

MENTAL HEALTH NURSING IN SEYCHELLES.

Introduction.

Before 1905, persons with abnormal or violent behaviours and who were declared 'mad' were either confined to live in caves until they died or were sent to Mauritius or Madagascar to be treated by the colonial masters. There is however no evidence of any of them returning home after treatment.

In 1905, under the direction of a British Medical Officer Dr. Bradley, a facility with a high retaining wall was built to house mentally disturbed and violent patients. It was called the 'Asylum for the Mad.' It was administered by the Board of Commissioners of Lunacy which consisted of the Chief Medical Officer, three General Practitioners, a lawyer, a magistrate and the administrator of the asylum. They reviewed requests for admission, most of which came from the Police. Patients slept on mats on the floor, ate from aluminium utensils and were given a mixture of Mist. Bromide before they were locked up for the night. There was no communication with the outside and a small number of untrained staff supervised them.

By 1945, the number of patients had increased to 50 and a bigger facility with a garden was built. The name was changed to the Mental Hospital. The asylum had a bad reputation in the public's eye and Dr Bradley was of the view that some patients could be cured. The number of patients discharged was however, not significant.

Patients were only introduced to drugs commonly used in psychiatry in 1950 when a Seychellois Medical Officer, Dr Ferrari returned home from study. Living conditions and the mental health state of more patients began to improve. The change was evident with the arrival of the first Seychellois nurse trained in psychiatry in the United Kingdom. An outpatient service to follow patients discharged from the Mental Hospital was established.

The real change was in 1983 with the arrival of the first full time Psychiatrist, Dr Obiri Boateng. He initiated the need to train nurses to better care for and address the mental health needs of patients. He was joined by an Australian Mental Health Tutor, Maureen Maguire, and the training of a first cohort of 9 nurses began. They graduated after 18 months training in 1984.

A second group of 12 nurses followed the 18 months Mental Health training programme over 2004 and 2005 and graduated with a Diploma in Mental Health Nursing. The course content includes process, stages of development, leadership skills, therapeutic factors and problematic issues for groups of persons who are mentally ill, mentally retarded and chemically dependent and/or duly diagnosed. It is geared toward the promotion of mental health, and the identification and prevention of mental health problems. Clinical placements allow the learners to care for sick individuals and their family and to interact with various groups which are involved in the rehabilitation of the mentally sick individuals. It is to be noted that the learner must be a qualified nurse or midwife.

Student nurses following the General Nursing training programme now follow a module of 90 hours of teaching in Mental Health followed by four (4) weeks of practice placement.

Mental Health services have expanded to meet the country's needs. Nurses now play a very active role as they demonstrate their abilities and competencies in the management of patients with such problems.

1. The Mental Hospital is now a psycho-geriatric residential facility for the chronic mentally sick persons who have been abandoned by their families.
2. A new Wellness Centre opened its doors last month where the original Mental Hospital stood. It houses an inpatient unit for acute care and a Detox Unit for drug abusers.
3. There is an Outpatients service for persons referred to the psychiatrist and to continue follow up care.
4. Mental health nurses go out in the community to maintain treatment, support and assist individuals and their families to adapt, recover and live normally within their communities.
5. A Mental Health Act was enacted in 2006.

Challenges and the Way forward.

Despite its enactment almost 7 years now, the Act is not fully operational. Clause 8 makes provision for the establishment of a Mental Health Commission while Clause 11 makes provision for the establishment of a National Mental Health Board both with clear functions. Neither of them has been set up yet. This needs to be addressed to better plan and manage mental health in the country.

Mental health problems have now been complicated by the number of young people abusing substances such as drugs and alcohol both orally and intravenously. As people grow older, there are more elderly persons living with senility. The stresses of everyday life result in many persons living with depression, poor coping skills and broken relationships. There is presently no Strategic Plan of Action for Mental Health. Some discussions have been initiated and a group is working towards a zero draft. This needs to be expedited.

With the complexities of the subject of mental health, the amount of teaching time may be considered too short. There is a need to review the curriculum and adapt it accordingly.

Nurses are not aware of the content of the Act and the implications for their practice. Funds have been identified under the WHO Plan of Action for this year to conduct workshops for nurses to inform them of the content of the Act and the implication for their role. This activity is being planned with the Attorney General's Office to take place in October, around World Mental Health Day.

Of the 21 nurses, 13 continue to work in mental health with the MOH; one has completed advanced studies in mental health and is now a nursing Tutor; and one was recently transferred to work in the Prison Department. There is a need to train another cohort of nurses to provide patients and the community with the best possible care and support.