

DECLARATION

I hereby declare that this research report has not been submitted for a Degree in this or any other University.

Name:.....**Signature:**.....**Date:**.....

.

SUPERVISORS

I have read this dissertation and approved it for examination.

Dr. S.H. Nzala
Department of Community Medicine, School of Medicine
University of Zambia

Signature:.....**Date:**.....

Mr. Y. Banda
Department of Community Medicine, School of Medicine
University of Zambia

Signature:.....**Date:**.....

COPYRIGHT

No part of this study may not be reproduced or stored in any form either electronically, mechanically, photocopying, recording or otherwise without prior written permission from the author or the University of Zambia.

LIST OF ABBREVIATIONS

BHCP	-	Basic Health Care Package
DOTs	-	Direct Observed Treatment short course
CBoH	-	Central Board of Health
MOH	-	Ministry of Health
NHSP	-	National Health Strategic Plan
PHC	-	Primary Health Care
SPSS	-	Statistical Package for Social Sciences
WHO	-	World Health Organization.

ABSTRACT

The problem of readmissions of the mentally ill adults is widespread and it has continued over many years. It occurs in the people of all racial background and social economic groups. Chainama Hills Hospital in Zambia has not been spared from this phenomenon. Readmission of the mentally ill adults has been associated with adverse outcomes on the clients, their families and the readmitting institution. Unfortunately very little in terms of research has been done in Zambia on this topic. This has necessitated this study to be conducted. The purpose of this study was to determine the prevalence and factors associated with readmissions of the mentally ill adults at Chainama Hills Hospital in Lusaka Zambia. A cross Sectional design study was conducted. Qualitative and Quantitative methods were used to collect data. Two hundred and thirty (230) and One hundred and fifty (150) of relatives to patients (care givers) and patients respectively who were readmitted and who came for review to Chainama Hills Hospital were interviewed using a structured questionnaire. The participants were selected consecutively as they came for readmission and review. To complement data from the survey, two focus group discussions (comprising 8 participants for group 1 and 10 participants for group 2) was conducted. The sample provided 95% power of confidence and p- value of 0.05. Quantitative data was analyzed using SPSS version 17.0. The prevalence was established to be 19.72%. The study finding revealed that beer intake and bad socio-cultural practices were significantly associated with readmission of the mentally ill adults. The study further found that factors such as sex of being male, age of being more than 35 years, education, employment, being single, distance of 12km and more from nearest mental health facility, taking more than 2 hours to reach the nearest mental health facility, diagnosis of schizophrenia, smoking, type of substance smoked, not taking drugs according to prescribed frequency and overall treatment compliance showed no association with readmission of the mentally ill adults after multivariate analysis was done. However in other similar studies these same factors were found to be statistically significant. The study findings accept the alternative hypothesis which states that there is a relationship between demographic characteristics, lack of compliance to treatment and socio-cultural practices and high rates of readmissions of the mentally ill adults at Chainama Hills Hospital in Lusaka.

In conclusion beer drinking and bad socio-cultural practices were associated with high rates of readmission of the mentally ill adults at Chainama Hills Hospital.

It was recommended that mass education of the communities be embarked on to discourage bad social practices by communities and the patients so as to reduce relapses and rehospitalisation.

DEDICATION

This study is dedicated to my beloved husband, ALUTULI LUKE NJAMBA, who has been so supportive to me during the period of research proposal development, data collection and analysis, and report writing. Also for being a good course mate for the Masters of Public Health programme.

I also dedicate this study to my beloved children namely Neketela Charles Alutuli, Nana Njamba Alutuli, Hope Alutuli and Grace Chisomo Lomthunzi Alutuli for the encouragement and inspiration they have always rendered to me.

My brothers, sisters and in laws I challenge you to find time and read this study.

ACKNOWLEDGEMENTS

This study could not have been realized without the support and guidance of my supervisors namely; Dr. S.H. Nzala and Mr. Y. Banda.

I also acknowledge the support and guidance rendered to me by the late Dr. G. Silwamba, Prof. S. Siziya, Dr. W. Mutale and management and staff of Chainama Hills Hospital.

To the entire staff of the department of community medicine of the University of Zambia thank you very much for the knowledge and skills you imparted in me so as to enable me develop a research proposal and finally come up with this study document.

My husband, my children and relatives I thank you for the encouragement you gave me, especially when things seemed difficult to the point of quitting, you were there to encourage me.

Above all, thanks to the Almighty God for His unlimited Power, Love and Grace