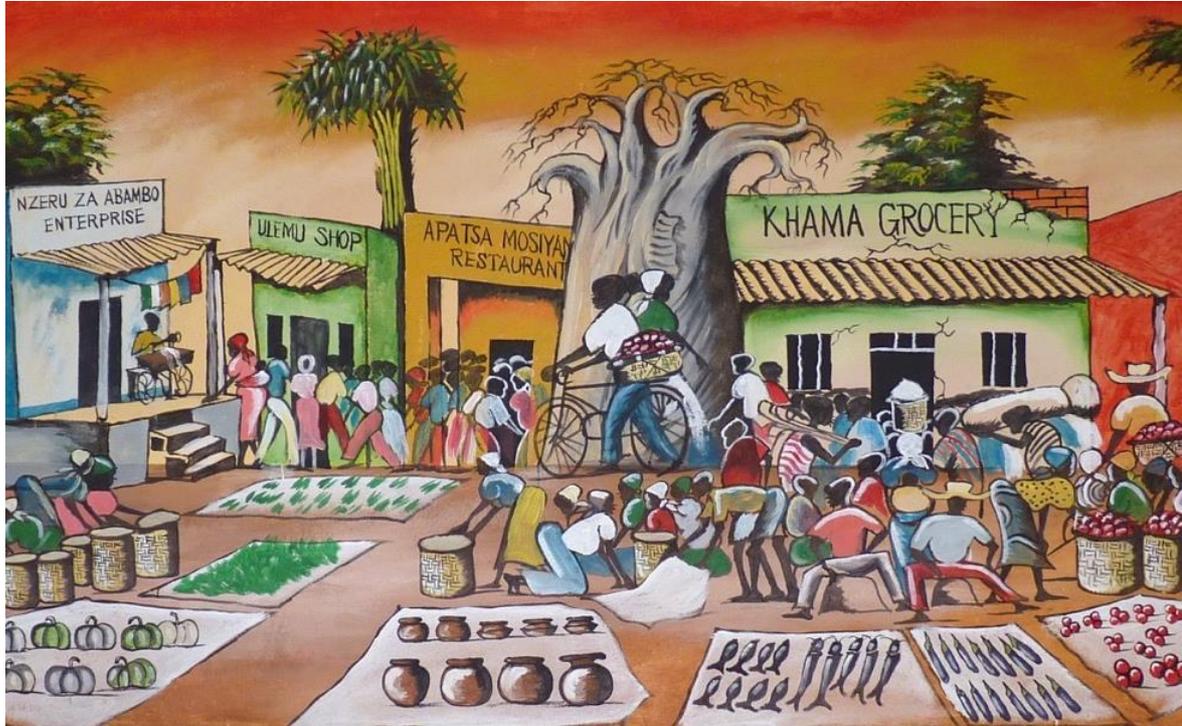




SMMHEP 
**Scotland-Malawi Mental
Health Education Project**
(Registered Scottish Charity SC039523)



5th Annual Malawi Mental Health Research and Practice Development Conference

**'Strengthening Mental Health Systems: Research and
Policy Development'**

Date: Monday 23rd - Wednesday 25th March 2015

Venue: Sunbird Mount Soche, Blantyre, Malawi

Organised by:

Department of Mental Health, College of Medicine,
University of Malawi

Scotland-Malawi Mental Health Education Project (SMMHEP)

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The slide presentations of the Key Note speakers and the speakers at all sessions can be viewed at www.smmhep.org.uk

180 delegates from Malawi and from Canada, Ethiopia, Ghana, Netherlands, South Africa, Uganda, United Kingdom, Zambia and Zimbabwe included nurse clinicians and nursing officers, psychiatrists, psychiatric trainees, social workers, occupational therapists, medical students and members of the Mental Health Users and Carers Association.



