Education for Health, Vol. 15, No. 2, 2002, 149–157

Taylor&Francis healthsciences

COMMUNITY-RELATED ISSUES/EDUCATION

The Impact of a Community-oriented Medical School on Mental Health Services

DIAA E. EL GAILI[1], MOHI M. MAGZOUB[1] & HENK G. SCHMIDT[2]

[1]*Faculty of Medicine, University of Gezira, Sudan; and* [2]*Faculty of Psychology, Maastricht University, The Netherlands*

ABSTRACT *This paper discusses the impact of the community-based medical school on mental health services. The Gezira mental health programme represents a collaborative work involving the university, the community and the government. It aims at achieving specified objectives: (1) to modify community concepts, attitudes and practices concerning mental health, (2) to ensure community involvement and participation, (3) to extend mental health services, (4) to train PHC staff, and (5) to encourage research. The programme was implemented in three phases: preparatory, implementation, and evaluation. In the evaluation of the impact of the programme on changing community attitudes, the training of staff, the extension of mental health services, and on research, qualitative assessment, through interviews, focus group discussion, supervision visits, and review of reports are used. There is an overall agreement that the programme helped in raising public awareness regarding the concept of mental health, the care of the mentally ill and community participation. Members of the health team who received training as part of the programme reported a better understanding of mental health problems and an improvement in their handling of the mentally disturbed patients. Teachers reported an increased awareness of mental health problems in school children and a better collaboration with those involved in the handling of such problems. Social workers and psychologists updated their knowledge and skills and were well prepared to participate in the programme. Members of the different sectors involved reported a better standard of collaboration regarding mental health activities. These findings indicate that this programme, by providing a new model for health services in this field, has induced a large policy change within the Sudan. The community-based activities at the FMUG have resulted in a major change in the delivery of mental health services in Gezira State. The programme has resulted in a major shift in mental health services being provided by central hospitals to PHC settings. In addition it has stimulated research, thereby providing much original information that will help in preparing for future plans.*

KEYWORDS *Impact, community-oriented medical school, mental health*

Address for correspondence: Diaa E. El Gaili, MD, Head Department of Mental Health, Faculty of Medicine, University of Gezira, Wad Medani, PO Box 20, Sudan. E-mail: delgaili@yahoo.com

Education for Health ISSN 1357–6283 print/ISSN 1469–5804 online © 2002 Taylor & Francis Ltd
http://www.tandf.co.uk/journals
DOI: 10.1080/1357628021013866 1

Introduction

In most societies, unjustified bias exists against mental illness. This bias leads to misconceptions and underestimation of mental disorders and, thus, poor provision of mental health services. Mental diseases tend to be under-diagnosed even by primary health care (PHC) personnel, and mental health services are often given low priority in the planning of health services. This attitude is also reflected in medical education in many traditional schools. However, the problems of urbanization, economic development, migration, and social change are creating a growing awareness of the need for mental health services in developing countries.

A case in point is the situation in the Sudan, one of the biggest countries in Africa. Until recently in the Sudan, interest in and concern about mental illness was mainly left to religious healers and such healers continue to see the majority of mental patients. The late professor Tigani El Mahi, the father of African psychiatry, stressed that our attitude towards religious healers should aim to encourage good quality of practice while trying to end harmful or faulty methods (Elsafi & Baashar, 1981). In 1949, the first psychiatric clinic was established in Khartoum North; in the 1950s that one was followed by a second one in the same city. Later three more were established throughout the Sudan. Therefore, five psychiatric units were established in different parts of Sudan. In 1971, El Tigani El Mahi Hospital was established as the national mental hospital (El Faki, 1997). However, since then, mental health services failed to extend beyond those few specialized units attached to state hospitals. This was mainly due to a shortage in qualified staff, such as psychiatrists, psychologists, and social workers. By the end of the year 1997, not more than 20 psychiatrists worked in different parts of the Sudan, and of these, only two psychiatrists worked in Gezira State, the part of the Sudan that is the context of the developments described in this paper. This situation necessitates the use of primary health care facilities and staff, and the collaboration between the different sectors involved and the community, to find ways of extending mental health services to the community.

