6th Annual Malawi Mental Health Research and Practice Development Conference

College of Medicine – UNIMA - 14th-16th March 2016

Conference Programme and Abstracts

Organised by:
Department of Mental Health, College of Medicine, University of Malawi
Scotland-Malawi Mental Health Education Project (SMMHEP)

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6th Annual Malawi Mental Health Research and Practice Development Conference – College of Medicine – UNIMA

Monday 14th March 2016

0745	**Registration**
0830 - 0915	**Opening Ceremony:** Master of Ceremony - Mr Mzati Nkolokosa **Opening Prayer** - Mr Simon Thom **Welcoming remarks:** Head of Department of Mental Health, College of Medicine, UNIMA – Dr Stefan Holzer Scotland Malawi Mental Health Education Project – Prof Douglas Blackwood Dean of the faculty of Medicine, College of Medicine, UNIMA – Dr Neil Kennedy Postgraduate Dean, College of Medicine, UNIMA – Prof Victor Mwapasa Principal, College of Medicine, UNIMA – Dr Mwapatsa Mipando Chief of Health Services – Dr Charles Mwansambo *Guest of honour:* Minister for Health – Dr Peter Kumpalume

Morning sessions:

0915 – 1000	**Keynote speech**	**Prof Hans-Peter Kohler**	**The Demography of Mental Health Among Mature Adults in a Low-Income High HIV-Prevalence Context**

1000–1030	GROUP PHOTO & TEA BREAK

Morning Theme: Counseling, liaison psychiatry and Mental Health in Prisons

1030 - 1230	Chair: Chiwoza Bandawe	Tandulenji Zimba	When the Demand is high: Building a pool of Trauma Counselors to fill the gap in Malawi	15 min
		Clara Chikhawo Wachepa, Genesis Chorwe-Sungani	Student nurses' perceptions about their learning during psychiatric nursing clinical placement in Malawi	15 min
		Ravi Paul, Tanuja Dave	A study of liaison psychiatry referrals to the Department of Psychiatry clinic at the University Teaching Hospital, Lusaka, Zambia	20 min
		Dipali Gulati	Mental Health in Chichiri and Maula prisons	15 min
		Zara Brawley Emile Carreau Prof. Sandra Babcock	Assessing Intellectual Disabilities in Prisoners Facing Capital Punishment in Malawi	20 min

1230 - 1400	LUNCH

Monday 14th March 2016
Afternoon sessions:

Parallel sessions 1 & 2: Workshops

1400 - 1600	Prof Francis Creed Dr Robert Stewart Dr Felix Kauye	**Developing a research proposal** – **Workshop part I** - pre-booked participants only

1400 - 1530	Lucy Ashton Mzati Nkolokosa	**Mental Health Media Campaign Training** - **Workshop part I** – pre-booked participants only

Parallel session 3 (open to all attendees):

1400 – 1530	Chair: Hannah Gormley	John Winfred Shaba	Prevalence Of Psychological Distress Among Clients With Hypertension, Asthma And Diabetes Attending Chronic Care Clinic At Lisungwi Community Hospital	20
		Mubanga Didduh	Exploring the factors associated with user satisfaction of psychiatric outpatient services at Chainama Hospital Lusaka, Zambia	15
		Zelipher Chimlala	Effectiveness of cognitive behavioural therapy for patients with bipolar disorder: A systematic Review	15
		Luka Chimera	Attributes For High Default Rate Among Clients With Epilepsy In Nkhotakota, Malawi.	15
		Chioni Siwo – represented by Waqas Sheikh	Case Series Of Mania Secondary To Hiv/Aids In Patients At Chainama Hills College Hospital And University Teaching Hospital Lusaka, Zambia	15

1530 - 1600	TEA BREAK

1600 - 1700	**Keynote speech**	**Prof Ataley Alem**	**North South Collaboration and Local Capacity Development for Mental Health Service in LAMICs: the Ethiopian Experience**

1900 - 2130	**CONFERENCE DINNER**	**College of Medicine Sports Complex, Mahatma Ghandi Road** **Music: Mikatheya Band**

Tuesday 15th March 2015

Morning sessions:

0800 - 0845	**Keynote speech**	**Jerome Wright**	**The Mental Health in Zomba Project: Strengthening community mental health promotion and care in Southern Malawi**

Morning theme: Capacity Building in Primary Care Mental Health and Pathways of Care

0845 – 1000	Chair: Selena Gleadow Ware	Waqas Ahmed Sheikh	Development of Mental Health Services in Chongwe District Hospital to Establish Psychiatry Outpatient Clinic	15
		Robert Stewart	Antenatal depression and infant outcomes in Malawi	15
		Demoubly Kokota	An Evaluation of mhGAP training for primary healthcare workers in Mulanje, Malawi	15
		Dennis Chasweka	Perspectives and experiences of primary healthcare workers and service users in Mulanje following mhGAP training, Malawi	15
		Anthony Sefasi	Pathways to care taken by clients with first episode psychotic disorders admitted to Zomba Mental Hospital	15

1000 – 1030	TEA BREAK

1030 - 1100	Chair: Stefan Holzer	Ndumanene Devlin Silungwe	Clients And Carers Perception Of Mental Illness And Factors That Influence Help Seeking: Where They Go First And Why?	15
		Lazarus Kajawu	Why do people use traditional healers in mental health care in Zimbabwe?	15
1100 - 1230	**Panel discussion**	**Chair: Dr Felix Kauye & Jerome Wright**	**Pathways of Care in Mental Health – priorities in research, clinical practice and service provision for Malawi** – Panel discussion reviewing experience of integrated Mental Health services in Malawi and the most appropriate next steps in planning services	

1230 - 1400	LUNCH

Tuesday 15th March 2016

Afternoon sessions:

Parallel session 1: Mental Health Policy in Malawi

1400 – 1530	**Chair: Michael Udedi (MoH)** **Venue: Lecture theatre 1**	**New Mental Health Policy in Malawi – a review of policy priority areas and stakeholder engagement**