Dr Mwapatsa Mipando, Dean of the Faculty of Medicine welcomed guests and reminded them of the achievements of the Malawi College of Medicine since it was founded nearly 25 years ago when there were only 12 Malawian medical doctors. This year 80 medical students will graduate, all students complete a six week rotation in Mental Health and an MMed (Psychiatry) programme is in place. He was impressed how the conference encourages inter professional collaborations within the college and also creates opportunities for networking with other countries in Africa tackling similar problems. An example he highlighted is the Africa Focus on Intervention Research in Mental Health (AFFIRM) a research and capacity development hub involving six countries including Malawi. He urged that this conference could make substantial contributions to Mental Health policies for the Ministry of Health to put into practice. He then introduced the opening speaker **Dr Charles Mwansambo, Chief of Health Services in the Ministry of Health.**

Dr Mwansambo stressed that a definition of health includes physical, mental and social wellbeing and he would like Malawi to be a centre of excellence in research and the promotion of mental health. The Ministry of Health Strategic Programme 2011-2016 includes a National Action Plan for Mental Health and this conference comes at a time when policy makers are trying to find the most effective ways to reach out into communities to deliver care close to homes. The programme to train mental health professionals at the district level and other work supported by the Scotland Malawi Partnership and the Scotland Malawi Mental Health Education Project are making valuable contributions to the development of these policies.

**Keynote Speakers addressed the main theme of the conference
“Strengthening Mental Health Systems: Research and Policy
Development”**

Dr Florence Baingana, Research Fellow in the Makerere University School of Public Health, Kampala, Uganda.

“Turning Poison into Medicine: Strengthening Mental Health Systems in the aftermath of Complex Emergencies”

Dr Baingana described her own involvement, as a psychiatrist, in two situations where the saying “Turning poison into medicine” had become a reality and recovery from a disaster had been a stimulus to health service development. She described working in Liberia when the Ebola epidemic was threatening to get out of control. A weak health system, a recent history of violent political conflict, low education levels and traditional burial rituals were countering attempts to control virus spread. The introduction of a socio-ecological model involving a psychiatrist, 144 Mental Health Clinicians, 70 to 80 Social workers, a psychiatric hospital and a Wellness Unit, was part of the WHO intervention that had gradually been able to bring the epidemic under control. Funding to enable the changes made to health systems in response to the ebola crisis to become lasting and sustainable, was now being promised from USAID, the EU and World Bank. Her second case study was from the aftermath of violence in Uganda when “Building Back Better” included the development of mental health services where almost none had previously existed. Dr Baingana stressed the importance of establishing a *policy* as a set of values and principles to improve the mental health in a population followed by an *action plan* to implement this policy. Complex emergencies could be a lever to initiate and strengthen mental health services where previously these were not priority.

Michael Udedi & Trish Araru, Ministry of Health, Malawi.

“Barriers and Facilitators of Mental Health Policy Development and Implementation: The Case of Malawi”

The current Malawi National Mental Health Policy was developed in 2000 And priority areas included: decentralization and integration of mental health services; establishment of a mental health information system; training of mental health professionals at both undergraduate and postgraduate level; mental health research. Starting in 2014, revision of the policy has been facilitated by the increased availability of research, the annual Mental Health Conference and the inclusion of mental health in the National Health Strategic Plan. Priority will be given to measuring prevalence and incidence rates for different population target groups; estimating the costs of each condition by interventions including drugs and medical supplies, and the costs of human resources. Review of the Mental Treatment Act is also a priority. Sustainable funding and adequate evidence (such as Population based mental health prevalence data) are both critical to inform policy decisions.

Prof Crick Lund, Department of Psychiatry and Mental Health, University of Cape Town.

“Developing Mental Health Policies in Low and Middle-income Countries: Science and Stories”

Mental health policy can be defined as “an organised set of values, principles and objectives for improving mental health and reducing the burden of mental disorders in a population”. A written mental health policy can provide a national roadmap, give priority to mental health, help to develop mental health services in a coordinated way and be a barometer of government commitment to mental health. In one study in low and middle income countries it was shown that a comprehensive national mental health plan was associated with 15% greater availability of psychotropic medicines. WHO plays an important role supporting mental health policy and has published The WHO Mental Health Policy and Service Guidance Package. A recent survey of mental health policy in Africa reveals that 67% of countries in the region have a mental health plan, with the majority of these being formulated in 2009 and 2010. However mental health remains a low priority on the agendas of the World Bank, the Bill and Melinda Gates Foundation, the Global Fund and the Presidents Emergency Plan for AIDS Relief (PEPFAR); mental health is not mentioned in the Millenium Development Goals and is barely mentioned in the UN Resolution on NCDs. But there are welcome exceptions, including the Department for International Development (DFID), National Institute of Mental Health and Grand Challenges Canada.

