As a result, he is occasionally ashamed to return for medicine." Respondents female

Clients or families were sometimes ostracized because mental illness was considered as a result of supernatural transactions that went wrong. The stigma was also reported to be spread mostly due to a lack of understanding of mental health issues. Because residents were unaware about the origins of the diseases, how they were treated, and how patients should be cared for, they had a negative attitude toward the patients. This decision was based on a number of misunderstandings and misconceptions concerning mental illnesses. Some common myths include the belief that mental disease may be conveyed by patient bites and that mental illness is sexually transmitted.

4.5 People's experiences obtaining mental health care

4.5.1 Knowledge of mental illness in the family

In today's health environment, mental health issues have become a major concern. According to a World Health Organization research, one out of every four people may experience mental illness at least once in their lives. Family members' understanding of mental disease is critical in caring for persons with mental illnesses. In this study, overall awareness of mental illness was shown to be on the upper side.

"Knowledge of family members regarding mental illness has an important role in the treatment process. Persons with mental illness are cared and supervised by their family members in medication, self-care, and rehabilitation as well as to take decision about treatment on behalf of them. The researchers have observed that family members often express fear of negative impact on the physical health of a person with mental illness due to prolonged medications and also the patients are taken to some faith healers who treat in an unscientific way." Respondent

4.5.2 Increasing mental health awareness

The epidemic has been a watershed moment in mental health awareness. During the Coronavirus, the Covid-19 isolation was the great equaliser, throwing us all into various stages of mental discomfort. We are suddenly lot more conscious of how vulnerable our mental health is as a society, and we have a deeper understanding of how dreadful it is to feel awful. We may all benefit from better mental health understanding and compassion.

"Our efforts to fix the broken mental health system must include raising awareness about the issues, but without action nothing will change. Raising awareness is necessary but not sufficient for lasting change. I can be aware of stigma and discrimination directed toward people with mental illness, but unless I change my attitudes and behaviours toward them, nothing will be different. I can be aware of inadequate funding for mental health programs and a lack of appropriate services, but until our policy makers increase resources, services can't grow enough to meet the demands. I can be aware of the lack of access to services for people in crisis, but until we change the rules so people can get care when they really need it, people will still be excluded in times of need. Raising awareness is a critical first step. Everyone must be educated

on the basic facts about mental health conditions, appropriate treatments and how to access care. But just raising awareness without taking effective action won't really get us anywhere in the long run. We have to be doers, and not just thinkers. We need to have a sense of urgency that the problems with the current system must be fixed and must be fixed now." Clinician and respondent

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

Some of the impediments identified in the literature corresponded to the data sought in this investigation. These were the primary reasons for policy implementation issues in the mental health industry. Budgetary allocation to mental health in the country was insufficient, which was the primary cause of difficulties in executing the mental health strategy.

5.1 Demographic information

The participants consisted of 9 females and 6 males 1 doctor, 1 clinical officers 1 nurse, 2 psychologist and 10 respondents of found at Lewanika General Hospital, Mongu that emerged for the interviews and focus group discussion with the health workers. The participant's age range was from 26 to 45.

5.2 Systems of treatment for mental illnesses

Mental disease, often known as mental health problems, encompasses a wide spectrum of disorders that impact your emotions, thought, and behaviour. Depression, anxiety disorders, schizophrenia, eating disorders, and addictive behaviours are all examples of mental disease. Many people experience mental health issues at times. (W.H.O.2011).

The majority of the sector's problems stemmed from this. This position was comparable to that of other nations including Ghana, Niger, and Sudan, which all had budgetary allocations of less than 1%. (Chisholm et al., 2007, Abdelgadir, 2012, Lea, 2014). Mental health existed, and efforts to incorporate mental healthcare within the Primary Health Care package, as recommended by Mwape, were considered as part of its implementation (2010). In actuality, this had not been done since there were no mental health services available at the district or lower levels. Only at the provincial and national levels were these services offered. According to Kapata et al. (2010), the Mental Health Act was being revised but was on the verge of being repealed.