Parallel session 2: Child and Adolescent Mental Health

1400 – 1530	Chair: Ellen Bosnak	Arnold Mutemeri	St. Giles Rehabilitation Centre: A beacon of hope in the provision of Child and Adolescent Mental Health Services in Harare, Zimbabwe.	20
		Louise Zione Mugala	Assessment Of Psychosocial Experiences Of Street Children In Mzuzu City, The Northern Region Of Malawi	15
		Tatenda Madziro-Ruwizhu	Clinical audit on prescribing patterns of psychotropic medication in the child and adolescent psychiatry clinic at Parirenyatwa Hospital, Harare, Zimbabwe	15
		Chimwemwe Nyemera Mmanga	Exploring psychosocial issues in children attending ART clinic at Ntcheu District Hospital	20

1530 – 1600	TEA BREAK

Mental Health Education & Research

1600-1630	Chair: Rob Stewart	Ravi Paul	Postgraduate Psychiatry Training in Zambia (MMED Psychiatry Programme)	15
		Felix Kauye	African Mental Health Research Initiative (AMARI) - Launch	15

1630 - 1715	**Keynote speech**	**Prof Eugene Kinyanda**	**Providing mental health services in resource constrained settings: Examples from post-conflict northern and Eastern Uganda**

Wednesday 16th March 2016

Morning sessions:

0800 - 0900	Keynote speech	Prof Francis Creed	How to become a Professor of Psychiatry

Parallel sessions 1 & 2: Workshops

Time	Facilitators	Session
0900-1030	Prof Francis Creed Dr Robert Stewart Dr Felix Kauye	**Developing a research proposal** - **Workshop part II** - pre-booked participants only
0900-1030	Lucy Ashton Mzati Nkolokosa	**Mental Health Media Campaign Training** - **Workshop part II** - pre-booked participants only

Parallel session 3:

Time	Chair	Presenter(s)	Title	Min
0900 - 1030	Chair: tbc	Blessings Chikasema	An assessment of users' satisfaction with outpatient mental health consultation services from rural and urban areas in southern Malawi	15
		Precious Makiyi, Madalitso Blair Allan Mawingo	A cross section study to find prevalence of Common Mental Disorder and associated factors among women attending antenatal clinic at Queen Elizabeth Central Hospital in Blantyre, Malawi	15
		AM Moyo	Life experiences of Harare based Zimbabwean persons with albinism in the home, at school, work and in the community – a study of 18 to 30 year olds	15
		Elizabeth Mlombwa Chimwemwe Nkhonjera Bettie Mtemang'ombe	A Study Of Knowledge And Attitudes Towards Mental Illness Among Blantyre Secondary School Students	15
		Waqas Ahmed Sheikh	Epilepsy Outreach Activiy And Purple Day Commemoration In Kafue District	15

1030 – 1100	TEA BREAK

Mental Health

Time	Chair	Presenter(s)	Title	Min
1100-1130	Chair: Demoubly Kokota	Chitsanzo Mafuta	Prevalence Of Moderate And High Risk Substance Use And Service Needs Among Psychiatric Inpatients At Zomba Mental Hospital, Malawi	15
		Dennis Chasweka Rodger Kanyimbiri	MeHUCA – The Mental Health User and Carer Association of Malawi – 2015/16 update and the way forward	15

		Simon Thom		
1130 – 1215	Chair: Chiwoza Bandawe	**Dominic Nsona** **Pastor Jeremiah Chikhwaza** **Pastor Immanuel Chodzeka** **Imam Molana Riaz**	**Religion and Mental Health in Malawi - a panel discussion to exchange ideas, challenges and collaborations in mental health counselling**	

1215- 1230	**Closing Remarks and Closing Prayer**

1230 - 1400	LUNCH

6th Annual Malawi Mental Health Research and Practice Development Conference – College of Medicine – UNIMA Opening ceremony

120 delegates from Malawi, Ethiopia, Uganda, United Kingdom, United States, Zambia and Zimbabwe included nurse clinicians, nursing officers, psychiatrists, psychiatric trainees, social workers, occupational therapists, medical students and members of the Mental Health User and Carer Association (MEHUCA).

The Conference started with an opening prayer led by **Mr Simon Thom**, of the Mental Health User and Carer Association of Malawi. Guests and participants were welcomed by **Dr Stefan Holzer**, Head of the Department of Mental Health, UNIMA. **Prof Douglas Blackwood**, from the University of Edinburgh described the support given to the conference by The Scotland Malawi Mental Health Education Project, through funding from The Scottish Government. **Dr Neil Kennedy**, Dean of the Faculty of Medicine, UNIMA, spoke of the quality of the psychiatry teaching on the MB BS course. **Prof Victor Mwapasa**, Post Graduate Dean in the College of medicine, described post graduate training in Mental Health as a priority. He welcomed the recent award of a grant from the African Mental Health Research Initiative (AMARI) that will help to build a research base in Malawi by funding PhD and MPhil students and also establish valuable academic links with Ethiopia, South Africa Uganda, and Zimbabwe. **Dr Mwapatsa Mipando,** Principal of the College of Medicine described the growth of the College of Medicine since its founding 25 years ago. In 1991 there were 12 medical students in the first intake. 120 students entered the MB BS course in 2016. Over 650 doctors have graduated from the college and mental health is a required part of training. This year marks another landmark as the first MMed trainees will complete their specialist training in psychiatry. **Dr Charles Mwansambo**, Chief of Health Services in the Ministry of Health, made note of recent changes that enable central hospitals to become teaching hospitals.

