The 3rd Annual Malawi Mental Health Research and Practice Development Conference - 22nd - 23rd April 2013

St John of God, College of Health Sciences, Mzuzu, Malawi

Organised by the Department of Mental Health, College of Medicine, University of Malawi, St John of God, College of Health Sciences and the Scotland-Malawi Mental Health Education Project (SMMHEP)

Funded by the Scottish Government Malawi Development Fund

The conference was attended by 108 delegates from Malawi, Canada, Netherlands, Norway, South Africa, Tanzania, Zambia, Zimbabwe and United Kingdom.
In Malawi delegates came from a wide range of mental health services and training programmes including: St John of God College of Health Sciences, Mzuzu; the Ministry of Health Mental Hospital, Zomba; the Department of Mental Health, College of Medicine; The Centre for Social Research, Chancellor College; Kamuzu College of Nursing; Queen Elizabeth Central Hospital; the Department of Nursing and Midwifery, Mzuzu; University; Mental Health Users and Carers Association (MeHUCA).

Dr Beatrice Mwagomba, Programme Manager of Non-Communicable Diseases & Mental Health, attended on behalf of the Ministry of Health.

Dr Mandala Mambulasa, Advocate and President of the Malawi Law Society addressed the conference on the topic of mental illness and human rights.

The conference provided an opportunity to strengthen personal contacts with a growing contingent of international delegates including speakers and psychiatric trainees from the Department of Psychiatry, University of Zambia School of Medicine; the Departments of Psychiatry and Psychology, University of Zimbabwe; the Department of Psychology, Stellenbosch University; and the Department of Psychiatry and Mental Health, University of Cape Town.

After an opening prayer by Crispin Kamango, Pastoral Care Coordinator, St John of God, delegates were welcomed by **Dr Jen Ahrens**, Head of the Department of Mental Health in the College of Medicine and **Isabella Musisi**, Principal of St John of God College of Health Sciences, who stressed the value of holding the meeting in Mzuzu outlining the major contributions of St John of God to mental health training including courses for psychiatric nurses and a BSc in clinical medicine specialising in mental health. She declared the meeting an important milestone for mental health in Malawi and hoped it would lead to clear practical actions to improve mental health practice.

Dr Chiwoza Bandawe introduced the first speaker, **Dr Beatrice Mwagomba**, Programme Manager of Non-Communicable Diseases & Mental Health in the Ministry of Health. She referred to epidemiological data suggesting that in Malawi there are some 13,000 people with psychosis and up to one million with depression, the fourth leading cause of disability. The ministry has developed a National Action Plan to raise awareness of mental health. The collection of accurate data on non-communicable diseases is a priority and the ministry plans to set up a disease monitoring system for depression along the lines of systems in place for communicable diseases. She also highlighted a new programme of mental health training for Health Surveilance Assistants at Zomba Mental Hospital.

Invited keynote speakers

Internationally recognised experts in their fields, developed the major themes of the meeting: intellectual disability; the detection and management of mental disorders in primary care; alcohol misuse; maternal mental health; human rights and mental health.

Professor Colleen Adnams, Professor of Intellectual Disability in the Department of Psychiatry and Mental Health, University of Cape Town spoke on "The Interface of Intellectual Disability and Mental Health in the Continent of Africa". The 2006 UN Convention on the Rights of Persons with Disabilities represented an enormous shift in attitude and approach by including a requirement for countries to report data -and Malawi complies with this. In Africa around 2% of the population have intellectual disability (ID) - twice the rate in developed countries- and 30% of people with ID also have mental illness often associated with behaviour problems. 40% of causes are unknown and genetic, pre-, peri-, and post-natal causes are substantial. However in Africa poverty is the main determinant of ID creating a "poverty-disability cycle". Elements of this include preventable nutritional conditions such as iron and iodine deficiencies, infectious diseases, brain injuries, alcohol and drug abuse. Three main conclusions can be drawn: ID is a human rights issue; better epidemiological data will help; ID is a sensitive marker of how health services and governments are performing.

Dr Felix Kauye, Director of Mental Health Services, Ministry of Health, presented results of research on "Training Primary Health Workers in Mental Health and its Impact on the Detection of Common Mental Disorders and Related Physical Illnesses in Primary Care of a Developing Country, Malawi" . Against a background of a 24% prevalence of depression in Malawi, Dr Kauye pointed out that patients with depression are frequently diagnosed with Malaria at District level clinics and a pilot survey revealed that under 2% of clinical time was devoted to mental health. He described the development and evaluation of a mental health training programme for primary health workers who screened all patients presenting with physical problems for signs and symptoms of depression. 30% of patients scored above threshold for "caseness" with the Self Report Questionaire yet none of these individuals were recognised by primary health workers as having a mental health problem and many received treatment for malaria. Following training detection rates for depression improved and depression was recognised in 9% of patients.) In conclusion the training tool kit had been moderately successful in detecting depression.