The policymakers also stated that there was potential in the Social Health Insurance proposal to add mental health insurance. This was the approach followed in Sudan to increase mental health treatment and drug access (Abdelgadir, 2012). The money was also cited as a major factor in the improper and decrepit infrastructure of mental health units at the institution level. The majority of people trained to treat mental health disorders were redirected to other sectors, resulting in a shortage of human resources. Abdelgadir (2012) discovered something similar in Sudan. Furthermore, since mental health treatment at the district level has declined, those human resources have had less opportunity to exercise their abilities. This is why they went into other sectors like HIV treatment. There was no specialist personnel at the district or lower levels, and there were few or no psychiatrists available in the provincial hospitals. Kauye (2008) discovered something similar in Malawi. The concentration of services at the provincial and national levels had resulted in overpopulation in institutions that were not designed to serve such large numbers of patients. This was similar to what Mwape (2010) discovered. Even transient situations like those caused by alcohol and drug misuse, which could be addressed at the primary care level, were referred to the provincial annexes, causing ward overcrowding.

5.3 Local perceptions of mental illness and how they impact mental health treatment access.

This matched what the experts discovered (MHaPP, 2008) There were initiatives in South Africa to bring these services from the provincial level to the district level as well, and these efforts were successful (Mkhize, 2008). Use of mental health care was still hampered by stigma. Stigma was a problem for the patient, according to the family members at the institutions visited and the health care personnel in the case study. The patients' care was hampered by ridicule from the community and health-care providers. The family members contacted for the case study stated that the nurses and clinical officers at the facility treated them nicely. This was not the case in the study, since there was overwhelming evidence that the majority of persons who sought mental health treatment were stigmatized by health care practitioners.

Lack of understanding is still cited as a factor for late diagnosis, according to research (Kung, 2004, OAS, 2006, Saraceno et al., 2007). People who are informed about mental health disorders are three times more likely to use mental health services, according to the report (95 percent CI: 2.7, 12.3). The family caregivers at the various institutions in the case study also revealed that

most people had little knowledge of mental illness before being confronted with these issues. This implies that individuals who have used will have a higher degree of expertise. In the survey, people with a tertiary degree had a greater level of knowledge than those with only a primary education (OR 3.91, 95 percent CI 1.76, 8.66). There was evidence that understanding and awareness of mental health issues would be substantially lower in areas with poor educational levels.

5.4 People's experiences with accessing mental health treatments

According to Patel and Kleinman (2003), there is a link between poor educational levels and the chance of acquiring mental health problems. Other research have shown that health literacy is necessary to promote health and reduce disease burden (Cho et al., 2008). However, the necessity for community-based mental health assistants to conduct mental health awareness was emphasised in the case study as required to promote knowledge and awareness, prevent relapse, and improve mental health management.

The pandemic is arguably the defining event that has brought mental health awareness to the forefront. During the coronavirus, the Covid-19 isolation was the great equaliser, throwing us all into various stages of mental discomfort. We are suddenly lot more conscious of how delicate our mental health is as a culture, and we have a deeper understanding of how dreadful it is to feel awful. Improved compassion is accompanied by increased mental health awareness, which is something we can all benefit from.

When compared to those who had not, individuals who had contacted a traditional healer owing to mental illness had a greater rate of delivery. This also implied that traditional healers were useful when someone was suspected of having a mental health problem or when contemporary medicine had failed. At the facilities visited, health care providers and family members encouraged this. Many individuals are only referred to health care specialists after their families have realised that traditional healing has failed to improve their ailment. This matched what Abdelgadir (2012) discovered in Sudan. To minimise any interruptions in the treatment paths or late diagnosis, health care practitioners at the University Teaching Hospital advised families to seek counsel from both western and traditional healers. Most of the persons interviewed said that if they had a mental health problem, they would seek help from their church. However, only a small percentage had

used mental health care. People who identified family as a source of support used mental health services more than others, implying that family was the most desired support system. This might be owing to a lack of such assistance at the national level, as in the United States of America (Owens et al., 1985), or to the stigma associated with mental illness (Stefl and Prosperi, 1985). (Corrigan, 2004). The emotional and financial expenses of managing mental health disorders were noted by the relatives of mentally ill people. They explained that caring for their patients interfered with their ability to earn a living. As a result, poverty crept into their lives gradually. This is consistent with what (Saunders, 2007) discovered when he determined that mental health issues had an impact on socioeconomic position.

5.4 Strengths and limitations of the study

The study gathered qualitative data in order to triangulate it in order to get more reliable results. However, because the qualitative component was only conducted in a few sites, transferability was restricted because these locations may only have represented a few social settings across the country.

Since this information was gathered by government agencies, private entities may have had additional insights that were not collected.

The quantitative portion of the study was conducted in Mongu, a township containing individuals who share comparable traits and was easily sampled. As a result, the findings' generalizability was restricted. Internal validity was improved by using appropriate sampling and statistical analysis.