The guest of honour, the Minister for Health **Dr Peter Kumpalume**, spoke of the importance of raising public awareness of mental health, which, according to the World Health Organization, accounts for 14% of the global burden of disease. Some 90% of patients admitted to Zomba Mental Hospital are diagnosed with a schizophrenia related illness, but an even greater burden of disease is due to depression in the community. Mental health services in Malawi are severely underdeveloped to cope effectively with this level of disability. Mental Health and Wellbeing is included, along with other noncommunicable diseases, in the UN Millennium Development Goals 2015, and in Malawi it is aimed to focus on these goals to build sustainable resources to recognize, treat and prevent these common disabling disorders.

MONDAY 14TH MARCH - MORNING SESSION

WHEN THE DEMAND IS HIGH: BUILDING A POOL OF TRAUMA COUNSELORS TO FILL THE GAP IN MALAWI

Tandulenji Zimba: (Director Fountain of Life, Trauma counsellor at One Stop Centre-Queen Elizabeth Central Hospital)

Abstract: Before 2008 victims of sexual abuse and other gender based violence only sought help when they badly needed medical treatment. If a police report was produced at the hospital they were treated and most times than not went back home to the same person who abused them. With zero psychosocial support systems in place they continued to live a life that everyone deemed "normal" with guilty, shame, blame, anger, and parents shouted at their child for sudden regressed behavioural changes or for refusing to carry out a task that put them in a vulnerable situation that led to them being sexually assaulted.

Fountain of life, a volunteer based non-governmental organization, has recruited and trained individuals with passion and commitment to provide interventions that aim at supporting the victims of sexual abuse to gain/regain their positive identity, ability to manage their thoughts and emotions, and build their social relations.
In a country with little access to trained mental health care professionals, Fountain of Life's trained volunteer counsellors have made an impact by providing early intervention to survivors of sexual abuse and their families. The interventions have helped to reduce the risk of development of serious mental issues that affected most survivors of sexual abuse due to lack of psychosocial support.
Number of clients seen at Queen Elizabeth Central Hospital has tripled since 2012, and the model is now being replicated to other three main hospitals in Zomba, Lilongwe and Mzuzu, which means more volunteers trained and more survivors receiving early intervention in Malawi.

STUDENT NURSES' PERCEPTIONS ABOUT THEIR LEARNING DURING PSYCHIATRIC NURSING CLINICAL PLACEMENT IN MALAWI

Clara Chikhawo Wachepa, Genesis Chorwe-Sungani

Background: Student nurses' perceptions are views or opinions of students about their skills, teacher behaviour and practicum experiences. Students may have both positive and negative perceptions regarding their learning during psychiatric nursing clinical placement.

Objective: The objective of this study was to determine student nurses' perceptions about their learning during psychiatric nursing clinical placement.

Method: This study utilized a quantitative descriptive cross sectional design. It was conducted at two selected nursing colleges owned by missionaries in Malawi. The study sample size was 107 third year student nurse technicians at the two colleges. Ethical approval was granted by College Of Medicine Research and Ethics Committee. A self-administered questionnaire was used to collect data. SPSS was used to analyse data.

Results: The findings of this study revealed that most of the students (77.6%, n=83) perceived that psychiatric nursing is an important part of their learning and some (22.4%, n=24) did not. The respondents (60.8%, n=65) perceived that the four weeks clinical placement was adequate for clinical placement. Positive sentiments were expressed by some respondents (65.5%, n=70) who felt that clinical instructors helped them to learn. More than half of the respondents (67.3%, n=72) felt that they had a lot of anxiety because of psychiatric patients. It is of concern that many respondents (67.7%, n=65) perceived that there is no quality learning in the mental hospital because it is congested with students. Furthermore some respondents (53.2%, n=57) felt that working in psychiatric units is very dangerous.

Conclusion: In conclusion, this study suggests that student nurses perceive that psychiatric nursing is an important aspect of their training although they face challenges when doing clinicals at a psychiatric hospital. Clinical instructors and other clinical staff should always provide necessary support students so that they are able to learn effectively in these settings.

A STUDY OF LIAISON PSYCHIATRY REFERRALS TO THE DEPARTMENT OF PSYCHIATRY CLINIC AT THE UNIVERSITY TEACHING HOSPITAL, LUSAKA. ZAMBIA.

Dr. Ravi Paul[1] Tanuja Dave[2]

1. Dr. Ravi Paul M.D. (Psychiatry) Head, Department of Psychiatry, School of Medicine, University of Zambia.
2. Tanuja Dave, A level student, Sutton Coldfield Grammar School for Girls, Birmingham, UK

Background: Liaison psychiatry operates at the interface of psychiatry and medicine offering psychiatric assessment and treatment to patients with interweaving medical and psychiatric problems. This branch of medicine is especially essential in a country such as Zambia where specialist psychiatric resources are very scarce and medical morbidity quite high. Moreover, given that psychiatric training is often absent or inadequate, the medical workforce often lacks the necessary skills and knowledge to manage psychiatric problems presenting to general hospitals. As a result, many patients with co-morbid medical and psychiatric illnesses may be mismanaged or simply fall through the radar.[2] Good liaison psychiatry is needed to see that patients receive care for their psychiatric and medical symptoms holistically, especially in a low resource setting.

Objectives: To assess the referrals to the Department of Psychiatry in the University Teaching Hospital Zambia (UTH) and to suggest improvements that will improve the efficiency of the liaison psychiatry service.

Method: All referrals to psychiatry over a period of five months (January 2015 to May 2015) at UTH were reviewed and assessed. The literature pertaining to the topic was reviewed.

Results: A total of 86 referrals were made to the Department of Psychiatry over the five-month period. The highest rate of referrals came from internal medicine (52.3%) followed by surgery (18.5%). 3.5% were from obstetrics/gynaecology and 2.3% from paediatrics. Psychosis and substance misuse were the commonest reasons for referral.
Only about a third of the referrals indicated the urgency of the referral or showed the diagnosis made by the Consultant Psychiatrist.

