Scholars Journal of Arts, Humanities and Social Sciences OPEN ACCESS
Abbreviated Key Title: Sch J Arts Humanit Soc Sci
ISSN 2347-9493 (Print) | ISSN 2347-5374 (Online)
Journal homepage: https://saspublishers.com

Role of Professional Counselling in Mental Health Services Provision: A Case of Zimbabwe

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DOI: https://doi.org/10.36347/sjahss.2024.v12i10.004 | **Received:** 11.09.2018 | **Accepted:** 24.10.2018 | **Published:** 25.10.2024

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Abstract **Original Research Article**

This study sought to examine the role of professional counselling in mental health services provision: A case of Zimbabwe. The representative sample consisted of a staff compliment of five (5) registered mental health nurses (RMN), two (2) social workers, four (4) general hands and one (1) psychiatrist were involved in this study. A qualitative research descriptive survey design was employed to guide the methodology. Data was generated through in-loco observations; face to face interviews, focused group discussions and document analysis. Findings from the study showed that most patients did exceptionally well whilst in the institution but relapse once discharged. It was also noted that patients or their relative(s) who received support information on the rationale for medication were the ones who were good on adherence to the medication.

Keywords: Counselling, Mental Health, and Mental Illness.

BACKGROUND TO THE STUDY

The government of Zimbabwe in its desire to provide human treatment and quality of mental health care to its people enacted the Mental Health Act 1996 No. 15. This Act consolidate and amend the law relating to the care, detention and after-care of persons who are mentally disordered or intellectually handicapped, whether for the purposes of treatment or otherwise; to provide for the establishment of various boards and the functions of such boards; to repeal the Mental Health Act, 1976; and to provide for matters incidental to or connected with the foregoing [1]. The Zimbabwe National Mental Health Policy's major aim is to harmonise Mental Health activities and improve quality of care of those living with mental disorders. It provides a frame work within which mental health programmes, projects and activities are designed, implemented, monitored and evaluated using the multidisciplinary, multisectoral approaches, community involvement and participation within the context of primary health care to provide all Zimbabweans with the highest achievable mental health care services. People with mental illness are a common sight in every street corner in urban centres, at growth points and also in rural areas in Zimbabwe. These people with mental illness are the most stigmatised and marginalised the world over. This is not despite the fact that mental ill health is not a personal choice nor is it avoidable [2].

In Zimbabwe, and probably other states, every effort is made to cater for their mental health and they are discharged on antipsychotics, it doesn't take much long before they are readmitted within the same institutions upon relapse. This tendency produces a ripple effect that overburdens these places. Mental illness has since been categorised as being the second highest leading in hospital bed utilisation in Zimbabwe [3]. None of the past studies in Zimbabwe have sought to establish the reasons for stability whilst in institutions and massive relapses once discharged. This endeavour was undertaken to fill the missing link. This research paper is a result of extensive interviews, discussions and prolonged in-loco observations as well as document analysis. The endeavour of this study was examine the role of professional counselling in mental health services provision: A case of Zimbabwe. Data was generated from admission and discharge records units, treatment/prescription books and case management notes. Purposive and convenient in-depth face to face interviews, observations and follow-ups were initiated

on specialised and support staff, parents/guardians as well as referral institutions (including half-way homes).

METHODOLOGY USED IN THE STUDY

A qualitative research descriptive survey design was employed to guide the methodology in the study. Since it was a case study of Zimbabwe, participants' were interviewed as they sought services (patients and guardians) or providing services (staff). The researcher obtained information on procedures during admission, assessment, treatment, referrals and discharge. Documents analysed include records of admission, treatment, case management and support systems. In depth face to face interviews were conducted with participants who consisted of staff members, guardians/parents, patients and referral institutions. These were routinely done purposively and conveniently on targeted people especially after treatment or visit to patient. Observations were also carried out throughout the period of study.

Findings from the study

Findings from the study revealed that interviewed patients and guardians showed that upon admission, assessment and discharge, no discussion, request or consensus was done but merely orders. Most of the patients interviewed mentioned that they got confused and irritated with the manner they treated at such mental health institutions, hence they would end up begrudgingly complying with such given orders under duress. The availability of professional counselling services in mental health services provision would assist in alleviating the traumatic exposure for mental health patients in the manner they are treated. This prompted some to simply do the opposite of what they were doing whilst in institution since they don't know the rationale behind all the processes. Findings revealed a 1:3 ratio of new to relapse cases. Reasons include non-compliance to medication and an uninformed psychosocial support system that lacks insight. It was also noted that absence of counsellors as well as attitude of some senior medical staff was a contributing factor. Other findings include co morbidity with other physical ailments.

