NATIONAL AUDIT OFFICE OF THE GAMBIA

PERFORMANCE AUDIT REPORT

PROVISION OF MENTAL HEALTH CARE SERVICES BY THE MINISTRY OF HEALTH

AUGUST 2023

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LIST OF ACRONYMS

Acronym	Interpretation
CEO	Chief Executive Officer
CMHT	Community Mental Health Team
CMS	Central Medical Store
CRR	Central River Region
EFSTH	Edward Francis Small Teaching Hospital
ICD 10	International Classification of Diseases 10
LRR	Lower River Region
MHCU	Mental Health Coordinating Unit
MHGAP	Mental Health Guide Action Plan
MhLAP	Mental Health Leadership Advocacy Program
MoH	Ministry of Health
NBR	North Bank Region
PHC	Primary Health Care
RHD	Regional Health Directorate
SDG	Sustainable Development Goal
URR	Upper River Region
VHS	Village Health Services
WHO	World Health Organization
WHR1	Western Region 1
WHR2	Western Region 2

Executive Summary

Background

Mental disorder is the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions. The Ministry of Health (MoH) envisages the attainment of equitable, acceptable, accessible, and cost-effective mental health care for people living in The Gambia through the provision of quality mental health care integrated into all levels of care, by skilled and motivated personnel, with the involvement of all stakeholders.[1]

We assessed the government's mental health programme to find out about its effectiveness. The relevance of the topic emanates from its high importance for the attainment of the United Nation's Sustainable Development Goal 3 (SDG 3): Good health and Well-being.

United Nations SDG Target 3.4 sets to reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030. In addition, SDG target 3.5 seeks to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Motivation

The Gambia Health Sector Policy 2021-2030 highlights the critical state of mental healthcare services as the government still faces challenges in providing effective medical healthcare services and stresses the need to strengthen the overall mental healthcare system. The policy highlighted the shortages of psychiatric nurses, the lack of rehabilitation centres to bridge the gap between clinical and social integration needs of mental health patients, as well as lack of integration of mental health care services at primary healthcare service delivery points.

There are reported difficulties in accessing mental health services in The Gambia. Access is limited by the lack of services in most areas and people must travel long distances to service points.[2]

These problems motivated the National Audit Office to assess how the Ministry of Health is managing the provision of mental health services in The Gambia.

[1] Mental Health policy 2016.
[2] Barriers to accessing mental health services in The Gambia: patients'/family members' perspectives, Cambridge University Press, 2021.

Objective of the Audit

The overall objective of the audit was to assess whether Ministry of Health has put in place mechanisms to ensure the effective delivery of mental healthcare services across the country with the aim of improving the quality of life of patients with mental disorders.

Design of the Audit

The audit covered the provision of mental health services by public health facilities during the period 1 January 2018 to 31 December 2022. We visited all the ten (10) designated health facilities that provide mental health services across the country during which documents relating to mental health were reviewed in addition to interviews with relevant personnel.

Key Findings

1. Outdated Mental Health Legislature

The Mental health legislature in place is the Lunatic Detention Act of 1964 in the Gambia. We noted that a draft Mental Health Bill was formulated in 2017 and validated in September 2018. We also noted that a cabinet paper on the draft bill was sent to the Cabinet for approval in November 2022 (4 years after its validation). The bill was not sent to the National Assembly up to the time of the audit.

Without the new mental health legislation, the rights of the patient and health care providers are not adequately observed and protected. In addition, it could lead to negligence and violation of the rights of both the patients and the health care providers.

2. Ineffective Delivery of the Required Mental Health Treatment

a) Integration of Mental Health Services in Health Facilities

Even though Outpatient mental health services have been integrated in all the General and District Hospitals, our review revealed that only one Major health centre provides mental health service. No primary health centre provides services for patients with mental disorder. Admission services (inpatient) are only provided by EFSTH (Tanka Tanka) psychiatric Unit.

Patients who require admission are referred to Tanka Tanka which is not easily accessible to patients in other regions.

b) Limited Psychiatrist and Psychiatric Nurses

We noted that there was critical shortage of psychiatric personnel in the health facilities visited. We found that the country has only one psychiatric doctor and limited psychiatric nurses. None of the health facilities visited had the required number of psychiatric

personnel. While some health facilities (Bwiam, Bansang, Brikama and Fajikunda) had no psychiatric personnel. According to MoH, this is mainly due to the high attrition rate of psychiatric personnel and limited effort by MoH to offer training opportunities in the psychiatric field. For the period under review, 38% of psychiatric nurses left their jobs.

Inadequate qualified mental health personnel negatively affect mental healthcare service delivery at health facilities and increases the number of mentally ill patients unattended across the country.

c) Unavailability of Psychotropic medication in health facilities

We noted the unavailability of some essential drugs such as Phenobarbital and Phenytoin representing 70% and 60% respectively of our sample. Carbamazepine and Diazepam drugs were also not available in some facilities. None of the health facilities visited have all the essential drugs.

The unavailability of drugs was attributed to delayed supply from the Regional Health Directorates (RHD) or the Central Media Store (CMS) as well as limited quantity of drugs supplied to health facilities. The unavailability of essential psychotropic drugs forces patients to buy them at their expense, and this may reduce uptake of treatment.

3. Limited Community Mental Health Services

We found that outreach mental services were provided in two out of six health regions. This was attributed to inadequate transportation and limited number of community mental health staff. We also noted that non-availability of rehabilitation centres and services across the country mainly due to lack of implementation of strategies on setting and incorporating rehabilitation services in the delivery of mental health services.

According to the interviews with the psychiatric personnel at the health facilities visited, the lack of rehabilitation has resulted in relapses in previously treated patients at both outpatient and inpatient levels. Patients in communities who do not receive treatment are left on the streets, which may worsen their health status and pose a threat to themselves and people around them.

4. Lack of Monitoring and Training of Traditional Healers

We noted from our interview with mental health traditional healers that MoH neither conduct monitoring visits to their centres, nor receive any form of training from MoH for the period under review. The traditional healers informed us that MoH used to provide monitoring visits to their treatment centres during which sedative drugs are administered to help in handling aggressive patients without having to restrain them. We could not confirm this as it did not fall under the scope of our review.

Our verification of the site of the traditional healers revealed that some patients were physically restrained which has the potential to make them more aggressive.

Recommendations

1. Outdated Mental Health Legislature

The Ministry of Health should submit the Mental Health Bill to the National Assembly in the soonest possible time for enactment.

2. Ineffective Delivery of the Required Mental Health Treatment

- MoH should engage CEOs of general hospitals to plan and implement the integration of inpatient mental health services along with the outpatient services.

- MoH should ensure more training and recruitment are done to ensure there is a reliable pool of psychiatric personnel to provide mental health services in health facilities. MoH should also ensure the trained personnel are retained by ensuring they operate under good working conditions to motivate them to stay.

- Additionally, MoH should also ensure there is a well functional supply chain of psychotropic medications by ensuring the CMS supplies drugs without delays and the management of health facilities should ensure that pharmacy store managers make the request for drugs from CMS on time.

- MoH should also ensure that allocated budget for the mental health programme is fully utilised to increase the quantity of psychotropic medications being procured as well as maintaining the facilities to meet the needs of the patients.

b. Limited Community Mental Health Services

- The Ministry of Health should plan and implement strategies in setting up a well-functioning rehabilitation centre to provide social support services to needy mental health patients. This will provide therapeutic services that would help them in overcoming risk factors such as addictions that have led to their mental problems; and thus smoothen their recovery process for easy re-integration into society.

- MoH should provide the necessary logistics and psychotropic drugs to the CMHT to extend their coverage to other regions. This would also increase accessibility to mental health services, especially for hard-to-reach communities.

c. Lack of Monitoring and Training of Traditional Healers

The MoH should provide training and support to mental health traditional healers and regularly monitor the identified traditional healers and promote best practices in their treatment.

CHAPTER ONE: INTRODUCTION

1.1 Background of the Audit

We assessed the government's mental health programme to find out about its effectiveness. The relevance of the audit topic emanates from its high importance for the attainment of Sustainable Development Goal 3 (SDG 3). It is also essential to the promotion of the social and economic well-being of the affected individuals.