Key lessons for mental health, gleaned from work in Africa, South America and SE Asia include: there is value in partnerships to stimulate dialogue and unity between stakeholders; it is advisable to adopt the long term view in developing capacity of policy makers and senior clinicians; there is value in building the evidence base and supporting the advocacy movement.

Father Claude Boucher, Mua Mission, Malawi.

“Mental Health in Malawi: An Anthropologist’s Perspective”

Father Boucher is a priest, anthropologist and environmentalist who began work in Malawi in 1967. He described Rites of Passage around birth, puberty, marriage, death or becoming a chief, as are practiced in different tribes, which he had become familiar with over many years. He emphasised the recurring themes of seclusion, transformation and reintegration leading to the rebirth of the person into their culture at each stage of life. People with mental illness were perceived by villagers to be in touch with a different reality, linked to nature and the spirit world, and would be treated with sympathy when help is sought from a herbalist. Recovery from mental illness would be accepted in a positive way as a reintegration into the life of the group. Dance can also be important in bringing about healing and is employed by traditional healers in situations where a person is possessed by spirits causing madness as a result of family disharmony.

Seggane Musisi and Joshua Tugumisirize, Department of Psychiatry Makerere University, Kampala, Uganda

“Kinship Systems and Depression Prevalence: a Study of Depression among Malawian and Ugandan Women”

While studies in the West have associated depression in women with poverty, low education, adverse life events, poor partner relationships and inadequate support from spouse, family and friends, very little is known about the cultural concepts, symptom expression, associated factors and health seeking regarding depression among women in Malawi and Uganda. This study

sought to answer the questions: what is the nature and frequency of depression among women attending PHC settings in Uganda and Malawi? What are the psychosocial and cultural factors associated with depression among these women? It was hypothesised that the prevalence of depression in women would be higher in patrilineal than in matrilineal communities and that kinship systems would influence the magnitude, experience, expression and presentation of depressive illness. The study was carried out with 200 participants from Mulanje Hospital in Southern Malawi where kinship is matrilineal; 211 participants from Mapale Health Centre in Mzuzu in Northern Malawi where kinship is patrilineal; 213 participants from Wakiso Health Centre, and Entebe Hospital, Uganda where kinship is patrilineal. All the 3 cultures had local idioms of distress and a lexicon for depressive symptoms. In Malawi and Uganda depression was regarded as an 'illness of thoughts', linked to "life problems" and marital/family dysfunction. It was not perceived as an illness that required medication but as a problem to be shared with family members, elders, close friends, religious leaders and fellow worshippers. In this study depression was more common where kinship was patrilineal rather than matrilineal and the factor most commonly associated with depression was a poor relationship with the spouse.

Melanie Abas, Primrose Nyamayaro, Tarisai Bere, University of Zimbabwe, College of Health Sciences, Harare, Zimbabwe.

"Experience with Adapting and Testing an Intervention to Improve Adherence to Antiretroviral Therapy in People Living with HIV and Depression in Zimbabwe – The TENDAI study"

For people living with HIV who are depressed, the treatment of depression by itself will not be enough to improve adherence to ART. These are the preliminary results of a pilot trial in Harare to establish effective interventions that improve adherence to antiretroviral therapy. 90% to 95% adherence to ART is necessary to achieve viral suppression, prevent resistant strains, and reduce disease progression. Reasons for poor adherence include substance use, depression, stigma, low social support, concerns about adverse effects, low levels of trust in HIV care providers and beliefs that ART is unnecessary. The "Life Steps Intervention" aims to motivate patients to set the agenda by identifying their goal for adherence. Videos provide information on HIV and ART. A problem solving approach is used to identify barriers to adherence and then identify a plan to overcome those barriers. The study showed these interventions are feasible and lead to improved pill-taking.