The Faculty of Medicine, University of Gezira (FMUG) was established to change this undesirable state of affairs. FMUG was founded in 1975 as a community-oriented and community-based medical school. Community-based education (CBE) provides opportunities for the community and the government to form university–community–government partnerships. Such partnerships are important instruments for responding to community health needs, CBE, as well, prepares students for a community-oriented career (Magzoub, 1994). It may therefore come as no surprise that the FMUG, through its department of mental health, chose mental illness as one of its priority health problems. This paper discusses the impact of the FMUG on the mental health services in Gezira State, outlining the relevant historical perspectives and referring to the experience of the FMUG in CBE and the concept of the

university–community–government partnership. The paper gives details of community-based mental health education and of the mental health programme and its impact on mental health services in Gezira State. It discusses the impact on education, policy change, services and research. In reviewing literature, use was made of journals and periodicals available in the university library together with a mid-line search of relevant literature.

Impact on Policy

Staff of the department of mental health realized from the beginning that preventive activities would necessitate collaboration between the university, the community, and the government. In October 1995, therefore, the department of mental health took the initiative of establishing the Gezira State Council for Mental Health as a coordinating body involving the Ministries of Health, Education, and Social Welfare, the judges, the police, the Culture and Information Unit, and community leaders. The head of the department of mental health, FMUG, was elected as the secretary general of this council. From then on, efforts were directed towards establishing and implementing a state mental health programme, making use of the coordinating council. These activities brought about a great policy change in relation to mental health, both with regard to the concept and the services. Instead of being given a low priority in the planning of health services, mental health came up to the front as a health priority in Gezira State. In addition, in 1997, a department of mental health was established in the State Ministry of Health to be responsible for the implementation of the state mental health programme. Integration of mental health care into primary health care was seen as an important step towards the extension of mental health services. The mental health programme allocated more than 500 million Sudanese pounds (US$ 250,000) for mental health services.

The programme aims at achieving the following objectives: (1) to modify community concept, attitudes and practices concerning mental health services and the care of the mentally ill; (2) to ensure community involvement and participation in the delivery of mental health services; (3) to extend mental health services in the community, making use of the primary health care settings and in collaborating with the traditional healing centres; (4) to train the staff in primary health care settings and other relevant sectors (e.g. teachers, social workers, etc.); and (5) to encourage research relevant to community needs and demands.

The programme was implemented in three phases. The first phase was a preparatory phase. Emphasis was put on the involvement of the different sectors and the community in formulating appropriate plans to achieve the above objective. A series of seminars and workshops involving members of the different related disciplines together with community leaders was held to make

the mental health programme known in Gezira State. In October 1996, the Annual Conference of Sudanese Psychiatrists was held in Wad Medani, the capital of Gezira State, aiming at involving the Association of Sudanese psychiatrists, the Federal Ministry of Health, and other national bodies in formulating the mental health programme. In the second phase of the programme staff in primary health care settings, doctors, medical assistants, and other members of the health team and other related disciplines, e.g. teachers, social workers, psychologists, etc., were trained (El Gaili, 1998) (Table 1).

Training sessions were held in Wad Medani and in the different regions in Gezira. Members of the university staff, together with Ministry of Health staff, formed mobile teams to ensure training in the community making use of community resources. The third phase aimed at the extension of mental health services, addressing both preventive and curative aspects.

Impact on Services

The programme made use of the following facilities: (1) PHC facilities in the community, including PHC units and centres, together with traditional healing centres, (2) social services offices which are widely spread in the different parts of the Gezira state, (3) schools, and (4) other social organizations and community centres (youth centres, clubs, etc.). By the end of the year 1997, mental health services extended to involve five of the six provinces located in Gezira State. The programme was specially concerned with child mental health. The first child mental health department in the Sudan was established in Wad Medani to care both for the preventive and curative aspects. The school mental health programme was introduced for the first time in Sudan, in collaboration with the Ministry of Education, to ensure provision of preventive as well as curative activities of mental health care to school children.