Dr Alister Munthali, Associate Professor of Research in the Centre for Social Research, Chancellor College and **Jameson Ndawala**, Assistant Commissioner of Statistics, The National Statistics Office presented "A Survey of Alcohol Use among the Adult Population of Malawi". The ALMA project (Fighting poverty through alcohol misuse prevention in Malawi) documents, describes and explores patterns of alcohol use in 107 experimental areas in each of which 20 households had been randomly selected. Heads of households and spouses were interviewed and data was collected from police, brewers, traditional healers, religious leaders, mental health officers, teachers and owners of drinking places. The survey recorded the knowledge and beliefs about the harmful effects of alcohol from a large representative sample providing data to inform policy making in areas such as education, pricing and regulation of the informal production of alcohol.

Dr Simone Honikman, Director of the Perinatal Mental Health Project, The University of Cape Town, spoke on "Integrating Mental Health Care into Maternity Care: Lessons from a Decade's Work in South Africa". She presented data on referrals to an ante-natal clinic situated in the Hanover Park suburb of Cape Town where 35% of women experienced domestic violence, 20% were teenage mothers and depression, anxiety or alcohol problems each affected around 20%. Dr Honikman described an interaction between poverty and mental health and outlined a strategy for intervention. This included screening all referrals using a simple short checklist in the hands of health workers trained to recognise mental health problems. Interventions offered on-site included counselling averaging 2-3 sessions using a range of behavioural approaches combined with relaxation and ante-natal preparation. Severe cases of depression were referred to a psychiatrist. She drew attention to the treatment gap that exists for these women and stressed the need to teach and train the nurses and health workers to recognise mental ill health.

Dr Robert Stewart, Research Fellow, Institute of Brain, Behaviour and Mental Health, University of Manchester, discussed "Maternal Mental Health in Malawi" and presented new data which were part of research he carried out while based in the College of Medicine, University of Malawi and Head of Department of Mental Health. The incidence and associated factors of ante-, peri- and post-natal depression were measured in a group of women attending Mangochi district hospital using a 20 question Self Report Questionaire in Chichewa, as a screening tool and the SCID semi-structured interview with the sub group of mothers who scored above threshold, to identify cases of depression. Of over 500 mothers screened 20% were diagnosed with minor or moderate depression and 10% with major depressive disorder. Among this group there was a high incidence of HIV infection; other associated risk factors were: unmarried status, less schooling, unplanned pregnancy, abuse from partner and complications during pregnancy. The association between maternal health and stunted growth in the child was studied in 244 mothers and their child treated in the Nutritional Rehabilitation Unit at Queen Elizabeth Central Hospital. Factors associated with reduced infant weight gain were positive HIV status and diarrhoea in the child and there was no association with maternal depression. There was further discussion on effective interventions to improve maternal health drawing on experience in other countries.

Wamundila Waliuya, based in Zambia is the Africa Director and Asia Advisor of Power International. He is a leading advocate in the field of human rights and disability providing strategic direction, support and training to education programmes across Africa. He drew attention to the importance of the 2006 UN Human Rights Convention which adopted a social rather than medical model to define disability e.g. a person does not have a problem, they have certain behaviours that make it difficult to function. This was incorporated by the Malawi Parliament in 2012 into a new law: "Equalisation of Rights of Persons with Disabilities". Based on these principals mental health services for treatment and support should be non-discriminatory and community based. Rights to life and liberty include protection from illtreatment, abuse and torture and also cover several other areas includingindependent living, maintaining fertility, informed consent, seclusion or restraint. In short individuals have the right to live in any continent, own property, do business and leave.

Mandala Mambulasa, Advocate and President of the Malawi Law Society continued the discussion on "Mental Illness and Human Rights" by describing some of the challenges faced by law makers involved in revising the Malawi Mental Health Act include difficulties in defining psychiatric terms such as "depression" and problems translating these into different languages. In addition to rights of service users he also stressed the rights of professionals and these may include the provision of essential medicines, a safe working environment and access to continuing education.

Oral presentations and posters stimulated active discussion during three morning and afternoon sessions covering projects based at St John of God hospital, Zomba Mental Hospital, Chancellors College, and Queen Elizabeth College, Malawi. In addition there were talks on work being carried out in South Africa, Zambia and Zimbabwe.