Conclusion: Most of the referrals seem to have been made appropriately to psychiatry, which is encouraging. However, improvements can be achieved. It should firstly be ensured that all sections of the referral form are fully completed. Secondly, the referral form can be re-designed to provide more details. Thirdly, the information in the forms should be accessible separately and within case notes. Also, considering the number of alcohol withdrawal cases, a hospital-wide protocol should be considered so that acute alcohol withdrawal need not be routinely referred for psychiatric assessment.

MENTAL HEALTH IN CHICHIRI AND MAULA PRISONS

Dr Dipali Gulati: Medecins Sans Frontiers, Malawi

Background: The Malawi Prison service has 28 prisons with nearly 13 000 inmates nationwide. MSF started the Prisons project in mid-2014, with its main objective to provide HIV and TB screening and treatment at Chichiri and Maula prisons. After the initial stages the project has grown, introducing OPD services, WatSan activities and in November 2015 mental health was introduced in the prisons.

Objective: Implement/incorporate mental health activities in the Prisons project (Chichiri and Maula prisons), which has as a main objective to reduce mortality/morbidity, related to HIV/TB.

Method: An expat psychiatrist from Canada came on a 3-month mission from November 2015 – January 2016 to assess the situation, and to introduce mental health in the prisons. She trained peer educators in identifying mentally ill patients from the cell, she trained the prison- and MSF clinicians on diagnosing and treating patients, she identified a referral system to Zomba Mental Hospital and she implemented a mental health screening tool to all prisoners at entry to the prison, to identify if there is need of urgent assessment by the clinicians. There has also been sensitization on mental health in the prisons through peer educators having talks in the cells and OPD waiting area, as well as a monthly performance on mental health.

Results/Conclusion: The first steps of implementing mental health in Maula and Chichiri prisons have begun, but there is still a long way to go. Challenges faced is identifying mentally ill patients, good clinical judgement from clinicians, and also getting access to psychotropic medication. We have started collaborating with partners like the DHO and St John of God to ensure better quality of care and sustainability after MSF leaves the Prisons project in mid-2017.

ASSESSING INTELLECTUAL DISABILITIES IN PRISONERS FACING CAPITAL PUNISHMENT IN MALAWI

Zara Brawley: Malawi Human Rights Commission

Abstract: Underway since December 2014, the Kafantayeni Resentencing Project is a multi-donor project instituted with the purpose of bringing for sentence rehearing all prisoners previously sentenced to death under Malawi's former mandatory death penalty regime.
It is suspected that a relatively significant proportion of the 175 prisoners eligible for resentencing under the project have a form of mental illness or intellectual disability. Such factors can constitute crucial mitigating evidence in the court's consideration of the sentence to be imposed. However, we originally faced particular difficulties when trying to assess for intellectual disability amongst a population where a large proportion have completed little or no formal education and are not literate.
We have therefore looked to develop non-verbal assessment tools for intellectual disability, which do not require the subject to have had any previous education. Our current approach employs pattern-matching exercises and a self-reporting questionnaire in conjunction with full assessment of the prisoner by a mental health practitioner. This has allowed us to identify intellectual disability in at least six of the prisoners in the project; we anticipate that there are more. Whilst certainly more effective than traditional assessment techniques would have been in such circumstances, the tools remain a work in progress. In particular, an immediate focus for us is norming the tools across a sufficiently large population, as well as being able to accurately identify and explain situations in which a high score on the pattern-matching exercise may be the result of the prisoner having particular visual or spatial ability, despite being broadly impaired.

MONDAY 14TH MARCH - AFTERNOON SESSION

PREVALENCE OF PSYCHOLOGICAL DISTRESS AMONG CLIENTS WITH HYPERTENSION, ASTHMA AND DIABETES ATTENDING CHRONIC CARE CLINIC AT LISUNGWI COMMUNITY HOSPITAL

Shaba, J[1, 2], Kachimanga, C[3], Mboma S[4]

1. Ministry of Health, Neno
2. Saint John of God College of Health Sciences
3. Partners in Health, Neno, Malawi
4. Malaria Project, Blantyre

Background: The prevalence of chronic non-communicable diseases (NCDs) such as diabetes, hypertension and obstructive pulmonary diseases has become more significant in African countries and Malawi inclusive[1]. However, care for people with chronic non-communicable diseases has greatly focused on the physical aspect of the diseases with little or no consideration to the psychological aspect. This study conducted at Lisungwi Community Hospital in Neno District from December 2014 to December 2015 aimed at establishing the prevalence of psychological distress among people with asthma, hypertension and diabetes.

Method: We administered a questionnaire using a self-reporting questionnaire (SRQ 20) developed by WHO at chronic care clinic. Data was cleaned, coded and analyzed using SPSS. Descriptive and inferential statistics were used to express the demographics, prevalence of psychological distress and association between psychological distress and independent variables.SRQ score above 7 was considered psychological distress. Chi-square test was used for the inferential statistics and p=<00.5 was used as a measure of significant association.

Results: We interviewed 116 adults above 18 years, whom 72% (n=84) were females. Most of the participants were more than 40 years (85.5%, n=99), and farmers (57%, n=66). Most of the people interviewed had hypertension (59%, n=65) followed by asthma (32%, n=28) and diabetes (n=9, 8%) and one individual had a dual diagnosis. 52% (n=60) had the chronic condition for more than 5 years.
72% of all patients had psychological distress (see table 1) and chronic disease was a significant predictor for psychological distress ($\chi2$= 8.447 and α=.038 at 95%).

Table 1 Prevalence of psychological distress by diagnosis

	Total number of patients	SRQ over 7	Prevalence
Overall prevalence	**116**	**83**	**71.5%**
Hypertension	69	52	75%
Diabetes	9	9	100%
Asthma	37	21	57%
Dual	1	1	100%

In addition, psychological distress was significantly associated with gender, ($\chi2$= 7.371 and α=.007 at 95%) and occupation ($\chi2$= 8.341 and α=.039 at 95%)

Conclusion: The prevalence of psychological distress is very high among this rural cohort in Neno. As Malawi is rolling out NCD programs; more efforts should be done to address psychological distress. Nurses and clinicians should do proper assessment to address the psychological distress as part of holistic care for patients with NCDs.