According to the WHO Constitution 1948[3], health is a state of complete physical, mental, and social well-being and not merely the absence of diseases. The Gambia Mental Health Policy 2016 also defines mental health as *a state of emotional and psychological well-being in which an individual can use his or her cognitive and emotional capabilities, function in society and meet the ordinary demands of everyday life*. The Policy further defines mental disorder as *the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions.*

The Ministry of Health (MoH) envisages the attainment of equitable, acceptable, accessible, and cost-effective mental health care for people living in The Gambia through the provision of quality mental health care integrated into all levels of care, by skilled and motivated personnel, with the involvement of all stakeholders.[4]

Mental health is an integral part of health and is fundamental to our collective and individual ability as humans to think, interact with each other, earn a living, and enjoy life. On this basis, the promotion, protection, and restoration of mental health is a concern for individuals, communities, and societies throughout the world.[5] There have been concerted efforts at international and national levels in the promotion of mental health. This has brought about the setting of global and national targets to address the plight of people with mental disorder. United Nations SDG 3 has the following targets in relation to mental health:

1. Target 3.4: By 2030, reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

[3] https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf
[4] Mental Health policy 2016.
[5] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response, June 2022

2. Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

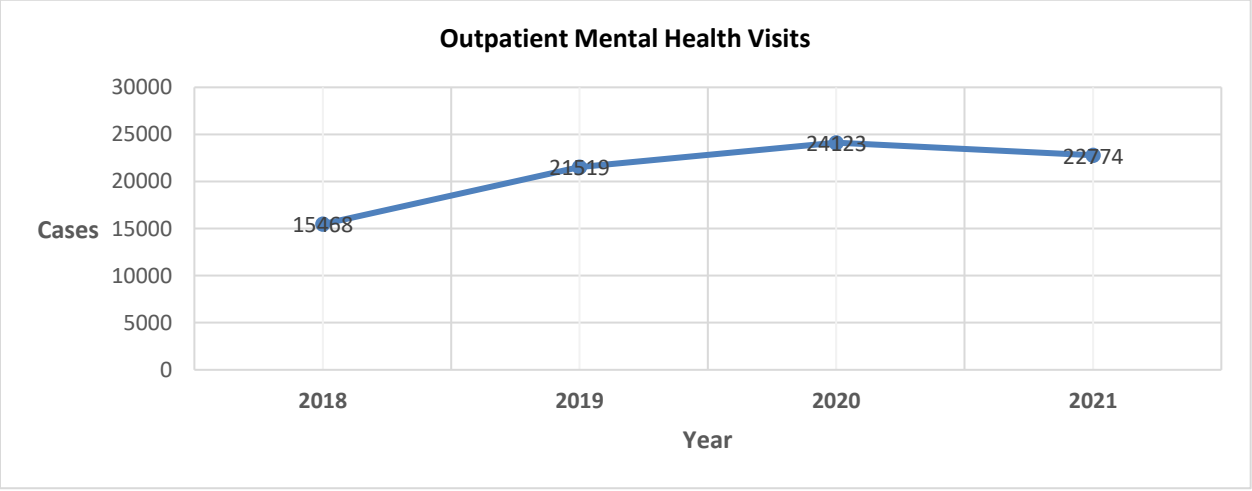
1.2 Motivation

The Gambia Health Sector Policy 2021-2030 highlights the critical state of mental healthcare services as the government has challenges in providing effective medical healthcare services. The Policy stressed the need to strengthen the overall mental healthcare system. The policy further stated the shortages of psychiatric nurses, the lack of rehabilitation centres to bridge the gap between clinical and social integration needs of mental health patients as well as lack of integration of mental health care services at primary healthcare service delivery points.

There are reported difficulty in trying to access mental health services in The Gambia. Access is limited to mental health services in most areas of the country due to long distances people must travel to service points.[6]

A total of 72,689 outpatient visits were associated with mental health problems from 2018 to 2021. In addition, the reported cases of mental disorders have increased from 15,000 in 2018 to approximately 24,000 in 2020 and declined by 2,000 patients in 2021 as shown in the below graph:

Figure 1: Trend in Reported Mental Health Cases 2018-2021



Source: Health Management Information System, MoH

[6] Barriers to accessing mental health services in The Gambia: patients'/family members' perspectives, Cambridge University Press, 2021,

The trend showed an increase in registered cases of mental disorders as it increased by 37% in 2019, 18% in 2020, and reduced by 11% in 2021.

1.3 Overall objective

The overall objective of the audit was to assess whether the Ministry of Health has put in place mechanisms to ensure the effective delivery of mental healthcare services across the country with the aim of improving the quality of life of patients with mental disorders.

1.4 Overall audit question

Has MoH ensured there is accessibility to the required mental health care services across the country?

1.4.1 Specific questions

1. Has MoH ensured that there is an updated mental health legislature in place?
2. Has MoH ensured patients with mental disorders receive the required treatment?
3. Has MoH ensured the effective delivery of Community Mental Health services?
4. Did MoH monitor and train mental health traditional healers?

1.5 Assessment criteria

Assessment criteria were drawn from different sources such as Lunatic Detention Act 1964, Gambia Health Sector Policy 2014-2020, The Gambia Mental Health Strategic Plan 2017-2022, Gambia Mental Health Policy 2016, MoH Staffing Norms and Essential Health Care Package. Table 1 shows the audit criteria mapped to the audit questions.

Table 1: Audit Question and Criteria

Audit question	Audit criteria	Source of criteria
1. Has MoH ensured that there is an updated mental health legislature in place?	MoH should review and align the existing mental health legislation of The Gambia with international human rights standards within two years.	The National Mental Health Strategic Plan 2017-2022.
2. Has MoH ensured patients with mental disorders receive the required treatment?	Mental health services should be provided in general hospitals, district hospitals, and in major and minor health centres. MoH should integrate outpatient and in-patient mental health units in all the general hospitals.	MoH Staffing Norms and Essential Health Care Package 2020.

	MoH should recruit and train enough health workers at the specialized, community, and primary healthcare levels. MoH should ensure the availability, distribution, and use of psychotropic medicines.	The Gambia Mental Health Strategic Plan 2017- 2022
3. Has MoH ensured the effective delivery of Community Mental Health services?	MoH should strengthen the provision of mental health services through the conduct of community outreach programs. Additionally, rehabilitation services should be provided as part of the mental health care package.	The Gambia Health Sector Strategy 2014-2020. Staffing Norms and Essential Health Care Package 2020.
4. Did MoH monitor and train mental health traditional healers?	MoH should train at least 50% of the traditional healers identified in the country in basic mental health knowledge and skills and hold teaching and exchange sessions on mental health diagnosis and treatment. In addition, MoH should set up a referral and support system for traditional healers when dealing with people with mental disorders.	The Gambia mental health strategic plan 2017-2022.

CHAPTER TWO: DESIGN OF THE AUDIT

2.1 Audit scope

The audit covered the provision of mental health care in public health facilities in The Gambia by the Ministry of Health and it covered the period 1 January 2018 to 31 December 2022.

2.2 Methods of data collection

In conducting this audit, we used the following methods of gathering data and information:

2.2.1 Document review

We reviewed relevant documents to get comprehensive, relevant, and reliable information on the provision of mental health care in public health facilities in The Gambia. See **Appendix A** for the documents reviewed and the purposes for which they were reviewed.

2.2.2 Interview

We conducted twenty (20) interviews during the audit with MoH staff relevant to mental health, mental health traditional healers, mental health focal persons in health facilities, and a lecturer on mental health to gain expert opinion. These interviews were conducted to corroborate and seek clarification on information obtained from the document review. See **Appendix B** for a list of people interviewed.

2.2.3 Site Visits

The Gambia has seven (7) health regions, one (1) designated mental health inpatient facility, and ten (10) mental health outpatient facilities. We visited all ten (10) health facilities providing mental health across the seven (7) regions.

In addition, we visited the regional health directorates that supply drugs to the designated mental health facilities, to assess the requisition and supply of these medicines to health facilities. In addition, four (4) prominent traditional mental health healers in various regions were visited to find out their roles in the provision of mental health care services.

Table 1: Health facilities visited.

Regions	General Health Centers (n=4)	Major Health Centers (n=1)	District Hospitals (n=4)	Teaching Hospitals (n=1)
WHR1 (n=3)	Kanifing	Fajikunda		EFSTH (Poly clinic & Tanka Tanka)
WHR2 (n=2)	Bwiam		Brikama	
LRR (n=1)			Soma	
NBWR (n=1)			Essau	
NBER (n=1)	Farafenni			
URR (n=1)			Basse	
CRR (n=1)	Bansang			

Table 2: Traditional healers visited.

Regions	Traditional Healers	No. visited
WHR2	Busura	1
LRR	Japineh Buiba	2
NBWR	Bakindiki	1

The purposes of these visits were as follows:

- To interview/discuss with relevant health workers in the mental health units/departments.
- To review of facility registers (admission registers, mental health registers, and referral-out registers) in the mental health unit.
- To assess facility readiness/standard, an inspection of relevant facilities and infrastructures was carried out in the:
  - Drug stores / Pharmacies - to see the availability of requisite anti-psychotic drugs and supplies.
  - The Inpatient facility – to assess the condition of the Tanka Tanka facility.

- The Central Medical Store/ Regional Health Directorates - to assess the availability of the drugs.

2.3 Sampling Method

All the ten (10) designated mental health facilities across the country were visited. We selected a sample of essential anti-psychotic drugs for verification at health facilities. The sample was selected from the WHO list of Essential Anti-psychotic Drugs. Moreover, the drugs sampled were drawn to include drugs for different mental disorders.

2.4 Methods of Data Analysis

We analysed the data collected using both quantitative and qualitative techniques. These include the use of graphs, tables and descriptive analysis.