More research is needed to learn more about the relationships between mental health service delivery and stigma, traditional healer consultation, and other variables or obstacles.

However, due to their unwillingness to participate in the study, the Clinical Officers at Lewanika General Hospital were included. This was advantageous to the study since the interviews provided more information.

The nurses in Mongu were likewise reluctant to engage in the trial, so only one did.

CHAPTER SIX-

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

The obstacles to mental health treatment Inadequate fiscal allocation to the mental health sector was a major contributor. As a result, many actions intended to enhance mental health treatment usage are not carried out. Use of services has also been hampered by stigma from health care practitioners, the community, and family members. Lack of prioritising of mental health services in primary and certain secondary health institutions, as well as a lack of or limited awareness of mental health disorders, have contributed to the stigma. Despite its neglect, excellent mental health benefits everyone, thus these barriers must be overcome. This study has provided information that might be valuable in resolving obstacles at three levels: policy, facility, and individual, based on the research conducted. It can also help with the implementation of mental health policies because the roots of these impediments have been identified. Some recommendations can be made in this regard;

6.2 Recommendations

To enhance mental health care, policy proposals might be made. To begin with, the main gap in the provision of mental health services has been money; therefore, focusing on connecting mental health treatment with other ailments or programmes such as maternity or child health might be advantageous. This would improve financing for the sector, resulting in increased community awareness initiatives and the number of mental health care professionals. Second, mental health disorders are poorly understood. This has aided in relapse situations as well as stigma.

Increasing awareness initiatives and activities is an effective strategy to overcome hurdles that originate from a lack of understanding of mental health issues. It is also necessary to send out awareness messages and provide education to the caregiver's family members. Once the patient is discharged from the hospital, this will assist to enhance patient care. Relapse instances would be reduced as a result of such a technique.

These family members might potentially serve as mental health stewards or agents, assisting other families in similar situations on a volunteer basis. This has been implemented in the maternal health field, where people of the community are involved. Practice Mental health care must be integrated into Primary Health Care in terms of practise. This is easier said than done, but it may be done gradually and in accordance with current health-care capability. Not all cases sent to provincial centres are too serious to be handled at the basic level. As a result, starting with integration at this level and gradually increasing ability to handle more complex scenarios is a good idea. Despite receiving mental health training, most health care practitioners do not provide primary mental health treatments. Practice (first-line service providing) is one strategy to boost the ability of health care practitioners who study mental health as part of their education.

This study paved the path for more research on how to improve the country's mental health situation. The survey only covered a tiny portion of the country, so there are still more insights and viewpoints to be discovered. While the poll looked at individual hurdles, additional research into the difficulties that individuals experience is needed.

Another option is to involve students from institutions that need research as part of their coursework in participatory action research. This would help them finish their education and create the groundwork for communal transformation. This would be true for both policy and practise, since research would be focused on more valuable community outcomes rather than areas where the health industry presently invests.

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Budget

CATEGORY/ITEM	AMOUNT (ZMK)
Questionnaire printing	400
Stationary (pens, folder, ruler, ream of paper)	250
Transport and meals	500
Report printing	400
Contingency	400
GRAND TOTAL	**1900**

Work Plan/Programme of Research Activities

ACTIVITIES	August 2021	September 2021	October 2021	November 2021
Study description				
Model Development/ Literature review				
Research Instrument Design/Data Collection				
Submission of the proposal				
Data analysis				
Zero draft paper				
Final draft and Submission				

INFORMED CONSENT FORM

Topic: Assessing the Mental Health Care and Therapy Services Delivery at Lewanika General Hospital, Mongu

Dear Participant,

My name is Monde Simandi, an undergraduate student at University of Lusaka. You were purposefully chosen to participate in this research by filling out questions. You may withdraw at any moment. Even if you opt to participate in this study, you have complete discretion about whether or not to answer some of the questions.

Reason for the study

The main reason for study to assess the mental health care and therapy services delivery at lewanika general hospital, Mongu. This is critical so that the researcher may give suggestions that are focused on outcomes.

Procedures

You will be briefed about the study and instructions to fill in the questionnaires will be given. If you opt to participate in the study, you will be asked to sign an informed consent form by the researcher. This information you will make available will be taken with highest discretion and there will be no record of your name anywhere..

Participants' potential gain

The research will not provide immediate advantages to you as a person, but it will provide you with an opportunity to share your thoughts on how mental health care and treatment services are delivered at Lewanika General Hospital in Mongu. Your input to this study will yield results that will be utilised to improve the delivery of mental health and treatment services. This would assist key authorities and stakeholders in developing sound policies for the country, hence enhancing the delivery of mental health and therapeutic services in Zambia.