EXPLORING THE FACTORS ASSOCIATED WITH USER SATISFACTION OF PSYCHIATRIC OUTPATIENT SERVICES AT CHAINAMA HOSPITAL LUSAKA, ZAMBIA

Mubanga Didduh[1], Mwawi Ngoma[2]
[1]Department of Clinical Medicine, St. John College Of Health Sciences/Mzuzu University

[1] Mzuzu, Malawi

Background: User satisfaction of psychiatric outpatient services is fundamental in improving the quality of service delivery in that it helps institutions focus on areas of dissatisfaction. Literature indicates that users' satisfaction is imperative in providing quality assurance and help in planning or designing programmes (Thornicroft & Tansella, 2009:31).

Methodology: This was a cross sectional quantitative study that used self-administered structured questionnaire. The dependent variable in this study was user satisfaction while independent variables were respondent's characteristics and factors such as quality of services received, accessibility, appropriateness of facility, consultation and waiting time overall service satisfaction; and staff responsiveness
Data was collected using a self-administered questionnaire assessed the quality of service, accessibility of service, appropriateness of facility, consultation and waiting time, staff responsiveness of users' needs and overall service satisfaction as perceived by users using Likert scale ranging from terrible to excellent adapted adapted from the Service Satisfaction Scale (SSS- 30).
Reliability testing using Cronbach's alpha was done for the six domain research questions (0.77) but if item deleted item total statistics were quality (0.73), accessibility (0.74), appropriateness of facility (0.74), consultation and waiting time (0.75), staff responsiveness (0.70) and overall satisfaction (0.73) respectively with most of the alphas above 0.70, the generally accepted minimum for a valid scale. SPSS was used to analyse data reported as descriptive statistics with Cross tabulation, Pearson, Chi-square and t-test.

Results: The study found that generally respondents were satisfied with the service with the six domains of quality, accessibility, appropriateness of facility, consultation and waiting time, staff responsiveness and overall satisfaction being statistically significant ($p<0.05$). Age had a weak correlation ($p<0.05$) with staff responsiveness to users' needs while occupation was also weakly correlated with quality and accessibility of the service domains ($p<0.05$). Gender, marital status and religion were not correlated with the six domains. Distance from OPD was inversely correlated with accessibility of service ($p<0.05$), whereas education was correlated with quality, accessibility and overall satisfaction ($p<0.05$). Number of times OPD has been used correlated with appropriateness of facility, consultation time and overall satisfaction ($p<0.05$).

Conclusion: The study concluded that respondents were satisfied with the service offered at Chainama OPD, however, a few items (appropriate referral, waiting time to be seen, publicity, availability of information on having most of the service, explanation of procedures) were expressed as unsatisfactory and required remedial action to increase satisfaction.

EFFECTIVENESS OF COGNITIVE BEHAVIOURAL THERAPY FOR PATIENTS WITH BIPOLAR DISORDER: A SYSTEMATIC REVIEW

Zelipher Chimlala, Saint John of God Hopitaller Services, Lilongwe, Malawi.

Background: Cognitive Behavioural Therapy is a psychosocial intervention in which the emphasis is on cognitive processes and helps patients to assess, challenge, and restructure their dysfunctional beliefs or thoughts to promote behavioural change and improve their functional state. A combination of pharmacological treatment with psychosocial interventions such as CBT have shown sustained clinical effectiveness and reduced risk of future episodes in bipolar disorder. Bipolar disorder has been ranked as the eighth world's greatest cause of medical disability with high mortality rates and suicide attempts. As such, it is vital that comprehensive and supportive interventions are available for individuals with bipolar disorder to reduce disability (Feeny et al., 2006).

Objective: The aim of the systematic review was to assess the effectiveness of cognitive behavioural therapy compared to treatment as usual in the prevention of relapses and control of mood symptoms for patients with bipolar disorder in remission phase.

Methodology: 4 bibliographic databases were searched in July, 2015. A rigorous search and review of 127 citations resulted in selection of 4 full text papers for inclusion. Using a modified Cochrane collaboration data collection form, the studies were appraised for methodological quality and subsequent data extraction. A meta-analysis of randomised controlled trials of cognitive behavioural therapy compared to treatment as usual in patients with bipolar disorder was done using RevMan5.

Results: Results of meta-analysis on forest plots favoured CBT on relapses (risk ratio 0.79, 95% CI 0.64, 0.97, 397 participants, 4 trials) and had statistically significant benefit. There were no comparable data on medication compliance and hospitalisation.

Conclusion: This review concluded that cognitive behavioural therapy as an adjunct to treatment as usual significantly reduces relapses in patients with bipolar disorder compared to treatment as usual alone. Further randomised controlled trials with comparable outcomes and outcome measures on cognitive behavioural therapy should be undertaken.

ATTRIBUTES FOR HIGH DEFAULT RATE AMONG CLIENTS WITH EPILEPSY IN NKHOTAKOTA, MALAWI

Luke Chimera; Clinical Officer, Mwanza District Hospital

Background: Epilepsy affects about 50,000 people around the world and only 25% of these access treatment. Of the few who have access to treatment (antiepileptic drugs) some default treatment for different reasons. Defaulting treatment puts the clients with epilepsy at risk of injuries, poor quality of life and death due to repeated seizures.

Aim of the study: The aim was to establish the attributes for the high default rate among clients with epilepsy in Nkhotakota, Malawi.

Methodology: This study employed descriptive quantitative cross sectional design. The population was all clients with epilepsy who received treatment for epilepsy in Nkhotakota for more than two months and had defaulted treatment for two months or more. The participants (n=60) were randomly selected. Participants gave consent to participate in the study. A structured questionnaire was administered by the researcher. Data was analyzed using SPSS.