CHAPTER THREE: DESCRIPTION OF THE AUDIT AREA

3.1 System description of the provision of mental health care

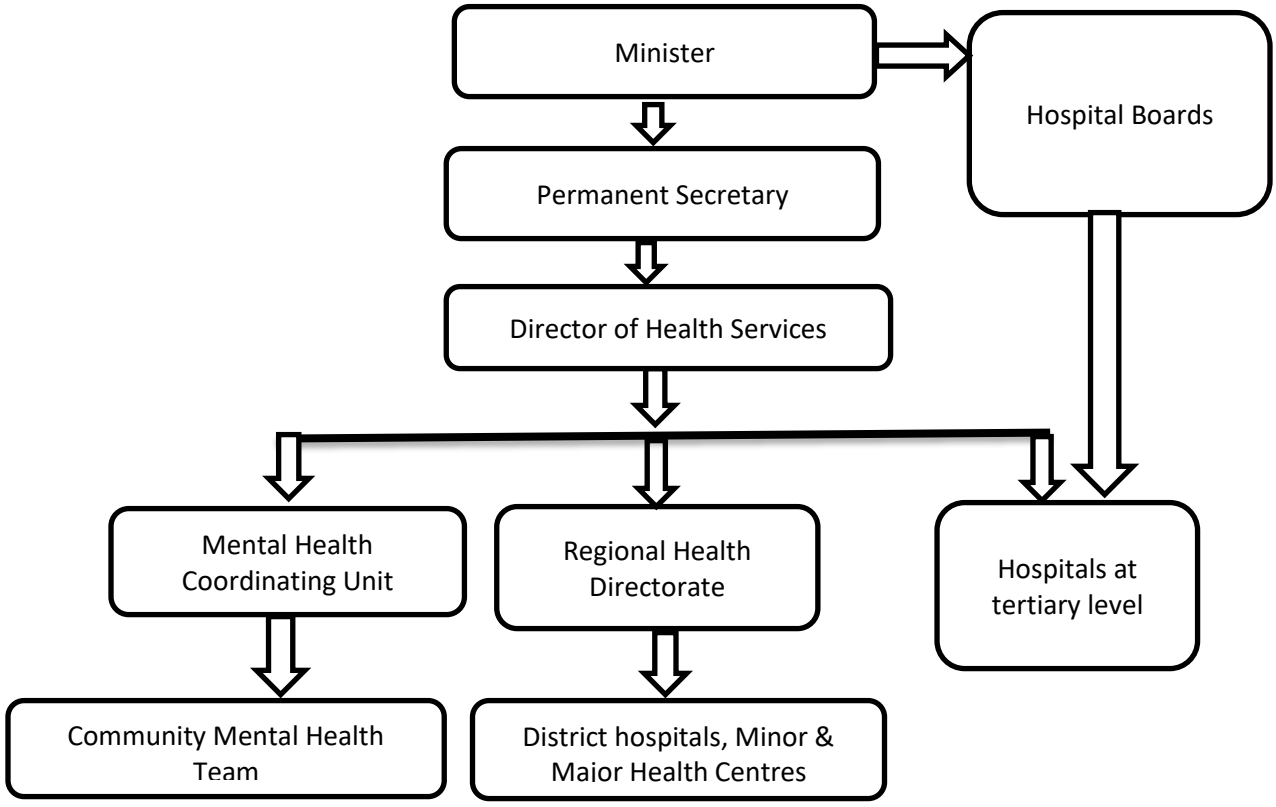
Background of the (Mental) Health Care System in the Gambia

The Ministry of Health is responsible for the provision of mental health services in the Gambia. The Directorate of Health Services (DHS) under the Ministry of Health oversees the Mental Health Coordinating Unit and the Regional Health Directorates (RHDs). DHS also partly oversees hospitals, as they are semi-autonomous and are managed by hospital boards. RHDs also oversee health facilities at the secondary and primary care levels.

The Mental Health Coordinating Unit is a program unit under the DHS that is the central supervisory office responsible to oversee and coordinate mental health problems in the country.

Diagram 1 shows the organizational structure of mental health service delivery in the Gambia.

Figure 2: Organizational Structure of Mental Health Services



Source: Audit team, based on document review

The other stakeholders in the provision of mental health care as described in table 4.

Table 3: Roles of other stakeholders in the provision of mental health care

Key Players	Roles and Responsibilities
Community Mental Health Team	Provides community mental services through scheduled clinical visits and home visits
Traditional Healers	Provides traditional mental health care services i.e., healing
CMS	The Central Medical Stores (CMS) under the directorate of pharmaceutical services of MoH is responsible for the procurement and distribution of psychotropic medicines to Teaching hospitals, General Hospitals, District Hospitals, and Regional Health Directorates (RHDs).
RHD	The RHDs supply psychotropic medicines to Major and Minor Health Centres.

3.1.1 Tiers of the Health care System in the Gambia[7]

The Gambia health service delivery system is organized into a three-tier system and mental health care should be delivered through these tiers. The tiers of the health care system are:

a. Primary Level Care (PHC)

The Primary level or Village Health Service (VHS) comprises primary care villages, community clinics, and minor health centres[8]. PHC should provide mental health services through prevention services such as awareness creation and early identification of mental health issues for referrals and to provide follow-up treatment, and care for people with mental disorders.[9]

b. Secondary Tier

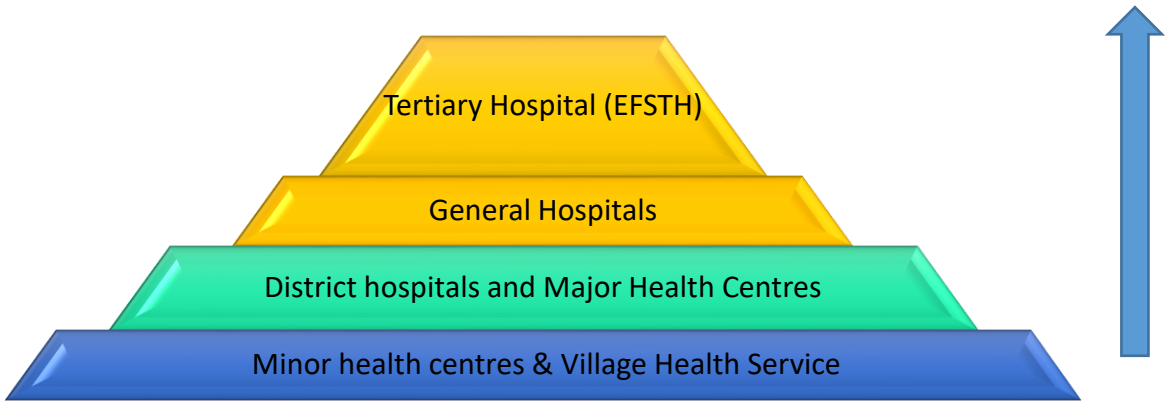
This tier comprises District Hospitals and Major Health Centres. These health facilities serve as referral facilities from the primary care level. Health facilities in this tier should provide and ensure early detection of mental health issues and manage less severe cases of mental disorders and refer cases requiring more specialized care to hospitals in the tertiary tier.

[7] Gambia Health Sector Policy, Staffing norm and essential health care package, MoH
[8] MOH staffing norm and required health care package 2020.
[9] Mental health Policy 2016

c. Tertiary tier

This tier is made of the teaching, general, and specialized hospitals. Currently, the country has five (5) general hospitals and one teaching hospital that serve as the referral health facilities for the secondary and primary tier health facilities. The tertiary tier should provide specialized mental health services including rehabilitation services.

Figure 3: Tiers in the Gambia Health System



Source: Staffing Norms and Health care package Guideline, MoH 2020

3.1.2 Vision of MoH

The Vision of MoH in relation to mental health services is *attainment of equitable, acceptable, accessible, and cost-effective mental health care for people living in the Gambia.*[10]

3.1.3 Mission of MoH

To provide quality mental health care integrated into all levels of care, by skilled and motivated personnel, with the involvement of all stakeholders.[11]

3.1.4 The Objectives of the Ministry relating to mental health care[12]

Specific objectives of the MoH in relation to mental health care are as follows:

- Review the existing mental health legislation of The Gambia in line with international human rights standards.
- Improve the availability, distribution, and use of cost-effective psychotropic medicines.

[10] Mental health Policy 2016
[11] Mental Health policy 2016.
[12] Mental Health Strategy 2017-2022

- Strengthen community involvement and participation in mental health care delivery.
- Create six in-patient mental health units and outpatient clinics integrated in the hospitals.
- Improve treatment and human rights conditions in the Tanka -Tanka psychiatric Unit pending its transition to a specialized Psychiatric Hospital.
- Recruit and train enough health workers at the specialized, community, and primary health care levels for them to be able to provide appropriate quality mental health care at all levels.
- Train and support traditional healers in mental health.

3.1.5 The Activities carried out by the Ministry of Health[13]

The following are the activities carried out by MoH in relation to the provision of mental health care services:

- Provision of mental health care services
- Provision of essential mental health care drugs and supplies
- Facilitating the smooth referral of patients with a mental disorder when necessary
- Provision of outreach services on mental health care
- Stakeholder engagement to increase community participation in preventive and curative mental health programmes at community levels.
- Provision of the necessary infrastructure for mental health care services
- Collection of relevant mental health indicators/information

3.1.6 Funding for the Provision of Mental Health Care Services

Table 5 shows MoH estimated and approved budgets and actual expenditures for the mental health programme for the period under review.

Table 4: Estimates and expenditures on mental health services from 2018-2022 to MoH

Year	Estimates (GMD'000)	Approved (GMD'000)	Actual Expenditure (GMD'000)
2018	1,100	1,100	270
2019	1,200	1,200	530
2020	920	920	39
2021	745	745	498
2022	995	772	N/A[14]
Total	**4,960**	**4,737**	**1,337**

Source: Estimates of revenue and expenditures, 2018-2022

[13] Mental Health Strategic Plan 2017-2022

[14] Actual expenditures will be published in 2024.

From table 5 above, we deduced that the actual expenditures are less than the approved amounts for mental health programme from 2018 to 2021. This signifies underutilization of the approved budget for mental health.

3.2 process description - mental health care delivery[15]

Mental health services in The Gambia are predominantly provided by public health facilities. Mental health care involves assessment, diagnosis, treatment, and follow-up services at the level of mental health care facilities.

Formal mental health care services entail a treatment plan for administering medications coupled with psychotherapy for more effective patient outcomes offered at hospitals.