Collaboration with traditional healers, as key figures in their community, was assured by the programme. Traditional healing centres were considered as

Table 1. Categories of PHC workers in the programme in Gezira State, Sudan

PHC workers	Number	%
Medical officers	69	15
Medical assistants	119	27
Nurses	129	30
Health visitors	31	7
Nutritionists	28	6
Midwives	69	15
Total	443	100

first-contact facilities. Until recently, in the Sudan the care of mentally ill individuals was fully under the hands of the traditional healers. Their role includes both diagnosis and treatment of mental disorders. Their authority is based on strong social and religious beliefs concerning the nature of mental disorders. Twenty three traditional healers representing different areas in Gezira were trained to work as PHC workers. A system of referral to other levels of mental health care delivery was established, as well as joint clinics. In addition, in an attempt to strengthen cooperation, the 1997 Conference of Sudanese Psychiatrists was held in Tabat, a traditional healing centre. Psychiatrists from the different parts of the Sudan, together with traditional and religious healers, attended the conference to discuss aspects of collaboration.

The Gezira State Council for Mental Health worked as a coordinating body that involved the different community sectors, the university and the government in the funding of this programme (El Gaili, 1999). This allowed the expenditure of more than 500 million Sudanese pounds in this programme, coming from community sources.

Impact on Research

Early in the programme, the department of mental health at FMUG initiated a research and information unit to help in utilizing data collected in the different phases of the programme as a basis for future plans. This has resulted in a number of published scientific papers.

Recently, a specialized peer-reviewed journal, *Health and the Community*, was established by the unit to facilitate in the publication of research. Research, as part of this programme, represents original work in Sudan. It allowed the collection of important data which have been utilized by the federal Ministry of Health in setting the national mental health programme of May 1998. Published scientific papers carry titles such as: “The teaching of mental health in a community-based medical school” (EI Gaili et al., 1996), “Anxiety symptoms in Sudanese diabetics: influence on presentation and management” (*East-Mediterranean Health Journal*, 1997), “Child mental health services: an experience from Gezira” (proceedings of the Eleventh Conference of the Arab Doctors Union, Khartoum, 1998), “The national mental health programme: making use of the Gezira model” (El Gaili, 1998), and “Mental health and primary health care” (El Gaili, 1999).

Impact on Mental Health Education

CBE provides opportunities for collaboration with the community and the government, the university–community–government partnership. Emphasis on learning in the community includes visits to traditional healers. Traditional

healers accept students as co-workers and cooperate with the staff. They provide meals and accommodation for the students, and healers have expressed their willingness to collaborate with university staff in patient management and the training of the students (El Gaili *et al.*, 1996). At the end of the mental health clerkship, the students of the FMUG write short accounts on the strengths and weaknesses of the teaching.

Evaluation of the Programme

The department of mental health, FMUG organized a national psychiatric conference in October 1996. Psychiatrists, clinical psychologists, social workers, and the other related professions participated in this meeting. Its objective was to review the status of mental health services prior to establishing the Gezira mental health programme.

The conferences discussed a paper presented as a joint work between the university and the ministry of health (“The present status of mental health services in Sudan”). Focus group discussion was the method of evaluation that was preferred for the purpose of evaluating the present status of mental health services in Sudan.

The conference concluded the following: (1) mental health services, between the 1950s and the 1980s, failed to extend beyond a few specialized units attached to some of the state hospitals, (2) the training of qualified staff was not meeting the demands of the community, and (3) existing policies failed to increase community awareness.

By the end of year 1997 the department of mental health, FMUG involved the different sectors, community leaders, and members of the community in a qualitative assessment of the programme. This was done through interviews, focus group discussion and supervision visits, and review of reports. This resulted in the following findings. There was an overall agreement that the programme helped in raising public awareness regarding the concept of mental health, the care of the mentally ill and community participation. Members of the health team who received training as part of the programme reported a better understanding of mental health problems and an improvement in their handling of the mentally disturbed patients. Teachers reported an increased awareness of mental health problems in school children and a better collaboration with those involved in the handling of such problems. Social workers and psychologists updated their knowledge and skills and were well prepared to participate in the programme. Members of the different sectors involved (Ministry of health, Ministry of Education and the Community) reported a better standard of collaboration regarding mental health activities.

