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## THE CASE FOR EMOTIONAL HEALTH SUPPORT SERVICES AND ROLE OF THE HEALTHCARE FUNDERS IN ZIMBABWE

Paper Presented by Leonard T. Makoni  
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### Abstract

Life has always presented challenges and pressure on people. Increasingly societal support systems have ceased to be effective if at all available. Means of production and therefore provision have further exacerbated the pressures people live under. It is reported that “over 30% of people utilizing primary health care facilities in Zimbabwe suffer from common mental disorders (CMD).” Chibanda et al 2014.

There are more cases of CMD because of the prevailing poor economies and social strife people live under. If no assistance is offered to support people going through grief due various forms of loss, the conditions deteriorate to levels that require psychiatric attention.

This submission is aimed at calling the health care funders to consider their part in making sure that their members are emotionally healthy as a way of curtailing further deterioration of their health condition and therefore containing the national healthcare bill. While this may not be a scientific submission, there is an adequate body of evidence to give scientific and business management sense to the need before us. For our context, this paper is presented at the risk of being considered alarmist but with great conviction that there is no better time than now that to take seriously the centrality of emotional health in all other spheres a human being.

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A close look at most Health Funders mission statements shows a common commitment to the health of the nation in its true sense. Such statements as “Taking a Holistic View to Your Health Cover”, “Together we make a difference” and “We value your health” indicate the deep desire to collaborate and seek relevant solutions with relevant stakeholders. This is the reason I believe this year’s conference truly presents an opportunity to take steps to a healthier nation starting with mental health.

This year’s theme to “retrace the steps and sustain the momentum”, among other possible angles of interpretation could also assume that we may have just missed out something in “Taking steps towards Completing the Healthcare puzzle”. We cannot escape the 1948 World Health Organisation (WHO) definition of health: “Health is a state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity.” Such perspective guided the further explanation of health by the WHO: “Health is the extent to

which an individual or group is able, on the one hand to change or cope with the environment.

Health is, therefore, seen as a resource for everyday life, not an object of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.”

In 1999, Ewles and Simnett (1999) gave six dimensions considered to be part of a complete view of health which include physical health, mental health, emotional health, social health, spiritual health and societal health. It is important to note that mental health was not lumped up together with emotional health, the subject of this submission.

This submission hopes to achieve the following:

1. Present before us a clear case for counselling as a tool for improved individual and community health.
2. Get AHFoZ members to think about, understand and want to embrace counselling as a critical alternative health funding model that improves company sustainability while improving community health

I would like to remind members and help them with the following:

1. Understand that counselling services are already available in the country,
2. Appreciate that counselling services are helping to reduce the individual and national health bill
3. Supporting and participating in developing a well-defined Counselling profession brings tangible economic benefits to individual companies and the nation.

#### The Context

There was once a resident of an asylum for the mentally challenged who found fun in inflicting pain on passers-by. The young man found an opening in a wall along a walkway, just large enough to fit his hand. He would sit by the wall as if he was basking in the sun as he waited for his victims. On a particular day a Professor at a local university was taking a walk to refresh his mind when he fell victim. As he turned the bend he heard a faint voice that was pretty much rhythmic and increasingly became audible as he walked along. All he could hear was someone very deliberately and accurately shouting the same number over and over again: Eleven! Eleven! Eleven! Eleven! Eleven! Predictably the Professor saw the opening in the wall and he unconsciously stooped down to “look at the sound”. At that moment, almost with lightning speed he received a poke in his eye and the counting changed: Twelve! Twelve! Twelve! Twelve! Twelve! Twelve!

It does not matter how educated, prominent, rich or poor we may be, there are times and there are situations that puzzle human beings and render us insane – may be more insane than those locked up in the asylum. I pray that after this submission we will take the attitude of the Professor who determined that that hole should be closed and he will be the last victim of that madness.

#### THE CASE FOR COUNSELLING

Our case study shall be called T, a 17-year old girl, whom we meet through the eyes of the Accounts Department Manager’s eyes. T’s father had come to the department complaining about a hospital bill that demanded 1,200USD which the medical aid scheme was not covering. In trying to understand the father’s agitation and what had caused a gross hospital



bill of 8,700SD, a very sad story came out after the discerning and caring Accounts Manager referred T's father to the hospital counselling services.