- It also includes formal community health services, which entail periodic clinical services to communities without any mental health service delivery points and home visits to mental health patients to follow up on their progress.
- In addition, rehabilitation services provide non-clinical services that enhance the smooth reintegration of patients with mental disorders into society.

a. Assessment[16]

Healthcare professionals at the facility assess the patient to confirm or rule out mental illness. International Classification Diseases 10 (ICD10), the Mental Health Guide Action Plan (MHGAP), and the mental state examination guide the mental health officer during the assessment process.

b. Diagnosis

Based on the information gathered during the assessment of the patient and the manifested symptoms, the mental health officer makes diagnosis based on the International Classification of Diseases 10.

c. Treatment

Following the diagnosis, the mental health officer rolls out a treatment plan for the patient who can be treated at the outpatient level and send to the pharmacy to collect drug supplies. Such patients are given appointments to be re-assessed and to collect drug supplies that they can use at home until they are stable.

However, aggressive patients and patients who require further assessment at higher-level facilities and admission are referred to the Tanka Tanka inpatient unit. At the

[15] Regional Health Directorate Checklist for mental health services delivery
[16] Interview with mental health personnel at visited health facilities.

inpatient unit, patients continue to receive treatment accompanied by daily assessment to gauge their recovery status until the mental health officer in charge is satisfied that the patient is stable or has recovered and can be discharged.

d. Rehabilitation

Rehabilitation is necessary for some mental health patients to compliment the treatment received. Rehabilitation comes after the patients have responded to treatment but still requires support to be able to re-integrate into the society and not relapse into mental disorder. Patients go through counselling, skills training, and testing at the end of the process.

e. Discharge

During the discharge of patients, family/friends of patients with mental disorders are contacted to pick their relatives/friends. For patients whose families are not known, the social workers investigate their backgrounds to try to locate their families. In cases wherein family members did not show up to pick up their relatives', the patients are allowed to be stationed at the facility until they are claimed by a family member. For foreign nationals, social workers link with the embassies of the patients to help trace their families. Non-Government Organisations (NGOs) sometimes help in the repatriation of such patients once their families are identified.

f. Follow-up

Patients are given follow-up appointment dates from health facilities for them to visit the health officials for routine assessment and further medication. The community mental health team also conducts follow-up through outreach services by visiting discharged patients in their homes and periodic clinical visits. The Community Mental Health Team (CMHT) is responsible for mental health outreach services in The Gambia.

Mental Health Team conducts clinical visits and sensitization to health facilities and home visits to discharge patients on a quarterly basis. Outreach services help people living with mental illness to increase their independence and participate in daily community activities. It helps develop and re-establish daily living skills and self-care strategies, working towards being able to integrate back into the community.[17]

See Appendix C for the process involved in the provision of Mental Health Services

[17] The Mental Health Policy 2016.

CHAPTER FOUR: FINDINGS OF THE AUDIT

This chapter highlights the findings of the audit, conclusions, and recommendations for MoH to increase access and quality of mental health services.

4.1 OUTDATED MENTAL HEALTH LEGISLATION

Strategy 3 of The National Mental Health Strategic Plan 2017-2022 states that MoH should review the existing mental health legislation of the Gambia in line with the international human rights standards.

Our review of the legal framework guiding mental health care service delivery revealed that there is an out-dated legislation for mental health care called the Lunatic Detention Act 1964[18]. The Lunatic Detention Act was developed in 1917 and last revised in 1964, 59 years ago.

We noted that MoH has made efforts in reviewing the existing legislation. According to the Mental Health Coordinating Unit (MHCU) a draft Mental Health Bill was formulated in 2017 and validated in September 2018. The Bill, when enacted, will govern the provision of mental healthcare and will replace the Lunatic Detention Act 1964.

However, we noted that the delay in having an updated mental health legislature in place was due to the late submission of the Bill to parliament. Our review of the mental health Bill cabinet paper revealed that, the Bill was sent to the Cabinet for approval in November 2022, four years since its validation in September 2018.

The Mental Health Policy 2016 highlighted the need for a new legislation as the present one is outdated and does not address the current realities. It also stated that the Act is neither in favour of the rights of the patient nor the caregiver.

In addition, it could lead to negligence and violation of the rights of both the patients and the health care provider. The use of the Act in its current form has led to the continued provision of services that are not centred on the rights of mental patients and care providers.

Conclusion

The MoH failed to put in place a standard and up to date Mental Health Act to ensure the efficient and effective mental health care service delivery in the Gambia.

[18] The lunatic detention act 1964

Recommendation

The Ministry of Health should ensure that the Mental Health Bill reaches the National Assembly so that it is enacted and made available for implementation. This will enhance and improve service delivery.

Management Response

The Ministry of Health agrees there is need for review of Mental Health Legislation and already started working on this. The MoH has contracted a legal firm that is reviewing all its laws and acts including the mental health legislation. This should be ready by December 2023.

4.2 INEFFECTIVE DELIVERY OF THE REQUIRED MENTAL HEALTH TREATMENT

4.2.1 Integration of Mental Health Services in Health Facilities

MoH Norms and Essential Health Care Package 2020 states that mental health services should be provided in General Hospitals, District Hospitals, Major and Minor Health Centres.

The Gambia Mental Health Strategic Plan 2017- 2022 states that MoH should integrate outpatient and in-patient mental health units in all the General Hospitals.

We noted from our review of the list of mental health service delivery points provided by MHCU that ten health facilities provide mental health services. Our review further revealed that all the General Hospitals, one Major Health Centres and none of the minor health centre offer these services. This means that five General Hospitals, four District Hospitals and one Major Health Centre are not providing mental health services. Thus, MoH has succeeded in integrating outpatient mental health services in all General Hospitals and District Hospitals.

The table 6 shows the number of health facilities that provide outpatient and inpatient mental health services:

Table 5: Health Facilities that provide Outpatient Mental Health Care Services by Region

Health Region	No of Health Facilities[19]	No of Facilities that outpatient provides mental services[20]	No of Facilities that provides Inpatient (admission) mental health Services	Category of Health Facility			
				No of General Hospital that provides Mental Health Services (5)[21]	No of District Hospital (4)[22] that provides Mental Health Services	No of Major HC (6)[23] that provides Mental Health Services	No of Minor HC (40)[24] that provides Mental Health Services
WHR1	12	3	1	2		1	
WHR2	8	2	0	1	1		
NBR	12	2	0	1	1		
CRR	9	1	0	1			
LRR	6	1	0		1		
URR	11	1	0		1		
Total	**58**	**10**	**1**	**5**	**4**	**1**	**0**

Source: MHCU

Regarding inpatient services, we noted during our visits to designated health facilities that only EFSTH (Tanka Tanka) provides inpatient (admission) mental health services in The Gambia. We were not provided with any evidence of efforts made by MoH to integrate inpatient mental health services in General Hospitals.

Consequently, patients who visit these hospitals and require admission are referred to Tanka Tanka Psychiatric Unit, which is not easily accessible to patients in other regions.

Our interviews with personnel at health facilities visited revealed that families of the patients were responsible for taking their patients to other facilities where referral was required. Even though National Referral Guideline 2010 of MoH gives equal rights to ambulance services to all patients, we were informed that ambulances at facilities were

[19] Final MoH service statistics 2021, Health facilities include General hospitals, district hospitals, Major and Minor Health centres.
[20] Mental health coordinating unit
[21] This represents total number health facilities categorized as General Hospitals in the Gambia based on the Final MoH Service Statistics 2021

[22] This represents the total number of health facilities categorized as District Hospitals in the Gambia based on the Final MoH Service Statistics report 2021.

[23] This represents the total number of health facilities categorized as Major Health Centres in the Gambia based on the Final MoH Service Statistics report 2021.

[24] This represents the total number of health facilities categorized as Minor Health Centres in the Gambia based on the Final MoH Service Statistics report 2021.

not provided for patients with mental disorder. This may cause some patients not to seek further care as they may not have the necessary resources, especially private vehicle, to enable such referrals.

Further, some patients could be discouraged to seek treatment if they do not have easy access to health facilities that provide mental health. Thus, in such cases, their families bear the burden of living with the untreated sick persons. In addition, living with patients with such aggressive conditions can endanger the lives of others.

Management Response

Mental health services are available at all tiers of the health system. Like highlighted in your report, specialist services are only available at the EFSTH where long term admissions can be done.

At the level of the General Hospitals and major health centres, only services for short hospital stay are available. Usually not longer than 48hrs.

Regarding the Audit concern on referral services for mental health patients, the MoH would like to clarify that ambulances provided for the health facilities are for all category of patients who need the services. We as a ministry are not aware of any special forms of ambulances designated just for referral of patients with mental illnesses.

Further Audit Comment

Please note that during our visit to health facilities, officers interviewed confirmed that they do not provide any form of admission services for mental health patients, not even for 48hrs except for EFSTH.

We are aware that there are no designated ambulances for patients with mental disorder. However, we noted that mental health patients were usually not given the right to be transported in ambulances during emergencies. This was corroborated by our interview with chief matron at Tanka Tanka as the last point of call for referrals that only Bwiam General Hospital had once referred a patient transported in an ambulance.

In addition, our interview with psychiatric officers revealed that patients referred usually arrange for their own transport in cases of referral.

