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1.0 RESEARCH QUESTION

What is the mental disease burden in the Madetere community and are there genetic risk markers in the populations and selected families.

The null hypothesis being H_0 : There are not genetic risk markers for mental health at population level and affected families in the Madetere community.

The alternative hypothesis being H_1 : Currently known genetic markers for risk of mental disease are present in the Madetere community and can explain disease prevalence in some afflicted families.

Given that we fail to reject H_0 , an investigation on the microbial causes of mental illnesses is to be carried out. Some of these microbes include protozoan *Toxoplasma gondii*, Cytomegalovirus, Endogenous retroviruses, Herpes simplex viruses (HSV-1 and HSV-2) and spirochaetal organism *Borelia Burgdorferi*, amongst others.

2.0 RATIONALE FOR RESEARCH

There are six public institutions with psychiatric beds: Harare Hospital Psychiatric Unit, Parirenyatwa Hospital Annexe, Ingutsheni Hospital, Mpilo Hospital Psychiatric Unit, Ngomahuru Hospital and Mutare Hospital Sakubva Unit. In addition, three facilities provide forensic psychiatry services: Mlondolozi Special Institution, Harare Central Prison and Chikurubi Special Institution.

Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. In any given year, an estimated 20 percent (3 million) of Zimbabweans suffer from any mental illness and 4 percent (630 000) suffer from a seriously debilitating mental illness. Neuropsychiatric disorders are the leading cause of disability in Zimbabwe accounting for 18,7 percent of all years of life lost to disability and premature mortality especially from suicide in under 35 years of age. In Zimbabwe in-patients typically present with schizophrenia, substance-induced psychosis, bipolar affective disorder (mania), epilepsy or the psychiatric complications of HIV. In the psychiatric out-patient clinics and private practice, depression, substance dependency and anxiety disorders are also typical (Fig. 1, Mangezi and Chibanda, 2010).