- T had died four weeks prior to this enquiry after spending ten days in hospital being treated for gunshot wounds.
- T had committed suicide because on the night of the "A" leavers' dance, a trusted family friend who had escorted her to the dance, raped her on the way back home after the dinner.
- In her suicide letter, T had chronicled her troubled life ever since she had been raped by her step brother when she was only five years of age.
- She expressed her sense of worthlessness, rejection and betrayal, shame and hopelessness mainly because her father had never believed that she had been raped these two times.
- She indicated that she was not fit to live as her troubles were spilling over to her parents' marriage because her mother was being accused of raising a loose daughter.
- She expressed deep disappointment with her father whom she called a "rapist" as he denied her justice by not standing for her but protected his son and a family friend who had raped her.

Could T have died on the same die from different reasons? If T's father and the rest of the family had not been referred for counselling, what further possible injury could have taken place in this family? Could T's life been different if she had received help at 5 years of age? How does such a deeply personal event in life affect a Health Funder's financial health? This submission is intended to help us think through these issues and come with a position that addresses this aspect of health.

Life has always presented challenges and pressure on people. Increasingly societal support systems have ceased to be effective if at all available. An average worker today required requires in excess of 20 years of basic education to prepare for a thirty to forty-five year career. In that forty years, typically a "diligent and successful worker" spends at least eight hours of their productive day at work or doing work-related activities. The resultant failure to balance work and personal life responsibilities leads to intrapersonal and personal conflict which manifests in a variety of psychosomatic conditions. Patrick Morley in his book "Man in the Mirror"<sup>1</sup> described the American society in the following way, which is very accurate for any modern day society – including Zimbabwe:

"Men today are worn out. Many who chased their dreams have lost their families. Too many children have grown up with an absentee father. Still, the invoices for the debts to accumulate the things we didn't need and don't use arrive in the mailbox like clockwork at the first of each and every month."

Nigel Marsh, a world renowned business and social engineer, speaking in Sydney in May 2010 on "How to make work-life balance work" had this to say: "Often, people work long hard hours at jobs they hate to earn money to buy things they don't need, to impress people they don't like."<sup>2</sup>

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<sup>1</sup> *The Man in The Mirror* (Zondervan, 1989) page 25

<sup>2</sup> . *How to make work-life Balance work*, May 2010, Sydney, <http://nigelmarsh.com/>



These statements characterise the typical operating environment in which we find ourselves as miserable and hopeless as T. For many of us who manage not to kill ourselves, there are various ways

in which we cope with the emotional damage. In his ground-breaking on-going research on the value of counselling in improving mental health, Dr. Dixon Chibanda, one of the few psychiatrists in Zimbabwe, reports that “over 30% of people utilizing primary health care facilities in Zimbabwe suffer from common mental disorders (CMD).”<sup>3</sup>

Common Mental Disease (CMD) include conditions such as depression, anxiety, phobias of all kinds, unmanageable anger and deep sense of guilt and shame. Cases of suicide are being reported from every part of the country without regard to economic, social or spiritual standing of people affected. Cases of various forms of compulsive behaviour patterns which ultimately negatively affect physical health are becoming common place – addictions to foods, drugs, alcohol and sex. Medical practice recognises the realities of the vexing complexities of psychosomatic conditions - patients who present to the clinician with physical symptoms which are technically an unconscious expression of emotional stress. Hypochondriacs-people with disproportionate or unwarranted fear of falling sick to the extent of becoming dysfunctional are a reality. Its increasingly becoming fashionable for young boys and girls to get braces and one wonders how much of the demand for orthodontic treatment is driven by dysmorphic disorders.

Dr. Chibanda’s preliminary results “show that the Bench ... is well accepted, feasible and potentially effective. The Friendship Bench is task shifted brief intervention that is based on cognitive behavioural therapy.” T’s poor mental health drove her to physically kill herself partly because there was no sensitivity to her need for counselling, giving credence to many bodies of data and experiences that recognise the effectiveness of counselling.

## COUNSELLING IN THE ZIMBABWEAN CONTEXT

The Christian Counselling Centre in Harare receives an average of forty (40) calls every month enquiring about counselling services alone. Over the period January to August 2014 a total of 415 clients (127 males and 288 female) have received one-on-one Counselling services at the Christian Counselling Centre. This does not include the number of people who are helped through various seminars that are designed to disseminate information and provide “group counselling” to participants.

For nearly one and half years now, every Thursday morning, Transformation Team and Christian Counselling Centre run a thirty-minute radio programme that raises awareness on need for counselling, directs listeners to available counselling services and interacts with listeners with specific issues. On average six calls come through within the thirty-minute programme on a weekly basis. An average of twenty messages are received on Whatsapp in the same thirty-minute slot every week. These figures only tell the extent of the need for counselling services but if course do not tell the readiness of members to access services.