Session 1: Knowledge and Attitudes towards Mental Health

Dr Gareth Nortje, from the Department of Psychiatry, Stellenbosch University described surveys of "The Attitude of Medical Students toward Psychiatry" revealing the low status of psychiatry in the medical hierarchy in low income countries. A contributing factor is the strength of cultural beliefs, for example beliefs about witchcraft and possession that may conflict with biological explanations of illness. He urged psychiatrists to be fully aware of the cultural setting where they work.

Dr Chido Rwafa from University of Zimbabwe described "Simulation Teaching on Depression" and the use of role play to simulate depression as an alternative to didactic lectures.

Ignicious Murambidzi and James January from the Zimbabwe National Association of Mental Health presented a paper on "Knowledge, attitudes and practices of secondary school children towards epilepsy in Zimbabwe; implications for supportive psychotherapy". In Zimbabwe the incidence of epilepsy is 13 per 1000 and only 7% get appropriate medical treatment. Reasons include poor medication supplies, lack of knowledge and stigma in relation to education, employment and marriage. 18% of adolescents said epilepsy was caused by witchcraft. There is scope for education on epilepsy in schools and the media.

Ramsey Selemani described qualitative research into "Why do Nurses Discriminate against Mental Illness?" conducted at Kasungu District Hospital, Malawi. Some of the reasons identified including fear of violence and perceived lack of curability, can be addressed by more adequate training.

Ms B. Marimbe from the Parirenyatwa Psychiatry Unit, University of Harare noted that families are the main providers of care for mental illness. Her work "The perceived impact of a relatives mental illness on the family members, and their reported coping strategies and needs: a Zimbabwean study" confirmed that families, of which 99% had church affiliation, were keen to provide help and there is strong need for education and support groups for families.

Session 2: Lived Experience of Mental Health

Action Amos in a talk "Challenges of Mental Health in Africa: The Pan African Users and Survivors of Psychiatry", described the work of the organization addressing problems faced by people with mental illness in the areas of human rights, marriage and family, employment, access to health, inhumane treatments and the widely held stigma such as the assumption that "people with disability should be hidden away".

Orpheuse Chipata & **Simon Thom** described the work of the "Mental Health Users and Carers Association (Malawi): One year on". This patient advocacy group in Malawi has set up three local groups, arranged public debates and had time on TV and radio. There are plans to set up more groups in North and Central regions.

Harris Chilale, Clinical Director, St John of God Clinical Services presented the findings of an important large study of the relation between outcome and duration of untreated psychosis in patients with schizophrenia. 140 patients were recruited in three villages and followed up for 18 months during which time they were regularly assessed. No relation was found between response to treatment and time to treatment. "It does not matter how long someone has been ill – treat and they are likely to respond".

Dorothy Chinguo, Occupational Therapist at Queen Elizabeth Central Hospital, Blantyre, spoke about "Rehabilitation of children with neuro-disability following brain injury in Malawi: Perspectives of families and health-workers". Parents report they are badly informed by doctors about their child's condition, mothers, who shoulder the burden of care, tend to focus on physical disability rather than behavioural problems.

Vincent Chiona, Mbumba Namelo & Genesis Chorwe-Sungani from Zomba Mental hospital presented a survey "Exploring Guardians Satisfaction with Nursing Care at Zomba Mental Hospital".

Session 3: Mental Health Care in practice

Heather Gilberds described "An Integrated approach to addressing youth depression in Malawi and Zambia" giving details of Farm Radio, a Canadian funded project that aims to answer the question "can a communication campaign using radio and SMS platforms create behavioural change and education about depression? An

initial survey among 5000 adolescents revealed general sympathy towards people with depression and among adolescents depression was commonly attributed to brain chemistry although belief in evil spirits was frequently held in parallel. Radio is cheap and available to most Malawians and Farm Radio plans broadcasts with items on depression, reproductive health and drug misuse using Iterative Voice Response (IVR) and SMS platforms.

Charles Masulani from St John of God spoke on "Recovery Conceptualization and Treatment Preferences: Choices for Clients with Psychosis in Malawi". The survey found that patients defined recovery as relief from symptoms and valued medication and social and family support.

Michael Udedi, Assistant Director for Mental Health in MOH reported on a survey of "Health Service utilization by patients with common mental disorder (CMD) identified by the Self Reporting Questionnaire in a primary care setting in Zomba, Malawi". Frequent attenders at health care facilities often have CMD presenting with physical symptoms and the detection rate of CMD by primary health care physicians is low.

Harry Kawiya reported on "Mental Health Services at Zomba Central Prison" where, for the first time, psychiatric services are being provided through a monthly psychiatric clinic. Individuals with serious mental illness have been diagnosed and moved to the Mental Hospital and the courts are taking into account the mental health of prisoners.