Findings: Majority of the participants (48%) defaulted treatment because of health facility related problems which were frequent stock out of drugs, cancellation of outreach clinics and bad attitude of health workers.30% stopped treatment because of personal reasons and these included not improving on treatment hence no reason to continue treatment while other defaulters opted to go traditional healers thereby abandoning modern medicines. Other participants felt cured as they no longer had seizures whereas others were too sick to go to the clinic. 22% of the participants defaulted treatment because of social reasons: lack of transport money on the clinic day, busy with household duties and guardians being away in the case of participants whose guardians collected drugs from the clinic on their behalf.

On knowledge about epilepsy and its treatment 83% of the participants knew that epilepsy had physical causes while 17% believed it was a result of being bewitched.

10% of the participants felt epilepsy was infectious while 8% did not know whether it was infectious or not. 88% of the participants knew they needed to take treatment till advised by health care workers. However 94% and 23% did not know the side effects and the names of the drugs they were taking respectively.

Conclusion: The study recommends that mental health and services should fully be integrated into primary healthcare and that antiepileptic drugs should be made readily available just like any other supplies in the essential health package. Traditional healers should be involved in referring clients with epilepsy to health facility. It is further recommended that community health workers should have in service training on epilepsy so that they are

able to provide effective care to clients including health education. There is also need for in service training for nurses and clinicians currently attending to patients with epilepsy and that more mental health workers should be trained. Curriculum for general nurses and clinicians should adequately cover epilepsy and its management.

CASE SERIES OF MANIA SECONDARY TO HIV/AIDS IN PATIENTS AT CHAINAMA HILLS COLLEGE HOSPITAL AND UNIVERSITY TEACHING HOSPITAL LUSAKA, ZAMBIA

Dr Chioni Siwo, University of Zambia

Background: Manic symptoms occurring in HIV Disease are well recognized complications of HIV infection of Central Nervous System. Patients with Mania can be divided into 2 groups- those with pre-existing Bipolar Disorder and those with Secondary Mania as a consequence of HIV brain involvement. Studies have shown that there is a difference with Bipolar Disorder Mania and mania secondary to HIV in both its symptom profile and severity. As mania secondary to HIV is characterized by irritability rather than euphoria.

Objective: The main objective of the study was to gain the greater knowledge of the mania secondary to HIV/ AIDS while specific objectives were to determine whether the specific clinical characteristics of mania secondary to HIV identified in previous studies are also found in Zambian patients and to determine whether patients with secondary mania have increased irritability.

Methodology: Patients with acute manic episodes were admitted to Chainama Hills College Hospital and University Teaching Hospital. Ten patients were recruited during a period of 2 months. They were assessed for symptom severity, demographic and clinical characteristics of interest at baseline (i.e. day of admission) and followed up from 4 weeks and at 8 weeks.

Findings: Six out of ten patients were females and four were males. The minimum age of the participants was 19 years; the maximum age was 48 years while the average age was 35.3 years. The minimum CD4 count was 3; the maximum CD4 count was 319 while the average CD4 count was 156.00 (standard deviation = 142.450); median was 152.50. CD4 count of four participants was unavailable. The Young Mania Rating Scale scores were calculated at the time of recruitment (Time 1) and at the time of follow up (Time 2).The mean YMRS Time 2 was significantly lower than mean YMRS Time 1 ($t=5.724$; $df=9$; $p=0.001$; <0.05). Furthermore, the mean Irritability Score on YMRS at Time 2 was significantly lower than mean Irritability Score on YMRS at Time12 ($t=3.674$; $df=9$; $p=0.005$; <0.05) **Conclusion**: The use of anti-psychotics and initiation of HAART in patients with mania due to HIV is effective in the management of these patients.

DEVELOPMENT OF MENTAL HEALTH SERVICES IN CHONGWE DISTRICT HOSPITAL TO ESTABLISH PSYCHIATRY OUTPATIENT CLINIC

Dr Waqas Ahmed Sheikh, Psychiatrist, Chainama Hills Hospital, Lusaka, Zambia
Dr Chioni Siwo, Psychiatrist, Chainama Hills Hospital, Lusaka, Zambia

Background: Chongwe District Hospital is situated 40 Km east of Lusaka. The hospital provides inpatient and outpatient services in areas of general medicine, surgery, gynaecology and obstetrics. Mental health services are non-existing and all the patients with mental health problems are referred to Chainama Hills Hospital. Chainama Hospital started weekly outpatient psychiatry clinic in CDH as part of technical support in November 2014. Technical support team was led by head clinical care and composed of 3 psychiatrists, 1 clinical officer, 1 nurse, 1 psychologist and 1 psychosocial counsellor.

Objective: To provide technical assistance to Chongwe District Hospital in establishing an outpatient psychiatry clinic.

Methods: Chainama Hills Hospital technical support team visited CDH every Friday to conduct outpatient clinics. Patients with conditions like epilepsy, substance and alcohol related problems, schizophrenia and bipolar disorders were attended during these clinics. They were provided medications and psychological support.

Results: From 23rd November 2014 to 30th June, 2015, psychiatry clinic at Chongwe District Hospital attended to a total of 324 patients out of which 184(56.8%) were males and 140(43.2%) were females. 179(55.2%) were suffering from epilepsy, 71(21.9%) were suffering from acute psychotic disorder including substance use psychotic disorder, 47(14.5%) were suffering from schizophrenia, 16(4.9%) were suffering from affective disorder and 11(3.4%) were suffering from other mental disorders like alcohol withdrawal delirium, dementia etc.

Conclusion: The psychiatry outpatient clinic is very well attended by patients and their caregivers and they appreciate this service as it provides them cost effective health care close to their homes.

