

Project Title: Ngatikurukurei hutano hwepfungwa (Let's Talk About Mental Health)
Location of Project: Zimbabwe (working remotely from USA)
College: Bryn Mawr College
Project Leader: Tinodiwanashe Nguruve
Date Range: June – August 2021

The COVID-19 pandemic has brought out more than ever how mental health is integral to overall well-being. Restrictions on movement and gathering, job losses, deaths of loved ones, and widespread COVID-19 infections have led to fear, anxiety, and depression. There are reports of upsurges in intimate partner violence and suicides.

-Dr. Matshidiso Moeti (2020)

Description

This proposal outlines the initiative to resolve the conflict regarding the conversation on Mental Health for the community of the people of Zimbabwe. The project coordinator seeks to conduct a ten-week rigorous remote mental health awareness campaign that will normalize the experience of mental illness through having informed conversations and sharing local stories. It is by having these conversations that will allow community members to feel like they are not alone in battling mental illnesses as opposed to feeling marginalized and labeled. The act of engaging in these conversations will aid people in identifying fears and concerns. It will remove negative stigma, and this will not only promote individual inner peace but also promote community peace.

Mental health in Zimbabwe

According to the World Health Organization, Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1).

The said state of well-being is a luxury most Zimbabweans cannot afford since Zimbabwe is in the bottom tier of low-income countries. Socio-economic, environmental, and political factors hinder ordinary Zimbabwean citizens from accessing affordable mental health care, thus violating their fundamental human right to healthcare. It appears the need to feed oneself and the family on a hand-to-mouth daily basis overshadows the conversation around mental health.

Zimbabwe has a severe shortage of human resources for mental health, with an estimated 18 psychiatrists (17 of them in Harare) or approximately 0.1 per 100,000 population. There are 917 psychiatric nurses (6.5 per 100,000) and 6 psychologists (0.04 per 100,000). Economic instability has led to a substantial brain drain, with trained specialists leaving the country or practicing in other areas of medicine. Though there is a relatively large number of psychiatric nurses in Zimbabwe, many have diverted to HIV-related care given increased funding, primarily from international donors, for these areas of health services. (1)

Aside from the stacked odds, Zimbabwe's culture is another major factor that hinders open and honest conversations about mental health. It is the popular opinion to view victims of self-inflicted abuse, psychosomatic disorders, and even depression as bewitched or cursed by their enemies or even spiritually possessed by avenging spirits. (2) There is a tendency to seek spiritual or religious explanations for mental health-related cases that, if traced back, indicate unresolved childhood trauma, black tax, and general unhappiness with the economy's state. Young men crumble under toxic masculinity pressure as they fail to make a \$1 per day living quota despite holding prestigious university degrees. The young women turn to early marriage with the hope of ascribing to at least one of society's norms regardless of their financial

standing. Teenagers and senior citizens engage in exploitative sex-for-money relationships, which adds to the teenage pregnancy crisis. Cumulatively, these actions and others perpetuate a vicious cycle of abusive spouses and parents that raise future generations in a toxic environment that is sure to warrant a nation in conflict with itself.

Aim

The project aims to destigmatize mental illness, encourage help-seeking behavior, and make tailor-made mental health resources accessible. Although the number is small, mental healthcare resources exist, but the general public appears unaware of how to access them. The project coordinator seeks to accomplish the end goal by implementing project objectives in the manner described below.

Activities and Implementation

1. Destigmatization of Mental Health and illness-related topics

- We shall raise awareness on Zimbabwe's Mental Health by programming radio talks on the Radio with a Therapist on a show hosted by Mr Ngonidzashe known as Untold Stories.
- We shall plan and execute a ten-week lesson plan with Mr. Ngonidzashe, and a certified therapist.
- We plan to rigorously advertise the show through popular social media outlets and giveaways.

2. Resource Accessibility.

- I will create a sustainable web-based resource hub where i will post recorded radio lectures and links to helpful mental health related podcasts and various social media resources.
- The resource hub will have some descriptions in the native language (Shona and Ndebele) to reach out to a larger audience in Zimbabwe.

Research:

1. https://www.who.int/docs/default-source/mental-health/special-initiative/who-special-initiative-country-report---zimbabwe---2020.pdf?sfvrsn=2bb0ac14_4
2. <https://www.afro.who.int/news/call-increased-investments-towards-mental-health-services-vivian-mugarisi>