Before the introduction of the programme only about 200 patients per month were making use of the mental health care delivery system. Following the programme, more than 1250 patients per month were making use of the

mental health care delivery system. Instead of one mental health care unit in the capital of Gezira State, the programme has achieved the establishment of 12 new units in the different parts of Gezira State (Table 2).

Discussion

The mental health programme was planned for and implemented addressing real community needs and assuring proper community participation. The FMUG, a community-oriented medical school advocating CBE, played a major role in mobilizing community efforts and resources towards the improvement of mental health services in Gezira State. The involvement of the community in the different phases of the programme is an area of major strength. The success of the programme is well seen in raising community awareness, training of staff, and extension of mental health services to the community.

The funding of the programme was secured through participation of the sectors involved and the involvement of the community. However, efforts to maintain the activities of the programme should ensure a proper and continuous funding of the programme which faces many challenges. The socio-economic changes seen in the last two decades may hinder the continuity of the community support. Traditional healers may no longer be able to host medical students.

Epidemiological studies from Africa indicate that the prevalence of psychiatric morbidity is similar to that found in the Western world. The dearth of mental health personnel and facilities in Africa has resulted in an urgent need to decentralize and integrate mental health care with the general health services in African countries (Abiodun, 1990). Similar findings were seen in Sweden (Stefansson *et al.*, 1990).

The mental health programme has resulted in the establishment of a partnership with the Ministry of Health and with the community, and in a great change in health policy, providing a model for health services. It has resulted in

Table 2. Changes brought about by the programme in the Gezira State

	Before	After
No. of patients/month	200	1250
No. of mental health units	1	12
Budget	Negligible	More than 500 million Sudanese (US$ 250,000)
Legislation	None	The Mental Health Act (May 1998)
Research	Negligible	12 published scientific papers; the training of 18 candidates for a masters degree in mental health; two candidates for a PhD

a major shift in mental health services being mobilized from central hospitals to PHC settings.

The programme has stimulated research relevant to the needs of the community. The research has concentrated on aspects of traditional healing, mental disorders in the community, child mental health problems, etc. This has provided a wealth of new data that will help in designing the future plans. The community-based activities have resulted in recognition of the FMUG by the different authorities, the community and the WHO. This provided support to the community-oriented approach to medical education as practised by FMUG.

The model we are presenting in this paper is probably a useful guide to other states in Sudan and probably to some neighbouring countries and other developing countries. The need to collaborate the efforts of the different sectors of the community to care of the mentally ill, and the need to extend mental health services making use of PHC settings in developing countries, like Sudan, where traditional healers are still taking the major share in handling mental health problems, are probably the main lessons to learn from the experience we are presenting in this paper. This model probably does not suit other countries with a different socio-cultural background.

Conclusion

The community-based activities at the FMUG have resulted in a major change in the delivery of mental health services in Gezira State. The mental health programme has been implemented as a collaborative programme involving the university, the community, and the government, aiming at the extension of mental health services. This can be a model for other Third World countries, with a similar socio-cultural background, to follow.

References

ABIODUN, O.A. (1990). Mental health and primary care. *East-African Medical Journal, 67,* 273–278.

ELFAKI, A.A. (1997). The history of mental health services in the Sudan. Paper presented in the Annual Conference of Sudanese Psychiatrists, Wad Medani, October.

EL GAILI, D.E. (1998). The national mental health programme: reference to Gezira model. *Health and Community Journal, 1,* 12–15.

EL GAILI, D.E. (1999). Mental health and primary health care. *Health and the Community Journal, 2,* 6–9.

EL GAILI, D.E., HAMMAND, T.A. & MAGZOUB, M.E. (1996). The teaching of mental health in a community-based medical school. *Education for Health, 9,* 353–358.

ELSAFI, A. & BAASHAR, T.A. (1981). *Selected essays of Tigani El Mahi*. Khartoum, Sudan: University of Khartoum Press.

MAGZOUB, M.E. (1994). *Studies in community-based education: programme implementation and student assessment*. Maastricht, The Netherlands: Uniprint.

STEFANSSON, C.G., CULBERG, J. & STEINHOLTZ, L. (1990). From community mental health services to specialized psychiatry. *Acta Psychiatrica Scandinavica, 82,* 157–164.