ANTENATAL DEPRESSION AND INFANT OUTCOMES IN MALAWI

Dr Robert C Stewart, Consultant Perinatal Psychiatrist, Edinburgh, SMMHEP

Background: Studies from several low- and middle-income countries have shown that antenatal depression may be a risk factor for poor infant birth outcomes. However, those studies conducted in sub-Saharan Africa have not consistently demonstrated this association. We set out to investigate whether antenatal depression is associated with shorter duration of pregnancy and reduced neonatal size in rural Malawi.

Method: Pregnant women recruited from 4 antenatal clinics in Mangochi District to the ILINS-DYAD-M randomised controlled trial of nutrient supplementation were screened for antenatal depression using a locally validated version of the Self Reporting Questionnaire (SRQ). Outcomes were duration of pregnancy, infant birth weight, neonatal length for age z score (LAZ), head circumference z-score, and mid-upper arm circumference (MUAC). Other potential predictors of birth outcome and confounding factors were measured and adjusted for in the analysis.

Results: 1391 women were enrolled to the trial. 1006/1391 (72.3%) of these women completed an SRQ and gave birth to a singleton infant whose weight was measured within 2 weeks of birth. 143/1006 (14.2%) scored SRQ≥8 indicating likely depression. Antenatal depression was not associated with birth weight, duration of pregnancy, LAZ or head-circumference Z-score, but was inversely associated with MUAC in both unadjusted and adjusted analyses (mean difference -0.2cm (95%CI -0.4 to 0, p=0.021). In an

exploratory analysis, there was an interaction between study site and depression for birthweight, gestational age and LAZ. In the site with a high response rate (91.3%) depression was inversely associated with birthweight, gestational age and LAZ, whereas no association was found in the remaining sites that had lower response rate (68.3%).

Discussion: In this population in rural Malawi, antenatal depression was not associated with duration of pregnancy or newborn size except for lower MUAC. A limitation of the study was the high proportion of missing data in 3 of the 4 study sites; this may have affected the validity of our findings.

AN EVALUATION OF MHGAP TRAINING FOR PRIMARY HEALTHCARE WORKERS IN MULANJE, MALAWI

Demoubly Kokota, College of Medicine, SMMHEP, Malawi

Introduction: There is a large treatment gap for people with mental disorders in Africa and other low resourced countries, estimated to be between 70% and 90%. The treatment gap is mainly due to the lack of trained mental health professionals and inadequate mental health service resources in Africa. There has been a growing global movement championed by the World Health Organisation (WHO) to integrate mental health into primary health care as the most effective way of reducing this treatment gap. This study aimed to investigate the impact of WHO Mental Health Gap Action Programme (mhGAP) training and supervision on primary health workers' knowledge, attitudes, confidence and detection rate of major mental disorders in the district of Mulanje, Malawi.

Method: The study was a quantitative evaluation using a quasi-experimental method (single cohort pre- and post-measures) and an interrupted time-series design. Forty three primary healthcare workers from Mulanje, Malawi completed pre- and post- training questionnaires assessing knowledge, attitudes and confidence regarding the assessment and management of major mental disorders. Rates of diagnosis of major mental disorders were obtained from clinic registers for 5 months prior to and 7 months following training.

Results: The results showed a significant change on knowledge and confidence scores but not attitudes. The mean knowledge score showed a statistically significantly increase from 11.8 (standard deviation [SD]: 0.33) before training to 15.1 (SD: 0.38) immediately after training; $t(42) = 7.79$, $p < .01$. Mean knowledge score was also significantly higher six month post training (13.9, SD: 2.52) than before training; $t(42) = 4.57$, $p < .01$. Similarly, the mean confidence score increased significantly from 39.9 (SD): 7.68) before training to 49.6 (SD: 06.14) immediately after training; $t(84) = 8.43$, $p < .01$. Mean confidence score was also significantly higher six month post training (46.8, SD: 6.03) than before training; $t(84) = 6.60$, $p < .01$. There was no overall significant difference in mean CAMI scores before, immediately after and 6 months after training in all four of the CAMI components. The F-test statistic and P-value for Authoritarianism, Benevolence, Social Restrictiveness and Community Mental Health Ideology were: F2, 126, 0.05 = 2.5; p = .09, F2, 126, 0.05 = 0.1; p = .9, F2, 126, 0.05 = 0.03; p = 1.0 and F2, 126, 0.05 = 0.04; p = 1.0, respectively. In the months January to May 2014 (before training), median number of cases per month was 77 (inter quartile range [IQR]: 65-87) whereas after training (months June to December) median number of cases was 186 (IQR: 175-197) showing a significant increase in median number of cases before and after the training; p =0.001.

Conclusion: The results show clear improvements in the knowledge, confidence and detection of severe mental illness in primary care in Mulanje and demonstrate the potential for narrowing the treatment gap by rolling out mhGAP training nationally in Malawi. The findings of this study add to the growing evidence for policy makers of the effectiveness of mental health training and supervision of primary care workers in a resource-constrained country. Further research is needed to evaluate factors that may lead to change in health worker attitudes, to evaluate training and supervision programmes using more robust evaluation designs, such as randomised controlled trials, and to assess the scale up of mhGAP programmes at larger population levels.

PERSPECTIVES AND EXPERIENCES OF PRIMARY HEALTHCARE WORKERS AND SERVICE USERS IN MULANJE FOLLOWING MHGAP TRAINING, MALAWI

Dennis Chasweka, College of Medicine, SMMHEP

Demoubly Kokota's study focused on quantitative evaluation of the mhGAP by comparing the pre and post training knowledge, attitude and confidence of primary health care worker. For qualitative evaluation of the mhGAP training, a focus group study was conducted for primary health workers and users attending the district psychiatry clinic and one of the busiest health centre psychiatry clinics in Mulanje. The aim of the focus group study was to ascertain attitudes among patients and their carers towards mental health services provided at the psychiatry clinic where mhGAP training was implemented and ascertaining the impact of the mhGAP training on the primary health workers in terms of their day to day clinical practice.