4.2.2 Limited Psychiatrist and Psychiatric Nurses

The MoH Staffing Norms and Essential Health Care Package 2020 specifies the minimum requirement for psychiatric personnel as outlined in table 7:

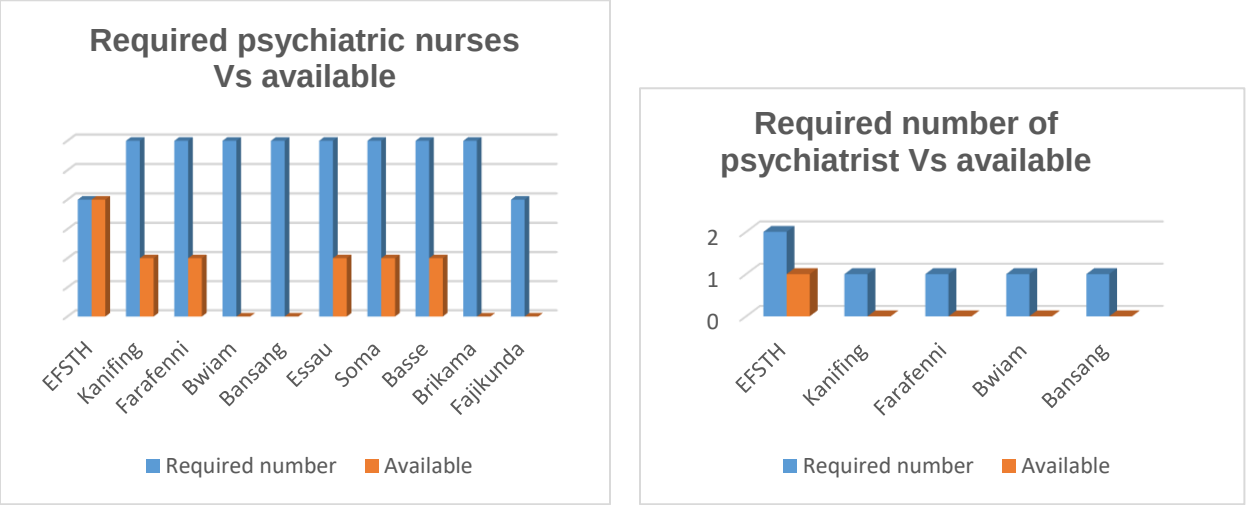
Table 6: Required Psychiatrists and Psychiatric Nurses

Category of Health Facility	Required number of psychiatrists	Required number of psychiatric nurses
Teaching Hospital	2	2
General Hospital	1	3
District Hospital	Not Specified	3
Major Health Centre		2
Minor Health Centre		1

Source: MoH staffing norm 2020

From our interviews at the facilities visited, we have found that only EFSTH has the required number of psychiatric nurses. The rest of the facilities fell short of the required staff level in terms of mental health care personnel. Fajikunda Major Health Centre, Brikama District Hospital, Bwiam, and Bansang General Hospital were without trained mental health care personnel as at the time of our visit. The mental healthcare provider at Bansang General Hospital is not a trained psychiatric nurse. Brikama District Hospital is also without a psychiatric nurse. However, we were informed that the Community Mental Health Team do visit the Brikama District Hospital weekly (on Wednesdays) to offer mental health services. Figure 7 shows the required level of staffing as compared to the available staffing at the time of conducting the main study of this audit.

Figure 4: Required number of psychiatric officers versus the available number of psychiatric officers in health facilities visited.



Source: Staffing norm (for the required staff level) and interviews at the visited health facilities (for actual staffing).

Figure 4 shows that just one out of the ten facilities visited have met the minimum psychiatric nurse staffing level while the remaining nine did not met the minimum requirement. Furthermore, none of the tertiary health facilities visited met the minimum required number of psychiatrists. However, EFSTH had one psychiatrist while the rest of the facilities had no psychiatrists.

The Mental Health Coordinating Unit (MHCU) attributed the inadequacy of psychiatrists and psychiatric nurses in the various healthcare facilities to the high attrition rate of staff. According to MHCU, eight (8) out of twenty (20) psychiatric nurses (representing 40%) that were working in health facilities had resigned during the period under review.

The Gambia Health Centre Policy 2021-2030 also stated that the critical shortage of psychiatric nurses is due to high attrition. We noted during our interview with staff of the MHCU that high attrition is due to poor working conditions. Thus, the psychiatric personnel leave when they find better opportunities elsewhere. This is also attributed to the limited effort by MoH to train more nurses and doctors in health facilities to enhance their capacity to offer mental health services.

Inadequate qualified mental health personnel negatively affect mental healthcare service delivery at health facilities and increases the number of mentally ill patients unattended across the country. The inadequacy and unavailability of psychiatrists and psychiatric nurses in these public health facilities poses the risk of some patients not receiving right diagnosis at the appropriate time.

Management Response

We as a ministry are aware of the Human Resource Capacity gap with regards to mental health services.

We have started training nurses and doctors to help narrow this gap. Currently, there are two Psychiatric Doctors at the EFSTH and One Gambian Doctor is currently in Ghana specializing in psychiatry.

The MoH will continue to engage partners to support in this area and encourage staff to specialize in this field of Medicine.

Auditor's Further Comment

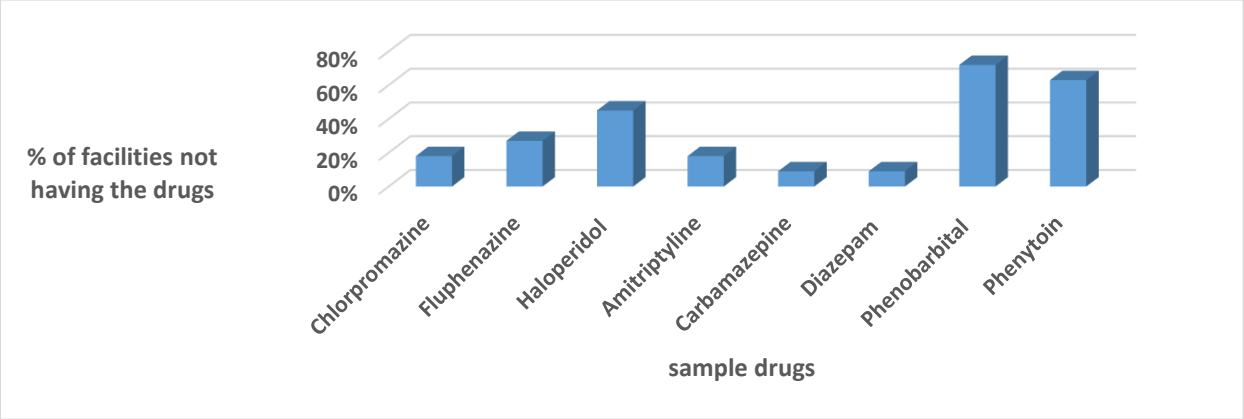
These developments stated in the management response came after our field visits and verification and the response was not submitted with any evidence to support this claim. We will follow-up in our follow up audits.

4.2.3 Unavailability of Psychotropic Medication in Health Facilities

According to the Mental Health Strategic Plan 2017- 2022, the Ministry should ensure the availability of psychotropic medicine.

Figure 5 shows the sampled essential psychotropic drugs and their overall percentage of unavailability in health facilities we visited.

Figure 5: Unavailability of Anti-psychotic Drugs

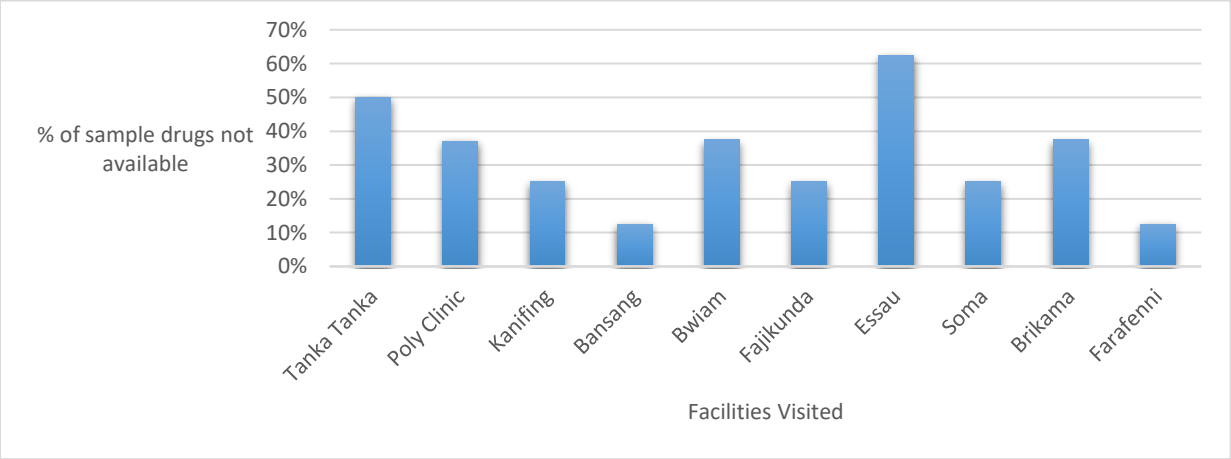


Source: Health Facilities Visited, December 2022

Figure 5 shows that Phenobarbital and Phenytoin were the least available drugs accounting for 70% and 60% unavailability respectively. While Carbamazepine and Diazepam had the least percentage of unavailability representing 9% of unavailability.

During our visit to sampled health facilities, we noted disparity in terms of the availability of anti-psychotic drugs as shown in Figure 6.