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<sup>3</sup> Chibanda et al 2014, Friendship Bench Training Manual for Health Promoters, [www.friendshipbenchzimbabwe.com](http://www.friendshipbenchzimbabwe.com)



The table below shows the issues clients present at initial visit to the counselling centre. The five most common cases presenting at the Christian Counselling Centre are related to family relationships in one way or another. Most common cases of depression and grief relate to relationships in one way or another.

Table 1

	Complaint at Initial Visit	# of Cases Seen
1	Marital	99
2	Teens	55
3	Depression	40
4	Grief	39
5	Parenting Relationships	36
6	Children	23
7	Anxiety	19
8	Guidance	12
9	Trauma	12
10	Anger	10
11	Family Issues	10
12	Addictions	9
13	Childhood Challenges	8
14	Stress	8
15	Abuse	7
16	Health	7
17	Suicide	4
18	Communication	2
19	Eating Disorders	1
20	Self Esteem	1

These issues were recorded as clients describe them. It is clear and acknowledged that there are overlaps. On first visit many clients are not fully aware of what they are struggling with so their description of their situation may not be accurate. However, it is important to note that people perceive their challenges as presented.

There are 30 Lay Counsellors who volunteer an average of four hours a week each (total of 120hours/week) to support the cases seen at the centre. Clients pay between 5 and 15 USD for each one-hour counselling session they access once a week. On average each client would need 10sessions (4-15) to effectively help them cope with a given situation.

Many cases of depression and grief are linked to physical conditions that would have been attended to by medical personnel or end up referred for medical attention.

When all key healthcare stakeholders get to fully appreciate the value of counselling as a primary healthcare intervention, there is great potential to curb costs that relate to laboratory investigations, medical check-ups, repeat consultations for psychosomatic conditions that will not be treated medically, prescription drugs and in some cases, surgical interventions that are not warranted.

There is a high probability that healthcare funders could be meeting the bill for a teenager or middle-aged young lady accessing orthodontic treatment to correct slightly skewed dentition as a way to deal with their low self-esteem. A young man who gets into a Road Traffic Accident and sustains fractures will claim for surgical and intensive care services, yet he may have been dependent on alcohol as a way to cope with the death of his loved one in the wrong way. At this stage the true financial burden Health Funders carry may be difficult to know, but not impossible to appreciate.

AHFoZ exists to “create an enabling environment for healthcare funders to achieve accessible service” while remaining viable. The cases raised above, the scenarios of commonplace emotional challenges people face and the reality that there virtually no structured provision of



counselling services in the country point to the fact that there is missing peace in the national healthcare platform. The fact that there are people providing counselling services, there are organisations training counsellors, some doctors and hospitals are referring patients for counselling and there are preliminary results from researchers showing the effectiveness of counselling as a primary health care intervention demands that all stakeholders position themselves to get emotional health where it belongs, mainstream health provision.

This submission therefore calls for a verdict on all AHFoZ Members to consider the following:

1. Support and facilitate the establishment of structured provision of counselling services by
  - a. Submitting a position paper to lobby the Minister of Health and Child Care to approve the registration of the Zimbabwe Association of Family Therapists and Professional Counsellors (ZAFTPC)
  - b. Engage with current Counsellors and related professional bodies to deliberate on feasibility of service provision and how to standardise and uphold professional standards in counselling
2. Investigate and facilitate the establishment of sustainable funding models for counselling services by:
  - a. Creating a working group that further clarifies issues of relevance, level of need and potential value of counselling as an effective alternative healthcare funding option

I make this submission at the risk of being labelled mentally unstable, yet I pray that I will not count any further than 2014. I believe that among the AHFoZ members here present there is someone sane enough to find the piece that has been missing for long in our healthcare puzzle – emotional health.

As AHFoZ retraces the steps and sustains the momentum, there will be no doubt as to the great opportunities emotional health services will bring to provide the comprehensive healthcare services that meet the World Health Organisation definitions and guidelines. By including counselling services in the key health services supported by AHFoZ members, Zimbabwe will not only improve community health and reduce overall national health bill, but will contribute tremendously to the creation of a healthy individual who is a healthy family member, a healthy and emotionally mature community member and diligent productive worker.

“Together we make a difference when we value our health and take a holistic view to our Health Cover”!



