

Book review

Development psychiatry: Mental health and primary health care in Botswana (1987)

by David Ben-Tovim

Alan Flisher
95 Rochester Road
Observatory
7925

Several recent contributors to this journal (e.g. Freeman, 1988; Shefer, 1988) have highlighted the importance of examining the organisation of health services in other countries in attempting to formulate proposals for the organisation of social services in a post-Apartheid South Africa. This book comprises a worthwhile contribution to this debate. The author attempts to apply what he refers to as his "orthodox British Psychiatric training" during his almost three year sojourn in Botswana commencing in 1980. His principal responsibility was to co-ordinate the large scale integration of the previously highly centralised psychiatric services in Botswana with the existing primary health care (PHC) network. During this period the mental health professional complement was at most two psychiatrists, nine psychiatric nursing sisters, one psychiatric social worker (who was stationed full-time at the only mental hospital) - and no psychologists whatsoever! Their duty was the provision of mental health services to the population of 930 000, in the second least densely populated country on earth. It is thus quite obvious that if any meaningful impact was to be had it would have to be via the existing PHC services.

The book is divided into five parts, and in the first part the author expresses the sentiment that Black African countries are too poor to attend to problems that are rare or trivial. He claims that it is necessary in establishing the credibility of psychiatric services to be able to answer the following questions:

firstly, do psychiatric conditions as first identified in Europe and the West also exist in Africa; and, secondly, if they do exist, are they common and are they burdensome? Not altogether surprisingly, Ben-Tovim does indeed manage to provide affirmative answers to these questions. He does this by means of a concise yet comprehensive review of the limited literature that does exist. True to his training, he limits his attention to the physical disease model of mental disorders in which the incidence and prevalence of various symptoms and syndromes are compared between African and Western contexts. This model has come in for a considerable amount of criticism, and it is not clear of the extent to which the incorporation of work derived from other perspectives would have modified his conclusions.

In part two, background information about Botswana as a country is provided; more specifically, there are short accounts of its geography, history, economy, social organisation and dominant religious beliefs and practices. It is disappointing that there is only one short paragraph in which the current political arrangements are discussed. In this paragraph it is stated that "Botswana is not a welfare state. Nevertheless, successive post-independence governments have pursued a policy that could be described as paternalistic capitalism" (p.50). However, the programme that the book describes has many characteristics that are generally (although not necessarily accurately) associated with a socialist political economy. It is an omission that the author does not locate the programme in its broader political and social context by explicating and accounting for this apparent contradiction.

After a brief description of the traditional health care available in Botswana, the state-provided health care system is described. This consists of a pyramidal structure with various tiers, viz. (a) village health posts, staffed by Family Welfare Educators who are elected by their villages to undergo a brief training programme before commencing practice; (b) regional clinics, staffed by nurses; (c) curative referral facilities, i.e. district health centres and hospitals, staffed by doctors and nurses; and (d) one national referral hospital and one mental hospital. It is thus quite clear that the Botswana government has a practical commitment to the principles of primary health care as formulated at the 1978 WHO/UNICEF conference at Alma-Ata. This then is the framework onto which the psychiatric services were grafted.

It is noteworthy that no attempt was made to incorporate the existing traditional healers into the PHC system. Two explanations are offered for this: (a) they "worked from a set of beliefs..., and used a variety of healing practices, that would have been incompatible with the concepts that lay behind modern health care" (p.64); and (b) "the individualistic nature of traditional healing, and its lack of central organisation...made the health administrators weary of trying to incorporate traditional healers into a bureaucratically organised state-run health system" (p.64). Notwithstanding

this, the author's own research has demonstrated that the two systems do operate in parallel, but with the traditional tending to be the preferred mode of treatment. This did not however result in harmful delays in presenting for "Western" treatment if the initial treatment had failed. The conclusion is that the two approaches are **complementary** in the sense that they attend to different "patient" needs.

Part three commences with a short history of psychiatry in Botswana in which it emerges that the Mental Health Division of the World Health Organisation (WHO) exerted a major influence in facilitating the transformation of the Botswana psychiatric services from an asylum based to a community based enterprise. It is tempting to speculate on the potentially far-reaching alterations that future involvement of the WHO in the South African mental health services apparatus could inspire.

The structure of the new community based services is then presented. The country was divided into six psychiatric catchment areas to each of which was allocated a psychiatric nurse. These nurses then set about establishing a framework for psychiatric work in their catchment areas involving regular visits to the health posts and regional clinics under their jurisdiction. The predominant context for training was the **joint consultation** in which the visiting psychiatric nurses saw patients with the PHC workers. Occasionally, a psychiatrist was also present. In addition, more formal instruction took place at the regular refresher courses organised by the Ministry of Health. It is unfortunate that there is a dearth of information regarding the day to day psychiatric experiences of FWEs and nurses, and how they experienced the programme. It would appear that the author has not evaluated this aspect.

Part four contains an examination of some theoretical and practical issues encountered in day to day practice. This consists of a focus on certain conditions that had been identified as priority conditions viz. psychiatric emergencies, alcohol related conditions, epilepsy, schizophrenia, depression, and what the author labels "non-psychotic distress". Patients suffering from non-psychotic distress appear to have challenged Ben-Tovim's ingenuity and psychological resourcesfulness. They almost always presented with somatic complaints and would, in Western contexts, have been more likely to benefit from psychotherapeutic as opposed to pharmacological intervention. A simple five-stage assessment and management scheme is presented that includes a blend of crude common-sense psychology and the cautious use of a handful of psychotropic drugs. There was no attempt to engage the sufferers in psychotherapy in the sense of helping them to work through their conflicts. There is a bold attempt to link some empirical data with theoretical speculation regarding the somatisation aspect of non-psychotic distress, and Ben-Tovim's conclusions are not inconsistent with those of Kleinman (1977).

The fifth and final part of the book contains an assessment of the impact of the new services. Ben-Tovim is quick to admit that his research methodology is not very sophisticated; nevertheless he is able to conclude on the basis of a crude analysis of routinely available data that: (a) access to psychiatric services became available throughout the country; (b) the majority of consultations took place in community facilities and not in the state mental hospital; (c) the total number of in-patients dropped substantially in the period he was working in the country; and (d) a wide range of patients were seen in the community services. He goes on to state that: "it was possible for a poor, majority-ruled, independent, remote, black, sub-Saharan African country to re-organise its existing psychiatric care-delivery system and, in a short space of time, provide a nation-wide, dispersed, psychiatric service. It was possible to do that using, almost entirely, existing financial and human resources. It was possible to do that not as an experiment, or as part of a prestigious multi-national demonstration project, but as a result of a conscious national choice" (p.205).

Certainly, there are elements of the programme that could be criticised; these include the apparently low priority given to preventative psychology and the popularisation of psychological knowledge. Notwithstanding this, the efforts of our colleagues in Botswana serve as a reminder of what could be achieved by mental health workers given a favourable political dispensation.

REFERENCES

Ben-Tovim, D I (1987) **Development Psychiatry: Mental health and primary health care in Botswana**. London: Tavistock Publications.

Freeman, M (1988) Mental health in Zimbabwe: Are there lessons for South Africa? **Psychology in society**, 9, 22-43.

Kleinman, A M (1977) Depression, somatization and the new cross cultural psychiatry. **Social Science and Medicine**, 11, 3-10.

Shefer, T (1988) Mental health services in Nicaragua: Lessons for South Africa. **Psychology in society**, 11, 31-38.