Figure 6: Percentage of unavailable drugs in the Visited Health Facilities



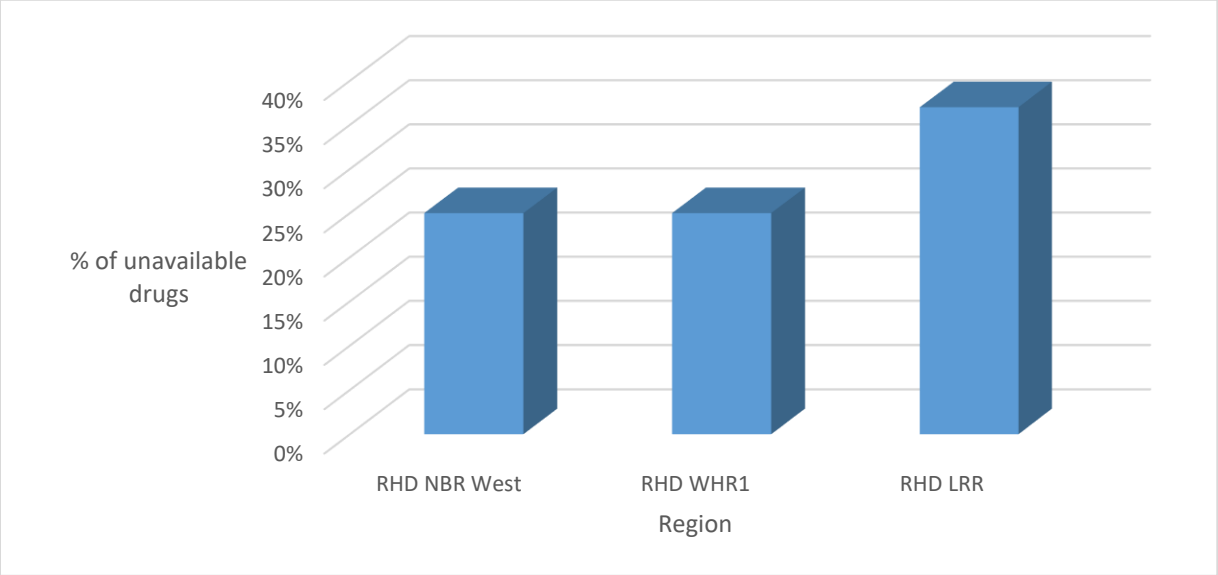
Source: *Health Facilities Visited, December 2022.*

Figure 6 shows the gap between the number of psychotropic drugs that should be available and what was available during our visit. For a sample of eight essential psychotropic drugs, none of the health facilities have all the drugs. Essau District Hospital (EDH) has the least number of the sampled drugs with 62.5% unavailability rate.

For the rest of the health facilities visited, the unavailability of drugs was attributed to delayed supply from the RHD or CMS.

We also verified drugs at some Regional Health Directorates that supply drugs to three of the health facilities visited to establish the cause of the unavailability of drugs at the health facility level. According to our interview with Regional Health Directorates, the unavailability of drugs at these health facilities were attributed to delayed requests for the supply of drugs from health facilities. In addition, drug supplies are sometimes delayed at the Central Medical Stores. Figure 7 shows the percentage of unavailable drugs at the sampled RHDs.

Figure 7: Unavailability of Drugs at a Sample of RHDs



Source: Auditors' Analysis

The RHD for Western Region 1 is responsible for supplying drugs to Fajikunda Health Centre (FHC). Approximately 25% of the sampled essential drugs were unavailable at the RHD for this region. This was consistent with the available drugs at Fajikunda Health Centre as the drugs that were identified as unavailable were the same for the RHD. Similarly, for RHD LRR 37.5% of drugs were unavailable and this was also consistent with the unavailable drugs at Soma District Hospital.

We also verified drugs at CMS to establish why drugs were not available in health facilities and Regional Health Directorates that receive their supplies from CMS. Eight of the health facilities visited (EFSTH -Poly Clinic, Tanka Tanka, Kanifing, Bwiam, Bansang, and Farafenni General Hospitals, Brikama and Basse District Hospitals) usually receive supply of anti-psychotic drugs from the Central Medical Stores (CMS).

We found during our verification at CMS that all the drugs in our sample were available at CMS during the time of our visit except for one drug (phenobarbital) which was under quality control. According to the officer at CMS, drugs do not get to the health facilities

when they are under quality control check and thus would not be supplied until the check is completed. We were informed that quality control check takes sixty to forty-five days to be completed because they are done outside the country. According to our interview with officials at CMS the procured essential psychotropic medications are usually less than the required quantity. Thus, warranting for rationing of the psychotropic medications which results in health facilities being supplied less than required and thus runs out quickly which affects the availability.

This is corroborated by the Mental Health Policy 2016 which highlighted that quantities of medicines are not sufficient to cater for the number of people suffering from mental disorders and requiring medication due to a lack of available funds. However, our review of the GoTG budget estimates and expenditure for the mental health programme 2018-2021 reveals underutilization of the mental health budget. The total approved budget was D4, 737,000 while total expended amount was D1, 337,000.

We also noted that CMS also faces challenges with shortages of vehicles to deliver medications and that sometimes causes delays in supplying drugs to health facilities. According to the Director of Pharmaceutical Services, CMS needed seven vehicles but has only four vehicles for the seven regional health directorates. According to CMS delayed requests from health facilities or Regional Store Managers can also cause delays in their supplies.

The unavailability of essential psychotropic drugs in health facilities means that mental health patients would not be able to have access to these drugs when needed. Additionally, the unavailability of psychotropic drugs could compromise the treatment plan of mental health patients as some of them need to return on their appointment dates for medication. The unavailability of essential psychotropic drugs could also mean that patients would need to buy these drugs at their own cost, and this may reduce uptake of treatment.

Conclusion

I. Outpatient Mental Health Services have been integrated in all the general hospitals and district hospitals. However, the integration of the services in major and minor health centres remains low. Moreover, inpatient (admission) services remain limited in terms of access with only one unit providing such services.

II. Also, some essential psychotropic medications were not available for roll out to patients at health facility level.

Recommendations

I. MoH should collaborate with Officers in Charge to integrate mental health services in Major and Minor Health centres. MoH should engage CEOs of General Hospitals to plan and implement the integration of inpatient mental health services along with the outpatient services.

II. MoH should recruit more psychiatric personnel to offer mental health services in health facilities. MoH should work on a strategy to help retain its health staff.

III. Additionally, MoH should improve its supply chain of psychotropic medications by ensuring CMS supplies drugs without delays and management of health facilities should ensure that pharmacy store managers make the request from CMS on time.

IV. MoH should also ensure that allocated budget for the mental health programme is fully utilised to increase the quantity of psychotropic medications been procured.

Management Response

Just like stated in your report, the MoH will continue to ensure drugs are available at all levels for mental health patients.

Auditor's further comment

The management response does not detail how the MOH intend to make or ensure that the drugs are made available at levels and when?

4.3 INADEQUATE COMMUNITY MENTAL HEALTH CARE SERVICES

The WHO recommends that countries build community mental health services. This includes the development of formal community mental health services such as day centres, rehabilitation services, hospital diversion programmes amongst other services.[25]

a. Lack of Rehabilitation Centres/ Services

According to the Staffing norm and essential healthcare package for the MoH 2020, a comprehensive mental healthcare package should include rehabilitation services for the referral and teaching hospitals.[26]

[25] Mental Improvement for Nations Development Department of Mental Health & Substance Abuse, WHO Geneva
[26] Zero draft staffing norms

Mental health rehabilitation service provides essential support to people with mental health issues that smoothen their recovery process. According to WHO, rehabilitation is an important part of universal health coverage and is a key strategy for achieving Sustainable Development Goal 3 *"Ensure healthy lives and promote well-being for all at all ages".*[27] Some patients need to go through rehabilitation process before they are discharged to compliment the medical treatment, they receive for better treatment outcomes.

We noted during our interview with the management of the EFSTH (the country's main referral and teaching hospital) that they neither provide rehabilitation services nor have a designated rehabilitation centre. It is important to note that rehabilitation centres are essential for the reintegration of recovering mental disorder patients with a history of substance abuse among other mental disorders. The Gambia Health Sector Services Statistics reveals that patients with a history of substance abuse accounted for 58% and 51% of total admissions of mental health-related cases in 2020 and 2021 respectively.

MHCU attributed the absence of a rehabilitation centre to limited resources to set up one. However, no evidence was provided by MHCU to verify whether plans were designed to have a rehabilitation centre in place. This is because it was neither included in the Mental Health Coordinating Unit Operational Plan from 2018-2022 nor was it in their budget. This would have indicated that Ministry has prioritised to set up rehabilitation centre for the period under review.

The absence of a rehabilitation centre makes the care at Tanka Tanka mainly clinical and custodial in nature. Patients are usually treated with medications and when they recover, they are discharged. However, they were not provided with therapeutic services to overcome addictions that caused their mental disorder. There were also no facilities in place for provision of skills training for patients as a form of rehabilitation services. According to the interviews with the psychiatric personnel at the health facilities visited, the lack of rehabilitation has resulted in relapses in previously treated patients at both outpatient and inpatient levels. In the absence of rehabilitation centres, patients are deprived of going through another process of treatment. It becomes difficult to discharge patients as they may end up in worse situations.

b. Limited Outreach Services

The Gambia Health Sector Strategy 2014-2020 required MoH to strengthen the provision of mental health services through the conduct of community outreach programs.

[27] https://www.yumpu.com/en/document/view/36491904/volume-5-number-3-october-2006-world-psychiatric-association

The Gambia has a Community Mental Health Team (CMHT) that is responsible for providing outreach services for communities. The Community Mental Health Team (CMHT) creates awareness and educates communities on mental health issues and make referrals for further assessment, treatment, and admissions. The team also provides periodic clinical services in health facilities that do not have any professional mental health care provider. They also makes home follow-up visits to discharged patients from Tanka Tanka to provide medications and to counsel their family members on how well they can help the discharged patients to fully recover.

During our discussions with the Community Mental Health Team, we noted that the community outreach programs were offered in two regions (western region 1 and western region 2) out of six health regions for the period under review. The other four regions were not covered by the service; therefore, patients must visit a health facility to access mental health care which in most cases are not within their proximity.