Clatter of equipment during assessment, new environment, unfamiliar faces and procedures all instilled fear in patients and support systems. This in turn affects diagnosis and subsequent treatment. Some guardians expressed dissatisfaction over deteriorating physical health of their relatives soon after admission. Some patients and relatives revealed that the community does not normally accept patients from institutions. This is closely linked to patients'' offence(s). Majority said that members of the community changes from their previous ways of relations to patients and this tends to make them feel unwelcome. Some wish they could go back to institutions where they feel comfortable amongst fellow patients and friendly staff. The researcher also observed that a day before assessment most of those due to be assessed, exhibited heightened anxiety. Those who would have undergone pre-assessment counselling were more stable and willing to partake the procedure.

With reference to medication, some mentioned that just given tablets and ordered to take 3tablets, 4 times daily was meaningless especially compounded by side-effects. With counselling they understood the possibility of side effects as well as benefits and were made to grasp that benefits far outweighs side effects. Professional counselling also helped patients to identify predisposing, precipitating as well as perpetuating factors and seek treatment earlier to avert relapse. Some staff members also expressed sentiments on poor participation of patients in activities and uncooperative guardians. This in turn negatively affected staff morale and willingness to duty. Whilst some staffers acknowledged that guardians lacked information on mental illness, they did not realise how counselling can be of great contribution in providing such information. Most indicated that service provision in this sector is privy to members with a medical background despite mental health requiring a multi-disciplinary approach comprising various disciplines. Of the records reviewed, non revealed counselling services as being offered except the issue of social workers assisting clients at certain intervals. This is despite the fact that counselling is highly indispensable in modern mental health settings.

DISCUSSION OF THE FINDINGS FROM THE STUDY

In Zimbabwe, there are two major forensic centres and several drop-in centres across the country. Within the realms of the Mental Health Act of 1996, staff composition includes a clinical social worker, not necessarily a professional counsellor [4]. This underscores the promotion of optimal healthcare. Professional counsellors are equipped to address societal problems through identification of systemic resources. They are also trained to articulate relevant community issues while advocating for client rights. These include access to information on assessment care, treatment referral and discharge. Professional counselling is essential to all the stakeholders in this study. These include staff, patients and guardians/parents [5]. Members of staff need regular counselling as an employee assistance programme to cater for burnout and other unforeseen contingencies. It is more important for staff to note that cognitive deficits inherent in mental health patients inhibit full participation in most intervention programs [6]. What staff members noted as uncooperativeness from the parents was indeed lack of insight, confusion due to unfamiliar environment, all that can be dealt with through counselling. Therefore the role of a professional counsellor is to conscientise staff of this reality. Parents/guardians also need counselling to come to terms with reality. Most visit mental health institutions as a last resort after trials with traditional and faith-based healers [7].

They also need informative counselling on compliance to medication and issues around discrimination and stigma. Patients need counselling to empower them as well as offer insight into their conditions [8]. Community members need counselling to understand mental health aspects. This could be advocacy issues to raise awareness that enhances acceptance of patients from institutions regardless of their offences. The role of counselling in mental health cannot be underestimated considering its positive impact in the sector. A counsellor serves as the interface between patients, community and service providers (both Government and non-governmental). This was a case of male patients' participation but others involved were from both gender axis. Incorporation of female patients might boost the robustness of these findings.

REFERENCES

1. Mudzingwa, K. (2007), 'Zimbabwe: The Mentally-Ill Not Outcasts', All Africa Global Media, source: The Herald, 1 February 2007. http://allafrica.com/stories/200702010467.html - Accessed 1 June 2018.
2. Masvikeni, A. (2002), 'Zimbabwe: Mental Illness on the Increase', The Herald, 23 June 2002. (FACTIVA)
3. Choruma, T. (2007). *The forgotten tribe: People with disabilities in Zimbabwe*. CIIR.
4. Immigration and Refugee Board of Canada 2000, ZWE34298.E - Zimbabwe: Treatment of persons suffering from mental disabilities; resources and services available to such persons, 3 May. (REFINFO)
5. Tsiko, S. (2006). 'Mental Health Care Promotion Vital', The Herald, 17 October 2006. (CISNET Zimbabwe CX164884)
6. Ministry of Health and Child Welfare (undated), 'Mental Health', Ministry of Health and Child Welfare website http://www.mohcw.gov.zw/mental%20health/mental%20health.htm – Accessed 3 June 2018.
7. US Department of State (2009). Country Reports on Human Rights Practices for 2008: Zimbabwe, February.
8. World Health Organisation (2005). 'Mental Health Atlas: 2005', WHO website http://apps.who.int/globalatlas/default.asp – Accessed 4 June 2018.