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## Psychiatry in Zambia

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### Abstract

The World Health Organisation's definition of health is "a state of complete physical, mental and social well-being". However competing demands for limited resources have marginalised provisions for mental health in many Third World countries. Dr R.J. Craig recently visited Zambia and examines the extent of the country's psychiatric services.

A holiday in Zambia provided a fresh and gripping look at life, medicine and psychiatry. I was most welcome by Professor Alan Haworth, head of the Department of Psychiatry in the local university, and spent an engrossing few days with him and his colleagues.

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# Psychiatry in Zambia

A holiday in Zambia provided a fresh and gripping look at life, medicine and psychiatry. I was made most welcome by Professor Alan Haworth, head of the Department of Psychiatry in the local university, and spent an engrossing few days with him and his colleagues.

Zambia is a country large in area the size of France, Netherlands, Germany and Switzerland combined with a population of 7,000,000. Forty five per cent live in towns of 20,000 or more which means that there is a very low density of population in the rest of the country. I was based in the capital, Lusaka, which itself has a population of about 750,000.

My first 24 hours were spent soaking up the tropical light and colourful atmosphere of that busy city. There are great contrasts with obvious poverty and deprivation on the one hand, and Mercedes and expensive western clothes on the other.

On the streets one can see the occasional child on all fours and the occasional adult hipling along fixing his knee joint, both ravaged by past polio. In the teeming streets only two 'madmen' were pointed out to me. One harmless and the other addressing a large crowd like a one-man Hyde Park Corner.

*The World Health Organisation's definition of health is "a state of complete physical, mental and social well-being". However competing demands for limited resources have marginalised provisions for mental health in many Third World countries. Dr R.J. Craig recently visited Zambia and examines the extent of the country's psychiatric services.*

Within a short time I was shown round the large modern University Teaching Hospital in Lusaka and was made aware of the great public health problem that AIDS is presenting that country. The issue is still very sensitive and on everybody's lips. It is being dealt with constructively with a well-thought out School's Health Education Campaign and high level workshops, such as one on Policy on Counselling.

The University Teaching Hospital, of course, is only part of the impressive Uni-

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*The mental handicap ward with patients and staff. These are all the patients and staff in this field for the whole of Zambia.*

versity of Zambia whose main campus was some distance up the road. There are 3,000 students in the University of Zambia. The Medical School is very active, but sadly the poor salaries and relative difficulties in practising modern medicine has resulted in a net emigration of newly qualified doctors. The number of psychiatrists in the country for example, has fallen from 13 to 5.

Another problem which emerged was that of the scarcity of up-to-date text books and journals for all departments, this being a problem for the individual student whose allowance of 700 kwacha (1 kwacha equals roughly 7.5 pence) allows him or her to buy about two text books per year. Nevertheless the buildings are modern, the campus is bright and much good teaching goes on.

The Mental Health Services are centred

at the Chainama Hospital complex and its 480-bedded mental hospital. There are also outpatient clinics of other specialities, a training centre for clinical officers (who are trained almost to medical standards and are now very much the back bone of provision of medical care throughout the country), Mental Health Resource Centre (with good audio-visual facilities but again a scarcity of text books) and a Malaria Research Laboratory.

Although the Chainama Hospital with its 360 general beds and 120 male forensic beds are important, especially as a reference hospital, Professor Haworth has developed a sophisticated Community Mental Health Programme with mental health staff, mainly psychiatric clinic officers and enrolled nurses, operating from about 250 centres

### Summary of Psychiatric Case Histories

-one youngish lady with severe depressive illness commencing at the time of her non-appearance at the funeral of her husband's sister's husband twelve months previously, the underlying fear being that she would be accused of having wished death or even having *caused* it, perhaps by witchcraft.

- *petit mal* and non-compliance with treatment in a 6 year old Tongan associated with great family tension, both parents dying almost certainly HIV positive.

- an 18 year old with manic depressive illness on Lithium therapy, which was only available in Lusaka and for which no laboratory monitoring was available. In addition she suffered a serious adolescent identity crisis with her rather intense, professional unmarried mother separated from a wealthy, but rather emotionally distant father living 200 miles away in the copperbelt.

- depressed lady on Amitriptyline who had travelled several hundred miles from the Northern Province with her young daughter, her medication only being available in Lusaka.

- a 32 year old man brought in by his older brother with a three week history of anaemia, abdominal and chest pains, disorientation, restlessness, talking to himself, weight loss and patchy hair loss. Being in addition sexually promiscuous he was almost certain to be HIV positive and was admitted to the sick bay at Chainama Hospital.

- a former school teacher who, completely out of character, had committed a bizarre homicide some months ago and who accordingly was thought to be HIV positive as the most likely reason for his personality change.

- a mentally handicapped man, obviously very much the hospital character, was *au fait* with confidential hospital and political matters. He was asked, "Who's going on strike next?" His reply, "The nurses", was thought to be very likely with salaries then equivalent to £30 per month.

throughout the country. The Mental Hospital beds are therefore not by any means filled. This has been a natural development and not due, as in westernised countries, to an aggressive discharge policy.

Going round the hospital, bareness and deprivation is apparent to the westernised eye with hardly any mattresses on the beds, concrete floors and most window panes broken except for the female rehabilitation ward. Each ward has 40 to 60 patients. The male and female admission wards have 20 and 10 admissions weekly respectively. Informal admission is becoming commoner

through Clinic 6 at the University Teaching Hospital and urban clinics, but most patients are still admitted on detention orders and come, not via G.P.'s, who don't exist, but the police. The forensic section is, of course, used for the more dangerous patients and here there is another striking contrast to the UK. with the very much higher proportion of male to female patients, i.e. 120 males to 6 female patients.

There is a very active teaching programme contributing to the training of medical students, clinic officers, nurses and other disciplines (although few of the latter

exist!). Besides formal lectures there is a weekly 3-hour teaching case conference and a Saturday morning Journal Club. The teaching case conference I was lucky enough to be at was visited by Elizabeth Colson, the distinguished Emeritus Professor of Anthropology from the University of Berkeley, California. After her many years of contact with the Tongans, a tribe in the Gwembe Valley in the South of Zambia, she is also very much considered an Honorary Tongan. Her contribution to the case conference therefore reflected her deep knowledge of the Zambian culture which her recommendation to the case conference reflected, i.e. that the divination of the spirits of the patient's two deceased brothers should be sought to elucidate his symptoms. Spirit possession is seen to be very important as a cause of many troubles, not necessarily medical. Traditional healers therefore are still very much part of the culture and are used by Zambians in all walks of life, along

with westernised allopathic healers.

It was perhaps the out patient clinic that left me with the biggest impression of my trip, however. The one I attended was run by a lady consultant. Her enthusiasm and freshness throughout the five hour clinic was quite amazing and only surpassed by the kaleidoscope of patients, some of whom I well recall and are shown in the box on the previous page.

How can I conclude? The country has great problems, both medical and other. Despite the deprivation, the country, however, is rich in the culture and warmth of its people, both native and expatriate. Besides the obvious material needs for up-to-date text books, journals and equipment, therefore, for the medical person prepared to devote himself to a 3-year contract on OSAS terms there would be many long lasting rewards, both professional and personal.

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