

OVERVIEW OF MENTAL HEALTH SERVICES IN MALAWI

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Content

- ▶ Demographics of Malawi
- ▶ Health care systems in Malawi
- ▶ Mental health provision in Malawi
- ▶ Challenges through lived experiences by psychiatrists in Malawi

Demographics of Malawi

- ▶ Estimated population of 19.13 million (2020)
- ▶ 82 % live in rural areas
- ▶ Subsistence farmers (barely get enough food)
- ▶ One of the poorest countries in the world
- ▶ 50.7 percent of the population living below the poverty line and 25 percent living in extreme poverty. (IMF)



Demographics cont..

- ▶ School-age children (ages 5-19) are 39.5% of the total population.
- ▶ More than 6% of children in Malawi are still not attending primary school
- ▶ Only 58.5 % of school going children finish the first 4 years of school.

Demographics cont..

- ▶ 152 out of 1000 women aged 15 – 19 years have a child.
- ▶ One in four children is involved in child labor
- ▶ 46% of girls are married before the age of 18, and 9% before the age of 15.
- ▶ 65% of girls and 35 % of boy's experience child abuse in their lifetime

Demographics cont..

- ▶ 29 % of adolescents age 15-19 have begun bearing children
- ▶ 23 % of all child death cases in Malawi are related to under-nutrition
- ▶ Exclusive breastfeeding of infants 0 – 5 months is 61%.
- ▶ 12% of Babies are born with low birth weight

Health care system in Malawi

Tertiary health care (central hospitals and other pvt hospitals)

Secondary health care (district hospitals, CHAM etc.)

Primary health care (Dispensaries, Health centres etc)

Human resource in different levels

- ▶ Primary
 - ▶ Mostly nurses and medical assistants/ clinical officers
 - ▶ Years of training (2-3yrs of medical training)
 - ▶ 4 weeks of psychiatric training
 - ▶ Psychiatric nurses
- ▶ Secondary
 - ▶ Clinical officers/ nurses
 - ▶ Few medical doctors (6 wks. of psychiatric training)
 - ▶ ?? Psychiatric nurses and clinical officers

Human resource in different levels

- ▶ Tertiary
 - ▶ Nurses (including degree holders), clinical officers, medical officers and specialist

Tertiary services for psychiatry

Zomba mental hospital (Inpatient)

Queen Elizabeth central hospital (outpatient)

St John of God (Lilongwe and Mzuzu; OPD and inpatient)

Other private hospitals (clinics run by same psychiatrist in public facilities)

Challenges through lived experiences by psychiatrists in Malawi

- ▶ 3 psychiatrist working full time
- ▶ One part time
- ▶ Dr Olive Liwimbi (Zomba Mental hospital)
- ▶ Dr Kazione Kulisewa (Kamuzu University of Health Sciences formerly College Of Medicine)
- ▶ Dr Saulosi Gondwe (St John of God)

Dr Saulosi Gondwe

These are some of my experiences, challenges and opportunities.

(1) Due to lack of specialized mental health services I am involved in the provision of the full range of care i.e. child and adolescent, general adult, old age and intellectual disability.

Whilst this places a huge caseload, it is also an opportunity for growth as I am not limited to any specific (sub)specialty.

(2) lack of some important investigations limits diagnostic clarity and management of patients e.g. Imaging for suspected dementia/mental illness secondary to another medical condition etc.



Dr Saulosi Gondwe

3) The lack of other mental health care workers e.g. social workers, psychologists is another challenge. Most of the times the psychiatrist must provide the "Biopsychosocial" care necessary for a particular patient. Which of course is not always feasible.

(4) The foregoing challenges imply that there is also an opportunity to advocate for our patients

Dr Kazione Kulisewa



- ▶ Since joining college as the Head of department, time spent on active practice has reduced a lot.
- ▶ Covid-19 pandemic has also had an impact as previously volunteers from UK would come and help with teaching for undergraduates but currently with travel restrictions, it has meant that more workload for myself to teach and as a head of department, it also means more administrative work.
- ▶ Another challenge I have encounter is the limited psychiatry on the footprints of the undergraduate curriculum (6wks) and I have found it to be a big challenge negotiating with other specialties to allocate more time to psychiatry

Dr Kazione Kulisewa

- ▶ However, I have seen an increase in interest from undergraduates to specialise in psychiatry. The biggest challenge for this great opportunity is limited investment from government for psychiatric training.

Alex Zumazuma



- ▶ Few weeks after returning from Cape Town where I was doing my training, I could feel the impact of lack of resources.
- ▶ The lack of resources ranges from essential medications and human resource. I am really finding it difficult to practice what I learnt. At times I feel like I got a training to fix spaceships and only to return and start fixing bikes even without enough tools

Scotland Malawi mental health partnership (SMMHEP)

- ▶ Has played a big role since 2006
- ▶ Supporting undergraduate training (volunteers program)
- ▶ Sponsoring trainees (4)
- ▶ Supporting research
- ▶ Supporting primary health facilities(quick guide to mental health)
- ▶ *“Have you seen the mental health quick guide?” Reaches in his bag and brings out well worn copy: “It is my bible!”*



SMMHEP cont...

- ▶ We hope that with easing of travel restrictions,
 - ▶ SMMHEP volunteers will come back to help with undergraduate training
 - ▶ offer more support for psychiatric trainees
 - ▶ continue supporting primary psychiatric services in different capacities

The future

- ▶ Some promising investments in mental health
- ▶ Majority towards research
 - ▶ little translation of research into practice
 - ▶ Attributed to lack/proper structures to support/implement
- ▶ A greater need to balance investments between research and infrastructure, human resource, and essential medication

Take some time off and visit Malawi



Lake Malawi

zikomo



Nyika plateau

Asante



Mulanje mountain

taonga