Monday 23rd March 2015
Morning Session

Child and Adolescent Mental health

Mary Joyce Kapesa: Mental Health and Resilience Factors in Child Headed Households in Mutasa District, Mutare, Zimbabwe

Sebastian Mbomba: Cognitive Outcomes and Psychiatric Symptoms of Cerebral Malaria (COPS) Study: A description of a novel exposure-

Alick Mazenga: Psychosocial Care for Paediatric Patients Living with HIV: Baylor Experience

Beatrice Dwumfour Williams: Sensation Seeking and Emotional Intelligence as Risk Factors for School Bullying Factors among Adolescents In Ghana

Charles Masulani: Caring for Children with Intellectual Disabilities in Malawi: Parental Psychological Experiences and Needs

Afternoon Session

Innovations and Development of Service Delivery and Training

Joyce Msumba Ncheka: Exploration of Experiences of Individuals with Chronic Mental Illness attending the University Teaching Hospital Psychiatric Unit, Lusaka, Zambia

James January: Cannabis Use among High School Students in Shamva District, Zimbabwe: Prevalence and Correlates

Chiwoza Bandawe: Applied Mental Health Education: An Innovative Teaching Method and Mental Health Promotion

Alick Mazenga: Prevalence of Depression and Validation of the Beck Depression Inventory-II and the Children's Depression Inventory-Short amongst HIV Infected Adolescents in Malawi

O G Mwale: Exploring Barriers to Utilization of Mental Health Services in Malawi

Fanuel Bickton: Physiotherapy Services for Clients With Mental Health Challenges in Malawi.

Workshops

1: Dr Florence Baignana. Developing and Financing an Annual Workplan

2: Dixon Chibanda IMHERZ. The Friendship Bench: Using trained lay health workers to deliver a structured psychological intervention for common mental disorders- lessons from Zimbabwe

Tuesday 24th March 2015

Morning Session

Developing Mental Health Services: The regional experience

Shamiso Jombo: Mental Health Services Development in Zimbabwe: The IMHERZ case

Kassahun Habtamu: Development of a Socio-Culturally appropriate measure of Functioning in Rural Ethiopia: Conceptualization, Operationalization and Pilot Testing

Margeurite Schneider: Making Assessment Locally Relevant: Measuring Functioning for Maternal Depression in Khayelitsha, Cape Town

Rosie Mayston: Participatory Planning of a Primary Care Service for people with Severe Mental Disorders in Rural Ethiopia

Demoubly Kokota: An Evaluation of mhGAP training for Primary Healthcare Workers in Mulanje, Malawi: Preliminary Results

Felix Kauye: Comparison of Factors associated with a Research Tool Diagnosis of Depression and Clinical Diagnosis of Depression in Primary Care in a Developing Country; Malawi

Mzati Nkolokosa: Deconstructing the proverb “wamisala anaona nkhondo”: Implications of Cultural understanding of Mental Illness on Care and Management

Mack Majo: Story Telling as a Tool in training Lay Counsellors to understand Post Traumatic Stress Disorder: Lessons from Mchemane and Ganya in Malawi

Mzati Nkolokosa: The Malawi Floods: Community Healing Practices

Afternoon Session

Gareth Nortje: Collaborations between Conventional Medicine and Traditional Healers: Obstacles and Possibilities

Betty Wisiki: The Dilemma of the Deaf Community: A Glance at Mental Health and Deafness

Beatrice Dwumfour Williams: Prevalent Mental Health Disorder In A Prayer Camp In Ghana

Mwawi Ng’oma: Promoting mental health of the aging population: A practice development paper

Genesis Chorwe-Sungani: The views of Family Members about Nursing Care of Psychiatric patients admitted at a Mental Hospital in Malawi

Chitsanzo Mafuta: Prevalence of Moderate and High Risk Substance use among Psychiatric Inpatients at Zomba Mental Hospital, Malawi

Dr Michelle Dube: Prevalence of Seclusion and Factors associated with Seclusion Use among Psychiatric Patients admitted in 3 Zimbabwean Referral Psychiatric Units

Wednesday 25th March 2015

Morning session

Maternal Mental Health

Thandie Davies: ‘The sun has set even though it is morning’: Xhosa women’s experiences of Perinatal Depression in an urban Township, Cape Town.