Mental Health Policy 2016 highlighted that the CMHT used to conduct outreach services to all seven regions from 1996-2005. Such outreach services were conducted monthly, in the Greater Banjul Area, and quarterly in other regions.

According to the CMHT they discontinued outreach programs to other regions because of limited supply of medication, inadequate transportation, and limited staff.

CMHT targets communities without health facilities that provide mental health services. Outreach services are aimed to increase the accessibility to mental health services. Therefore, communities that do not receive outreach services have less accessibility to mental health services given the limited number of health facilities that provide mental health services. Patients in communities who do not receive treatment are left on the streets, which may worsen their health status and they can be threats to themselves and people around them.

Conclusion

The Ministry of Health has not ensured effective delivery of community mental health services. While the outreach services have been conducted, the coverage for the period under review is limited to Western region 1 and Western region 2. Additionally, MoH has not ensured the availability of rehabilitation centres and services for patients.

Recommendations

I. The Ministry of Health should set up a rehabilitation centre to provide social support services to mental health patients. This will provide therapeutic services that would help them in overcoming risk factors such as addictions that have led to their mental health problems and thus smoothen their recovery process for easy re-integration into society.

II. MoH should also endeavour to provide the necessary logistics and psychotropic drugs to the CMHT to extend their coverage to other regions. This would also increase accessibility to mental health services, especially for hard-to-reach communities.

Management Response

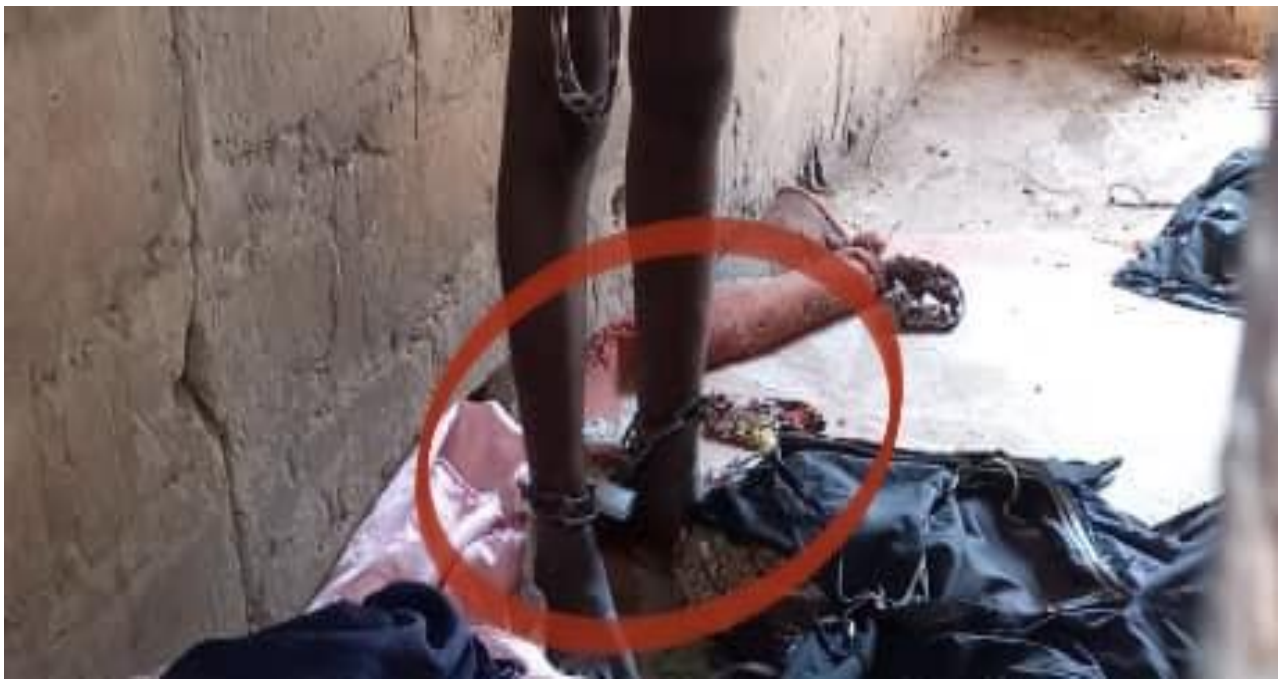
No management response was received for this finding.

4.4 LACK OF MONITORING AND TRAINING OF TRADITIONAL HEALERS

According to The Gambia mental health strategic plan 2017-2022, the MoH should train at least 50% of the traditional healers identified in the country in basic mental health knowledge and skills, hold teaching and exchange sessions on mental health diagnosis and treatment and set up a referral and support system for traditional healers when dealing with people with mental disorders.

We noted during our interview with selected traditional healers (the MoH has identified as prominent traditional healers) that MoH did not conduct monitoring visits to their centres, nor did they receive any form of training from MoH for the period under review. We were informed by the traditional healers that MoH used to provide monitoring visits to their treatment centres. During the monitoring visits, they used to administer sedatives to their patients. The traditional healers acknowledged the significance of such visits and the administration of the sedative drugs used to help them in handling aggressive patients without the need to restrain them physically. Our verification of the site of the traditional healers revealed that some patients were physically restrained which has the potential to make them more aggressive. See picture 1 below:

Picture 1: **Chained mental health Patient at Buiba Traditional Mental Treatment Centre**



Source: *Picture taken by the Audit team December 2022*

According to our interview with the Senior Programme Officer for Mental Health, MoH used to offer training to traditional healers through the support of projects such as the Mental Health Leadership and Advocacy Program (MhLAP). MhLAP was a regional initiative working to train, build, change, and advocate for mental health in five countries in West Africa including the Gambia. The initiative aimed to train selected senior clinicians, addressing human rights violations and addressing widespread negative attitudes towards those with mental health issues.[28] These trainings stopped when the project phased out in 2019. According to our interview with the Mental Health Coordinating Unit, MoH could not offer such support because of shortages of anti-psychotic drugs in health facilities. Thus, making it difficult to provide such support to traditional healers.

Many rural communities have difficulty accessing mental health facilities and these communities use the traditional treatment. Therefore, not providing support and training to the traditional healers can lead to issues of human rights violations like the use of physical restraining measures (chains).

Conclusion

The Ministry of Health has not provided the needed training and support to traditional healers in the country. Such trainings would have equipped these traditional healers

[28] http://sdg.iisd.org/commentary/guest-articles/implementation-case-study-on-sdg-targets-3-4-and-3-c-a-regional-approach-to-mental-health-is-influencing-change-in-west-africa/

with some best practices from the conventional approach of treatments and would have enhanced collaboration with traditional healers.

Recommendation

The MoH should provide training and support to mental health traditional healers. They should regularly monitor and evaluate the identified traditional healers and advocate for best practices in their treatment.

Management Response

MoH did not provide any response for this finding.

GLOSSARY

Admission/ Inpatient: Admission of a patient to a hospital or health care facility as an inpatient for medically necessary and appropriate care and treatment of an illness or injury.

Assessment: This is the process of gathering and evaluating data about symptoms, mental state, behaviours, and background.

Diagnosis: The identification of the nature of an illness or other problem by examination of the symptoms.

Drug-Induced Psychosis: This form of psychosis is attributed to substance use. It is a psychosis that results from the effects of chemicals or drugs, including those produced by the body itself.

Follow-ups: A further examination or observation of a patient to monitor the success of earlier treatment.

International Classification of Diseases 10: Standard guidelines for the diagnosis of patients with symptoms of mental disorder

Mental Disorder: Referred to as a mental illness is a behavioural or mental pattern that causes significant distress or impairment of personal functioning.

Outpatient Services: Services provided to patient at the health facility level without the need for admission and hospitalization.

Psychiatrist: A psychiatrist is a physician who specializes in psychiatry, the branch of medicine devoted to the diagnosis, prevention, study, and treatment of mental disorders.

Psychotropic drugs/ Antipsychotics: Psychotropic drugs are medications that alter mood, perceptions, and behaviour. Particularly when used in combination with psychotherapy, psychotropic drugs can be powerful tools in managing conditions such as borderline personality disorder (BPD), anxiety, bipolar disorder, depression, and schizophrenia.

Referral: the process of sending a patient to a higher facility/specialist for further consultation, review, or treatment.

Relapse: a deterioration in someone's state of health after a temporary improvement.