Risks and/ or discomforts

If you don't want to answer some questions, feel free to not answer and don't worry; you're not in danger as a participant.

Exiting the project for various reasons

You can withdraw at whatever time because taking part in this study is voluntary.

Your expenses

This study will not involve any financial or material expenditures.

Confidentiality

The information gathered during the interviews will be kept in strict confidence. If you have agreed to participate in this study, please submit initials or a thumbprint where requested. If you have any questions about this study, please contact University of Lusaka at Plot No 37413, off Alick Nkhata Road, Mass Media P.O Box 36711, Lusaka, Zambia. If you have any questions, please contact us. you can contact the research coordinator Ms. M. Mubanga

I..... have understood the nature of this study and I accept to participate.

Signature or thumbprint of the participant ……

Date ……

Signature of the researcher.....

Date ……..

Interview Guide**:**

Date: _____

Interviewee Study ID: _____

Interviewer name: _____

Section A Demography

1. Age: …….
   a) 20-30
   b) 31-40
   c) 41 plus
2. Gender: ……
   a) Male
   b) Female
3. Occupation: …….
   a) In employment
   b) Not employed

4. Level of education ……
   a) Primary level
   b) Secondary level
   c) Tertiary level

5. Marriage status ……
   a) Not Married
   b) Married
   c) Divorced
   d) Widowed

Section B Identify systems of treatment for mental illnesses at Lewanika hospital

6. What are your feelings on mental health services? at Lewanika General Hospital?

……..

7. 7. What do you think the biggest hurdles and roadblocks in mental health care are?
   i. On the level of the facility. ……..
   ii. At the personal level.....
8. What factors do you believe are contributing to the current pattern of mental health care utilisation?……
9. Does the hospital have a system of treatment for mental health patients?.....
10. How are the mental health patients given the services at the facility?.....
11. Have you considered trying a different treatment option? Church, traditional healers……

Section C Local perceptions of mental illness and how they impact access to mental health services (local residents only)

12. How do you consider as mental health?
13. What are the names for mental illnesses?.....
14. Are there mental diseases that affect men, women, or children differently? .....
15. Where do you go for treatment for each of the mental illnesses mentioned? (why) ……..
16. What is done at the household level?.....
17. Do you believe there is enough skilled healthcare providers to handle service delivery?

……..

18. Do you feel stigmatised because someone in your family suffers from mental illness? Community members, health workers……
19. How has mental illness impacted your financial and emotional well-being?……

People's experiences obtaining mental health care (both local and health workers)

20. How familiar were you with mental illness before it struck your family?

…….

21. If you had known this knowledge, what would you have done differently……

22. How, in your opinion, may mental illness awareness be raised?……

UNIVERSITY OF LUSAKA

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REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
LEWANIKA GENERAL HOSPITAL
SENIOR
HOSPITAL ADMINISTRATION (S.H.A)
P.O.BOX 910147, MONGU

Date: 17th January, 2022

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PERMISSION FOR **MONDE SIMANDI No. BSPH 18214052** TO CONDUCT A RESEARCH STUDY AT YOUR FACILITY/ INSTITUTION/ ORGANIZATION

Reference is made to the above subject matter

The University of Lusaka, School of Medicine and Health Sciences here by requests for permission for **Monde Simandi** Public Health Student to conduct research at your facility/ institution/ organization, entitled; **ASSESSING THE MENTAL HEALTH CARE AND THERAPY SERVICES DELIVERY AT LEWANIKA GENERAL HOSPITAL, MONGU.**

The research is in partial fulfillment of the requirements for the degree of Bachelor of Science Public Health. This is purely for academic purposes and information gained in such a way will not be used in the public domain without prior authorization from the institutions/ organizations involved.

The research topic has been cleared by the University of Lusaka, School of Medicine and Health Sciences Research Ethics Committee as per the attached copy. Data collection is expected to be done from **1st February, 2022 to 29th April, 2022**.

The University of Lusaka avails itself of this opportunity to review to your office the assurances of its highest considerations and looks forward to your timely and favorable response.

Prof Kasonde Bowa
MSc(Glasgow),M.Med(UNZA),FRCS(Glasgow),FACS,FCS,DPH(LSTMH),MPH(UCL)
Chairman- UNILUS REC
Professor of Urology and Consultant Urologist
Executive Dean University of Lusaka and University Teaching Hospital
School of Medicine and Health Sciences.