Rob Stewart: The impact of Maternal diet fortification with lipid-based nutrient supplements on Postpartum Depression in rural Malawi: a randomised-controlled trial.

Emily Baron: Prevalence and correlates of high suicide risk among pregnant women with depressive symptoms in Khayelitsha, South Africa

Edwin Jumbo: Mental Health Needs of Teenager Pregnancy attending Antenatal Care at St Andrews Mission Hospital

Mental Health Promotion

Heather Gilberds: Farm Radio

Forensic Psychiatry

Harriet McCulloch: The Kafantayeni Sentencing Re-hearing Project

Anthony Sefasi: Mental health in Malawi Prisons: A community missed

Genesis Chorwe: Mental Health Problems experienced by Children at a Reformatory Centre in Blantyre

Workshops

Crick Lund and Michael Udedi Developing Mental Health Policy from various angles: How to mobilise Stakeholders and Resources

MeHUCA and Opportunity Bank: Developing a Mental Health Users and Carers Movement and Microfinance Opportunities

Farm Radio: Heather Gilberds and Augustine Mulomole: The Use of Radio as a Mental Health Promotion Tool

Mental Health Users and Carers Association- MeHUCA

The Conference closed with a presentation by **Simon and Vivien Thom** of the Malawi Mental Health Users and Carers Association (MeHUCA). They described that one of the aims of MeHUCA was to address stigma about mental illness by taking part in public activities and discussions. On World Mental Health Day in October 2014, MeHUCA organised a workshop for journalists and contributed to medical student teaching in the College of Medicine. The film “Matenda A Misala” depicting one persons experience of hospitalisation for mental illness, has been shown several times on MBC TV . MeHUCA has also established patient support groups in several districts and is hoping to use micro finance through the Opportunity Bank, to raise funding in a sustainable way to support future activities throughout Malawi.

POSTER PRESENTATIONS

Brandon Utter & Ravi Paul Misuse of Codeine-Containing Cough Syrups in Lusaka, Zambia

Ravi Paul A Study to Determine the Prevalence of Depression among Children and Adolescents with HIV/AIDS attending the clinic at Paediatrics Centre of Excellence, University Teaching Hospital, Lusaka, Zambia

Jordan Nyirenda Adherence to Antiretroviral Therapy and Performance on the Neuropsychological Test Battery

Dr Sumaya Mall An Ethic of Care Approach to a treatment partner and text message notification intervention in Cape Town, South Africa: The experiences of mental health service users (MHSU) and their treatment partners

Mazuba J. Hamweene Effects of Gender Based Violence on Neurocognitive Functioning in HIV Positive Individuals in a Zambian Population

Edwin Mukanga A Determinants of Behaviour Study into factors related to Relapse in Patients with Mental Illness in Hurungwe district

David Singini A Retrospective Study on the Prevalence of Alcohol Misuse Disorders in patients admitted to the Chainama Hills Hospital from August to December 2014

Written comments from attendees

"Presentations were rich and covered different areas of practice. I have gained a lot"

"The research is eye-opening to design of policies"

"Where else are Malawians going to show-case their work?"

"It has turned me into a health promoter on mental health"

"This is a successful conference, I loved it"

"This is a very big achievement and an eye-opener to those attending for the first time. It was really a very good gathering. We were able to interact with other people from different countries in the world- Bravo to authorities – keep it up tho its costly!"

"Keep up the good work, we like this conference"

"The togetherness of different people from different countries"

"Sharing info with colleagues from across Africa"

"The presentations were not boring but brief and interesting"

"Thank you for a fantastic conference"

"Smiling people"

"What if we had the State President as guest of honour!"

Cuttings from the national press



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Editors

Ephraim Mwanthuli - The Nation
01 874 419 / 0888 954 584
emwanthul@nation.com

Rebecca Thebe - Weekend Nation
01 874 419 / 0999 313 324
rthebe@nation.com

Emmanuel Lukwago - Nation On Sunday
01 874 419 / 0999 233 833
elukwago@nation.com

Rights Kumbwendo - Fuku
0888 209 027 / 0999 912 879
rkumbwendo@nation.com

Moses Michael Phiri - Online and New Media
0999 230 522 / 0111 611 909
mphiri@nation.com

Sam Changa - Lilongwe Bureau Chief
01 757 438 / 0997 383 643

Mental health a priority—Mwansambo

AJUSSA LEONARD
STAFF WRITER

The Ministry of Health is currently reviewing the mental health policy to address current trends in the health sector, chief of health services in the ministry Charles Mwansambo has said.