Alick Mazenga described a study "Determining the Prevalence of Depression among HIV-infected Adolescents Receiving Care at Baylor Children's Clinical Centre of Excellence, Malawi". Overall in Malawi 8% of cases with HIV/AIDS are severely depressed and depression is associated with poor outcome. In a survey of 70 adolescents the rate of depression was 25% of girls and 13% of boys.

Session 4: Lived Experience of Mental Health

Mack Majo, from the Jesuit Refugee Service (UNHCR) spoke on "Mental Health Promotion through Indigenous Cultural Mourning Practices: Africa Great-Lakes Region Perspective". A ten week programme for refugees and asylum seekers from several African countries captures traditional mourning practices using Narrative Exposure Treatment as part of CBT. The aim is to reduce unresolved grief – unfinished business.

Milly Kumwenda In "Psychiatry Department at Queen Elizabeth Central Hospital: A service in transition" she described the important changes taken place in the psychiatry clinic in the past five years. These include a new outpatient department, an increased number of nurses and special training for nurses in the management of violent patients. However major challenges remain including the availability of drugs, 24 hour cover, over-crowding and threat of violence.

Chitsanzo Mafuta discussed suicide in a talk entitled "Mental health Problems - A major risk factor for suicide? Evidence from Malawian Media Reports". Hanging is the most frequent method of suicide which accounts for 1% of deaths overall. Risk

factors include alcohol, HIV, poverty and chronic physical diseases. However an open discussion about suicide as a public health problem is difficult because of the criminalization of non-fatal suicide behavior.

Chipiliro Kadzongwe described “An audit of the prescribing practice at the Epilepsy Clinic at Queen Elizabeth Central Hospital”. The treatments received by 65 outpatients with epilepsy were reviewed with particular emphasis on drug dosage and the use of polypharmacy.

Kazione Kulisewa described a literature review and the design of a study of “The prevalence of depression and other mental disorders in women who have foetal loss at Queen Elizabeth Central Hospital”

Precious Makiyi Gave a stimulating account of the activities of the College of Medicine Mental Health Society. This student led society has carried out work in five schools to raise awareness of mental health.

Afternoon Workshops

Parallel Workshops led by international experts held in the afternoons, each attended by over 20 people were an opportunity for questions and discussion of key topics.

1: “Forensic Mental Health Assessment “ led by Dr Arvid Nedal

2: “A Clinical Assessment of a Patient with Intellectual Disability” led by Professor Colleen Adnams

3: “Caring for the Carers – How Can we Sustain Ourselves in the Work we do in Mental Health Care?” led by Dr Simone Honikman

4: “Mental Health and Human Rights” led by Mandala Mambulasa and Wamundila Waliuya

Closing the Meeting: Dr Chiwoza Bandawe, Associate Professor and Dean of Students, College of Medicine thanked all the contributors and Crispin Kamanga closed the meeting in prayer.

Feedback comments

There was more demand than places for this annual conference and many attendees provided useful feedback:

"It changed my attitudes towards mental health"

"I have personally benefitted a lot as this is my first time to attend such a conference. What criteria are used when one wants to present something at a conference like this?"

"More time needed"I have learnt three things: the culture of publishing; the need to do research; interacting with diverse professionals".

"Maternal mental health and human rights were highlights of this conference for me"

"Two days seem to be too little"

"It was difficult to chose the sections because some of us would prefer to attend all the items"

"It has been fruitful. I learnt a lot and hope it will enhance my research and practice. I am calling for more advertisements especially to East Africa countries (Tanzania, Uganda, Kenya, Rawanda and Burundi) also to participate in future conferences".

Media

The conference was covered on TV by the Malawi Broadcasting Corporation who broadcast interviews with **Dr Beatrice Mwagomba** and **Professor Colleen Adnams** Press coverage included broadcasts by several radio stations and interviews with **Dr Chiwoza Bandawe**. The conference proceedings will be published in the Malawi Medical Journal

Masterclass Programme

24th - 25th April 2013

Funded by the Scottish Malawi development Fund

On day 1: **Dr Simone Honikman led on " How to develop and maintain a maternal mental health service"**
Professor Colleen Adnams discussed "The theory and practice of intellectual disability psychiatry"

On day 2: **Dr Arvid Nedal led a class on "The theory and clinical practice of forensic mental health"**

The masterclasses were well received by the large number of attendees who stayed on after the conference to participate. Regional masterclasses will remain an important part of mental health training supported by the Scotland Malawi Mental Health education Project as a way to reduce professional isolation and promote high standards of care.