Breathing new life into psychiatric education in Zimbabwe

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Dr Nube, one of the two doctors who set up the Child & Adolescent Psychiatry Clinic in Harare, Zimbabwe. Credit: Lucy Potter

A programme of education and research in Zimbabwe, led in collaboration with the Institute of Psychiatry (IoP) at King's, has boosted the number of psychiatrists in the country, and allowed a once fledging faculty to embrace research, and develop new specialist mental health services.

During the 2000's, when Zimbabwe faced massive economic challenges, many health professionals left the country and numbers of trainees fell
dramatically. Psychiatric and mental health services were particularly affected.

By 2009 there was only one psychiatrist and three other mental health professionals at the University of Zimbabwe College of Health Sciences (UZ-CHS) Department of Psychiatry. Nationally, there were only two additional psychiatrists within the government service. Numbers of mental health nurses had also dwindled and there were no specialist psychiatric services available.

The IMHERZ (Improving Mental Health Education and Research in Zimbabwe) programme is a collaboration between UZ-CHS, the IoP at King's, UCL (University College London), University of Cape Town, London School of Hygiene and Tropical Medicine and the Harvard Medical School. It is funded through the US Government's Medical Education Partnership Initiative (MEPI) from 2010 - 2015.

After four years, the effects of IMHERZ are starting to be felt. The number of psychiatrists in the faculty has risen from one to six (four consultants and two senior registrars), with four more in post-graduate training. Improvements in services have taken hold; two public-sector multidisciplinary child and adolescent psychiatry clinic have been established by staff and local parents' groups. Forensic, community and HIV mental health services are also underway.
"The aim of the IMHERZ programme is to re-build vibrant mental health training programs that deliver excellence in research and teaching, eventually leading to improved mental health services for the country's population" says Dr Melanie Abas, from the IoP at King's.

Dr Abas' role includes working with Zimbabwe partners and the whole consortium to review the curriculum, teach, mentor and supervise, and lead research alongside IMHERZ. She has also recruited a number of psychiatrists from the UK who have each spent 5 months in the country supporting the programme.

"IMHERZ has breathed new life into our Department," says Dr Walter Mangezi, a Zimbabwean psychiatrist who moved back from Swaziland as a clinician and educator and is now Chair of the Department of Psychiatry at the University of Zimbabwe.

The development of the child psychiatry service is a particular success
story of the programme. Since opening two years ago, the child psychiatry service has increased its weekly clinics from one to two, on each occasion seeing approximately 20 families, many of which are children with autism or epilepsy.

Dr. Florence Muchirahondo is the main child psychiatrist in the clinic, she says: "Since starting the clinic we are seeing a lot of autistic children, and many children with epilepsy. For these we can treat seizures, educate the family, and use behaviour modification for challenging behaviours. We are also seeing very young children with severe post-traumatic disorder including child refugees displaced from other African countries who have witnessed extreme violence against their parents and grandparents. I would really welcome trained visiting child psychiatrists who can stay for several months and help build our skills to treat difficult cases, to do research and to improve our child mental health systems."

At the outset of the initiative, researchers at King's, UCL and UZ evaluated the psychiatric training efforts in Zimbabwe in order to identify what might prevent the 'brain drain' of psychiatrists, and other health professionals from Sub-Saharan Africa. The study was published this month in the International Review of Psychiatry (DOI: 10.3109/09540261.2014.924487) and identified the need for speciality training and the infrastructure and training to conduct research as key factors which would encourage trainees to remain in Zimbabwe.