Speaking during the fifth annual Malawi Mental Health Research and Practical Development Congress at Sunbird Mount Soche in Blantyre, Mwansambo said: "The initial legislation of 1948 was last updated in 2000, so we are currently working on it to address recent developments such as non-communicable diseases. This will ensure that our essential health package caters for the physical,

social and mental being, which includes mental health. We cannot be a healthy nation if we are not in a state of mental well-being."

Mwansambo said about 20 percent of people attending primary health care facilities are depressed while about one percent of the population is schizophrenic, hence, they are working on strengthening the mental health system to ensure that those with related issues are assisted accordingly.

Acting principal of the University of Malawi's College of Medicine (CoM), which is facilitating the conference, Mwapatsa Mipando, expressed satisfaction with strides in mental health, saying: "This conference is growing every year as evidenced by more participants from Africa and beyond. We are

now graduating more students than the 12 that we used to at our inception. We have also changed our curriculum and are now offering a Master of Medicine [MMED] course for psychiatric specialists."

Mipando added that their students go for attachments at Zomba Psychiatric Hospital to appreciate and help in mental health care and they also participate in research on the same.

One of the speakers at the conference, Florence Baingana from Uganda who does research and psychiatric training in several countries, expressed the need to increase resources to mental health needs to make them less expensive; hence, accessible to many.



Mwansambo: Mental well-being important

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James Kuipa
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BY CHIKONDI MASUSO

THE Chief of Health Services in the Ministry of Health, Charles Mwansambo, has said the Fifth Conference on Mental Health will help inform the review process of the country's Mental Health Policy that dates back to the 1940s.

Mwansambo said this on the sidelines of a three-day conference being held at Sunbird Mount Soche in Blantyre.

"We [did a] research that found that about 30 percent of all people attending primary health facilities suffer depression. In fact, one in every hundred Malawians has a mental problem."

"An interface with scholars and researchers is thus critical to inform the review of such a policy," he said.

One of the key presenters at the conference, Florence Baingana from Makerere University in Uganda, said amidst budgetary constraints in the mental health service, sub-Saharan countries need to adopt homegrown initiatives to help in making up for the

Ministry reviews mental health policy



MWANSAMBO—This interface is important

shortages. "In Uganda, we did a costing study on mental healthcare where it was found that patients and guardians pay \$384 which is about 80 percent of the

total cost. "What if we could have them pay half of the same through their community insurances and be able to access the service in times of need?" she said.

College of Medicine Principal Mwapatsa Mipando said his institution is currently running a postgraduate programme aimed at improving the number of specialists in the sector.

"This is a homegrown programme where trainees spend most of their time locally. Their going abroad to the University of Cape Town is specifically aimed in areas that we don't have capacity."

"Further in 2010, we reviewed our curriculum, hence requiring that all doctor trainees spend six weeks on rotational basis at the Zomba Mental Hospital so that they learn to handle such cases, said Mipando.

The gathering has attracted scholars and other players in mental health from countries such as Zambia, Zimbabwe, Uganda, South Africa and the United Kingdom.

some of my subjects when I approached them," she said. Zimbiri said people in the area will not harvest significant yields this year, adding that winter cropping along the river banks will be meaningless due to huge amounts of sand that have accumulated there.

Because of this development, she pleaded with government to design good programmes that will help ease challenges people are facing.

Zamzam Foundation Programme Manager Ajiru Kallitendere said the organisation will continue helping vulnerable people throughout the year in different forms.

"Our focus is not necessarily towards provision of food to people affected by floods. We will be assisting the families affected by floods through the provision of education bursaries and seeds for winter cropping to those who are close to river banks," he said.

Kallitendere said the organisation is contemplating of coming up with other plans on how to assist the floods victims, saying the floods have devastated lives of ordinary people beyond expectation.