Appendix

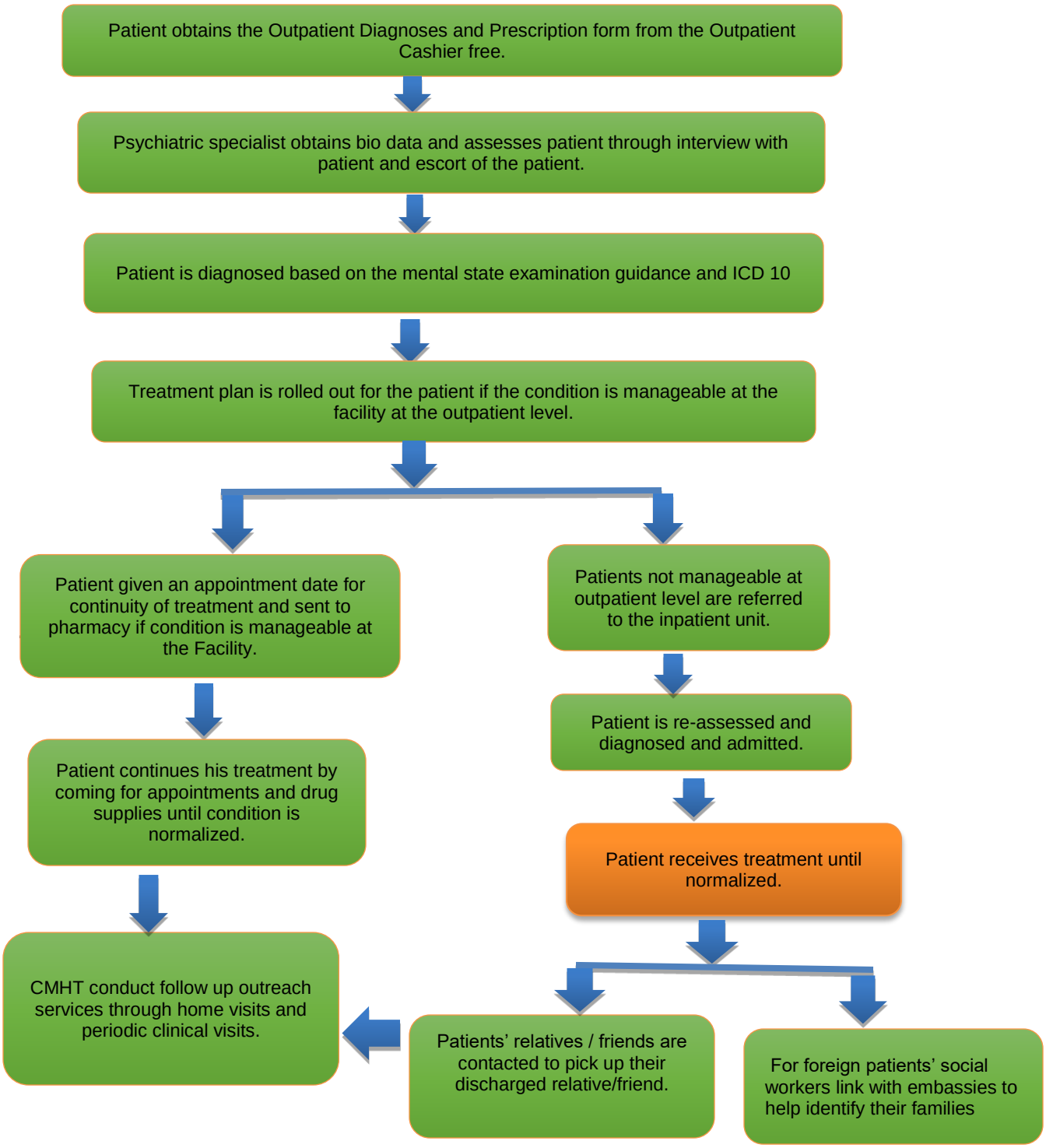
Appendix A: key documents reviewed by the audit team.

Document review	Purpose for review
National referral guidelines and services delivery standards referral guidelines	To Know the national referrals guidelines developed for the delivery of referral services
WHO Optimal mix of Mental Health services report	To understand the recommended mix of mental health services
The Gambia National Health Strategic Plan 2014-2020	To Know the strategic objectives and actions for the health sector
Gambia National Health Policy 2012-2020	To know the guides put in place in other to access and deliver health care in the Gambia.
National Health Policy 2021-2030	
The Gambia Mental Health Strategic Plan 2007-2012 The Gambia Mental Health strategic plan 2017-2022	To know the strategic objectives and activities of the mental health sector.
The Gambia Draft Mental Health Strategic Plan 2021-2026	
The Lunatic detention Act. 1964	To know the legal provision for the detention or admission, also the discharge of mental health patients.
The National Mental Health Policy 2007 The National Mental Health Policy 2016	To know legal framework put in place to improve the situation of people with mental disorders and ensure their protection against human rights violations as well as the promotion of autonomy, liberty and access to health care
Ministry of Health Staffing Norms and Essential Health Care Package December 2020	To know the required number of mental health staff in each health facility in the regions.
Draft mental health bill cabinet paper	To know the date of submission of the bill to cabinet

Appendix B: List of the officials interviewed.

Description of Directorates/Facilities	Number of Staff	Designation
Central/Regional Level		
Ministry of Health	1	Permanent Secretary
	3	Relevant staff
Mental health coordinating Unit	1	Deputy MH program manager
Community Mental Health Team	3	Relevant staff
RHD Western Region One	1	Regional Health Director
	1	Regional Pharmacy Tech.
RHD North Bank West Region	1	Regional Health Director
RHD Lower River Region	1	Deputy Regional Health Director
	1	Regional Pharmacy Tech.
Health Facility Level		
Edward Francis Small Teaching Hospital (Polyclinic & Tanka Tanka)	1	Officer in Charge
	1	Matron/ psychiatric Nurse
Bwiam General Hospital	1	Chief Executive Officer
Bansang General Hospital	1	Mental Health focal person
Kanifing General Hospital	1	Registered Psychiatric Nurse
Farafenni General Hospital	1	Registered Psychiatric Nurse
Essau District Hospital	1	Registered Psychiatric Nurse
Basse District Hospital	1	Officer in Charge
Soma District Hospital	1	Registered Psychiatric Nurse
Brikama District Hospital	1	Officer in Charge
Fajikunda Major Health Center	1	Officer in Charge
Traditional healers		
Japineh	1	Alhajie Karamo Njie
Buiba	1	Sheikh Suwaibou
Bakindiki	1	Munir Darboe
Busura	1	Oustass Ousman Janneh

Appendix C: Diagram 2: Process involved in the provision of mental health care.



Appendix D: ***List of Visited Health Facilities and the Type of Services***

Regions	Health Facility	Type of Service
Western 1	EFSTH (Poly clinic and Tanka Tanka)	Outpatient and Inpatient
	Kanifing General Hospital	Outpatient
	Fajikunda Health Centre	Outpatient
Western 2	Brikama District Hospital	Outpatient
	Bwiam General Hospital	Outpatient
NBR	Farafenni General Hospital	Outpatient
	Essau District Hospital	Outpatient
LRR	Soma District Hospital	Outpatient
CRR	Bansang General Hospital	Outpatient
URR	Basse District Hospital	Outpatient

Appendix E: Required vs the available psychiatric Doctors and Nurses

Name of health care facility	Name of health care facility	Required number of psychiatrists	Required psychiatric nurse [29]	Available Psychiatrist	Available psychiatric nurse	Shortage Psychiatrists	Shortage psychiatric nurse
Teaching hospital	EFSTH (Poly clinic)	2	2	1	2	1	0
General hospital	KGH	1	3	0	1	1	2
	Farafenni GH			0	1	1	2
	Basang GH			0	0	1	3
	Bwiam GH			0	0	1	3
District hospital	Essau DH	0	3	0	1	0	2
	Soma DH			0	1	0	2
	Basse DH			0	1	0	2
	Brikama DH			0	0	0	3
Major	Fajikun	0	2	0	0	0	2

[29] Staffing norm and Essential health care package for MoH, 2020

health centre	da MHC						

Source: staffing norms ministry of health December 2020.

Appendix F: The availability of psychotropic drugs in health facilities across the country

Essential Psychotropic Drugs	Health Facilities							
	Tank-Tanka Psychiatric Hospital	Polyclinic EFSTH	Kanifing General Hospital	Fajikunda Health Center	Farafenni General Hospital	Soma District Hospital	Essau District Hospital	Bansang General Hospital
Chlorpromazine	√	X	x	√	√	√	√	√
Fluphenazine	X	√	√	√	√	√	x	√
Haloperidol	√	√	x	√	√	x	x	√
Amitriptyline	√	√	√	√	√	√	x	√
Carbamazepine	√	√	√	√	√	√	x	√
Diazepam	X	√	√	√	√	√	√	√
Phenobarbital	X	X	√	X	X	√	x	X
Phenytoin	X	X	√	X	√	x	√	√

Source: Health Facilities Visited, December 2022.

√ – Drug Available

X – Drug not available

Appendix G: The availability of psychotropic drugs

Essential Psychotropic Drugs	Regional Health Directorates		
	RHD North Bank Region – Essau	RHD Lower River Region – Mansa Konko	RHD Western 1 - Kanifing
Chlorpromazine	√	√	√
Fluphenazine	√	√	√
Haloperidol	X	X	√
Amitriptyline	√	√	√
Carbamazepine	√	√	√
Diazepam	√	√	√
Phenobarbital	X	X	X
Phenytoin	√	X	X
Artane	X	√	X

Source: Regional Health Directorates Visited, December 2022.

√ – Drug Available

X – Drug not available

Appendix H: The availability of psychotropic drugs in health facilities across the country

	Health Facilities										
	Tank-	Polyc	Kani	Fajik	Faraf	Som	Ess	Bans	Bas	Bwia	Brik

Essential Psychotropic Drugs	Tanka Psychiatric Hospital	linic EFSTH	fing General Hospital	unda Health Center	enni General Hospital	a District Hospital	au Health Center	ang General Hospital	se District Hospital	m General Hospital	ama District Hospital
Chlorpromazine	√	X	x	√	√	√	√	√	√	√	√
Fluphenazine	x	√	√	√	√	√	x	√	√	x	√
Haloperidol	√	√	x	√	√	x	x	√	√	x	X
Amitriptyline	√	√	√	√	√	√	x	√	x	√	√
Carbamazepine	√	√	√	√	√	√	x	√	√	√	√
Diazepam	x	√	√	√	√	√	√	√	√	√	√
Phenobarbital	x	X	√	x	X	√	x	x	x	√	x
Phenytoin	x	X	√	x	√	x	√	√	x	x	x
Artane	x	X	x	x	X	x	x	x	x	√	x

Source: Health Facilities Visited, December 2022.

√ – Drug Available

X – Drug not available