

EDITORIAL

The Health Press – Zambia Official Launch

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It is with great honour and pride that we announce the official launch of *The Health Press – Zambia (THP-Z)*. We present to you the official launch and first print version of the publication. The monthly online issue was launched in January 2017 and 3 publications have been disseminated thus far. The print version shall be published quarterly.

As intimated in the inaugural online issue, *THP-Z* is a publication of the Zambia National Public Health Institute which was established in February 2015. As it moves towards its vision to be a leading publication that will inform policy makers, public health practitioners and the general public at large, *THP-Z* will publish and disseminate effectively and timely influential scientific information and recommendations of public health importance that will transform public

health worldwide, and more so for the underserved and poor populations.

THP-Z which is available for free, has an editorial policy that is guided by high standards, ensuring quality and integrity, being managed by a team of Associate Editors with varying expertise. We encourage you to subscribe with *THP-Z* on <http://www.znphi.co.zm/>, like us on our Facebook page and follow us on Twitter.

Our cover page shows a soaring fish eagle with its catch. This was influenced by a combination of our vision, mission and objectives to be a high-flying quality publication that will effectively and timely ‘fish for’ (source) and disseminate authenticated influential information of public health importance for policy and help build public health capacity in Zambia and beyond.

THP-Z has as part of its content in this official launch issue, original articles and perspectives covering a wide range of subjects including psychosocial matters, infectious disease epidemiology in Tuberculosis and Meningitis, Non-communicable conditions including Obesity and hearing loss, a policy brief relating to Tuberculosis screening in health workers, response to programs including antiretroviral therapy and sanitation and clinical care including a paper relating to postnatal care knowledge and appropriateness of antipsychotic drug prescriptions.

In April, World Health Day is celebrated and in 2017 the theme was focused on depression. Depression which is described as a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, feelings, and sense of well-being is a feature found in psychiatric syndromes such as major depressive disorder and dysthymia [1]. According to WHO, depression is a major human blight that is responsible for more years lost to disability compared to other conditions affection up-to 350 million people of all ages worldwide. Despite this major public health concern, it is widely undiagnosed and untreated owing to the stigma, lack of effective therapies and inadequate mental health resources [2].

Depression often leads to suicide with close to 800,000 people dying from suicide annually, placing suicide as the second leading cause of death in the 15 to 29 year olds [3].

In this issue, we publish 5 papers relating to psychological matters including depression. Dr Ravi Paul documents the epidemiology of parasuicides reported at UTH and psychiatric disorders which include depression as the third cause of parasuicides reported to the hospital. According to this article the top three causes of parasuicides, which is defined as self-injurious behaviour with a non-fatal outcome, include domestic dispute (74%), alcohol abuse (10%) and psychiatric conditions (8%). The paper characterizing patients with psychosis presenting at Ndola Teaching Hospital Psychiatric unit in Ndola, Zambia by Lukonde and Siziya lists the common causes as alcohol use (76.7%), followed by cannabis abuse (35.2%); then familial psychosis (27.6%) and lastly antiretroviral drug use (10.3%). The increasing number of patients accessing the Psychiatry ward at UTH have alcohol related disorders according to von Hammerstein et.al in their paper on the increasing problem of alcohol abuse among the Zambian population in the psychiatric setting. On reviewing the papers just discussed, I would like to infer

that alcohol abuse, depression, psychosis and parasuicides or suicide are interlinked. This inference can be substantiated with findings by other researchers and scholars. According to Pompili et.al psychiatric disorders may increase the risk of suicidal behaviour and have reciprocal influences with alcohol drinking patterns [4]. Another publication attributes alcohol and substance abuse among other factors as causes of mental disorders include depression, anxiety, schizophrenia, and psychosocial and mental disorders [5]. A preliminary study to measure the appropriateness of antipsychotic drugs prescribed for first episode psychosis by clinicians at Chainama Hills College hospital in Lusaka indicates possible gaps in clinician practice such as performing important components of the medical workup for patients with new psychosis and for patients with first-episode schizophrenia; and prescribing doses of antipsychotic medication that are too high and administered for an inadequate duration. They recommend further studies to confirm the preliminary findings. They also recommend additional educational interventions be put in place to align clinical management with published practice guidelines.

Depression and other mental health disorders are a major contributor to the global burden

of disease. The Global Burden of Disease (GBD) 2010 survey identified as a leading cause of burden, depressive disorders, with Major Depressive Disorder (MDD) being a contributor to suicide and ischemic heart disease. The PLoS Medicine editor in 2013 recommended that from findings of the 2010 survey, depressive disorders must be treated as a public health priority with the implementation of cost-effective interventions to reduce their ubiquitous burden [6]. In Zambia, depression has been recognised as the most commonly diagnosed mental illness alongside other neuropsychiatric disorders [7] associated with alcohol and substance abuse, HIV and other social factors [7,8]. All hope is not lost in an improved system to help mitigate the problems surrounding mental health as the government of Zambia called for a re-strategy to include increased investment in mental health and integration of services in all primary health care facilities to mark the World Health Day 2017, taking recognance of the fact that “many people were suffering from depression in Zambia and yet limited resources were allocated for interventions to address this salient potential killer” [9].

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