Building Namibia's HIV and mental health services

University of Toronto faculty and students are breaking through the stigma of mental health and HIV by enhancing services for HIV-positive people in Namibia.

Members of 11 faculties at the University of Toronto together with colleagues at the University of Namibia (UNAM), have developed HIV-focused courses on HIV and gender, care and management and HIV and mental health. It is not known when they will be offered.

A recent workshop in Namibia was led by UNAM's HIV/AIDS task force and the Centre for International Health's HIV/AIDS Initiative-Africa at the University of Toronto. This program, initiated in 2003 and led by the Faculty of Medicine, partners with African universities to meet the challenges of HIV/AIDS through developing curricula, scaling up cutting-edge antiretroviral therapy and establishing a knowledge network.

Members of the UNAM task force visiting Casey House Hospice in Toronto were struck by the "multidisciplinary approach and the integration of mental health care as a key component of comprehensive HIV care," says Dr. Mark Halman, Casey House's consulting psychiatrist and an assistant professor at the University of Toronto.

"In Namibia, mental health and physical health are very separate in the health care structure," he says. But people with HIV contend with "lots of mental health issues." Nurses recognize this but have very little resources or time to address mental health concerns.

"There's a tremendous stigma around mental health and HIV in most places," says Halman, who is also the director of the HIV Psychiatry Program and a scientist in the Inner City Health Research Unit at St. Michael's Hospital.

In Namibia, 21.3% of adults are HIV-positive — the sixth highest rate in the world — but there is no medical school, few physicians (only 3 psychiatrists in the whole country), so nurses "take on a huge responsibility," says Halman. "Addressing mental health issues is seen as almost a luxury, but if they don't get addressed it takes a terrible toll."

M. Halman

In Namibia, Dr. Mark Halman of the University of Toronto works with Dr. Mary Ngoma on HIV curriculum development.

"We struggled with what it means when 21% of your population has HIV," says Halman. "It touches every aspect of people's lives." As a result the demands placed on government are "huge."

Halman and HIV-specialist nurses are developing courses in mental health and HIV for nurses, and curricula for diploma students in psychology, social work and nursing. Some of the courses are train-the-trainers, others are aimed at care providers.

The HIV/AIDS Initiative-Africa is also active in Kenya, and at the University of Zambia, where Toronto physical education faculty are developing activities and traditional games as teaching tools to prevent HIV/AIDS. — Barbara Sibbald, *CMAJ*

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Alberta pharmacists may get prescribing powers

Confusion and accusations of conflict-of-interest surround new regulations that would give Alberta's roughly 3500 pharmacists the broadest scope of practice in Canada and one of the broadest in the developed world.

The regulations will allow pharmacists to prescribe many Schedule 1 drugs and blood products, as well as administer some injections. But they will be prohibited from prescribing narcotics and controlled drugs such as barbiturates and anabolic steroids. The change is expected to take effect in 2007.

Dale Cooney, deputy registrar of the Alberta College of Pharmacists (ACP), says the move has been in the works since the Health Professions Act was passed 7 years ago."We believe allowing pharmacists to prescribe will give patients increased access to the medications they need. It will allow them to benefit more fully from the pharmacists' expertise regarding medications."

Although many of the details (like accepted standards of practice) have yet to be ironed out, the regulatory change will allow pharmacists to alter the dose, formulation and regimen of a drug; renew prescriptions; substitute another drug for a prescribed Schedule 1 drug; administer flu and travel vaccines; and assess patients and prescribe without necessarily obtaining physician authorization.

Essentially, pharmacists will be allowed to initiate new prescriptions under 3 circumstances: if they deem it appropriate after conducting a"patient assessment," if they've received a recommendation from an authorized health professional that drug therapy is warranted, or if, in consultation with a health professional, it is determined that a Schedule 1 drug or blood product is appropriate.

A pharmacist's capacity to prescribe will be conditional on compliance with standards and a code of ethics established by the ACP, completion of an orientation course and proof of $2-million in personal professional malpractice insurance.

Cooney knows of no other jurisdiction where pharmacists have taken on a primary prescribing role although British pharmacists "sponsored" by a physician can prescribe certain drugs.

The move worries the Alberta Medical Association. President Dr. Tzu-Kuang Lee says concerns include patient safety, proper diagnosis, liability and conflict-of-interest. Doctors, he notes, are forbidden to both dispense and prescribe drugs."Who would be responsible if there were side effects from any prescription, especially if that resulted in admission to hospital? And