Method: To collect the data, two focus group discussions were conducted (one for primary health care workers and another for users and carers). 12 primary care workers who went through the mhGAP training were randomly selected and 12 users and carers from M'biza health centre were purposively selected during their clinic visit. The clinic supervisors assisted in identifying users who had capacity to give consent and participate in the focus group discussion. The study was approved by COMREC (P.03/14/1536) and informed consent was obtained from participants. Transcripts were analysed using thematic analysis by inspection.

Results: Preliminary analysis shows that the training had positive impact on primary healthcare workers. Most acknowledged that the training had positively changed their attitude towards mental health, improved their knowledge and boosted their confidence in detecting and managing mental health cases. On areas to be improved, most mentioned that the two day intensive training package should have been extended to more days to accommodate practical session and cover more materials. Users and carers also acknowledged that they have seen a change in how they are assisted by trained clinicians. Some mentioned that they are now given more time and attention than before the training and are properly assisted at the health centre such that they don't travel to the district hospital as before. Most of the users said that their condition has so far improved, only users with epilepsy inquired if their condition is curable since they mentioned to have started taking their medication long ago. On areas to be improved, most users recommended that clinics should start on time to give them enough time to travel home since they come from far areas and that drugs should be available at the health centre.

Conclusion: The focus group discussions suggest that users noticed changes in how they are treated and appreciated services offered by their health workers. Primary health workers also appreciated the skills and knowledge obtained from mhGAP training. Enhanced skills obtained from the mhGAP training in detecting and managing mental health cases has boosted their confidence resulting into improvement in outcome for users.

PATHWAYS TO CARE TAKEN BY CLIENTS WITH FIRST EPISODE PSYCHOTIC DISORDERS ADMITTED TO ZOMBA MENTAL HOSPITAL

Anthony Sefasi; Kamuzu College of Nursing, UNIMA

The aim of this study was to describe the pathways to care taken by clients with first episode psychotic disorders at Zomba Mental Hospital. A quantitative descriptive study was conducted among clients with first episode psychotic disorders at Zomba Mental Hospital (ZMH) in Zomba District, Malawi. Consecutive sampling technique was used to recruit the participants and a total number of 266 clients were interviewed using a structured questionnaire. Data were analyzed using SPSS Version 16.
Findings revealed that 58% of the participants first consulted general practitioners (GPs), 28% consulted traditional healers, 8% consulted religious healers, 4% went straight to ZMH and 2% were first in contact with police. However, 24% of the participants who consulted the general

practitioners did not receive any treatment for their symptoms. The median duration before reaching ZMH was 42 weeks and clients who first consulted traditional healers had the longest delay. Client's relatives had the primary influence in decisions about the type of care provider to be consulted first in 93% of the participants. Gender, symptoms, diagnosis and proximity had a significant statistical association with first seeking help from health professionals.
Conclusion was made that most clients with first episode psychotic disorders seek other pathways before going to ZMH, and that there is significant delay between the onset of symptoms and receipt of appropriate care. It is therefore recommended that mental health professionals should emphasize on mental health awareness campaigns in the communities and working collaboratively with general practitioners, traditional and religious healers and the police, to facilitate early recognition and treatment of psychotic disorders in Malawi.

CLIENTS AND CARERS PERCEPTION OF MENTAL ILLNESS AND FACTORS THAT INFLUENCE HELP SEEKING: WHERE THEY GO FIRST AND WHY?

Chilale, Harris. K.; Silungwe, Ndumanene Devlin; Gondwe, Saulos

Background: In Northern Malawi, the duration of untreated psychosis (DUP) was found to be 51.7 months (Chilale et al, 2014) – longer than is the case in high income countries. The reasons for the delay were not known, although it has been shown elsewhere to be multi-factorial (Das, 2006; Saravanan et al 2004, 2005). Using Explanatory Disease Models (Saravanan et al, 2004, 2005) and Health Belief Models (Bartholomew et al, 2006) the study sought to identify health care help-seeking behaviours and barriers between users (clients and their carers) and health care service providers considering that psychotic disorders are the number one contributor to the worldwide burden of non-communicable diseases (Assad et al, 2015; Mathers & Loncar, 2006; Stein & Seedat, 2007) contributing about 14% of the global burden of disease (World Health Organization, 2003).

Main objective: The main research objective was to identify factors that influence health care help-seeking behaviours and barriers that exist between service users and service providers. The following health belief and explanatory model related specific objectives were developed:

(1) Determine the client and carers perceived causes of mental illness;
(2) Establish where help is sought first and why;
(3) Establish the cues or benefits to seeking help in a western type hospital;
(4) Establish the barriers, threats and fears to seeking from the hospital;

Methodology: The research employed a phenomenological exploratory model in the rural area of Mzimba – a setting of the previous study (Chilale et al, 2014). The participants' lived experiences were explored through in-depth focus group discussions – sampling groups of guardians and clients treated of psychosis respectively; six groups of eight participants on average were interviewed. The responses were transcribed and later translated into English from which themes were generated using thematic analysis. Ethical approval was sought from National Health Sciences Research council (NHSRC) of Malawi.

Results: The results showed that mental illnesses have a bio-psychosocial attribution. Physical/biological, psychological and socio-cultural factors were blamed for the onset and perpetuation of psychosis and also tended to determine treatment approaches. This is consistent with (Assad et al, 2015; Aphroditi & Madianos 2010; Burns et al, 2010; Saravanan et al, 2005). Physical or biological causes were those interpreted to be attributable to changes in the body and brain functioning Psychological causes were those attributable to changes in thought processes; and the socio-cultural attribution was dominated by of witchcraft.

Concerning help-seeking, guardians and not clients were influential in making decisions as regards to where treatment was sought and why; this was evident

in both interviews. It was clear that help-seeking was driven by the understanding of what had caused the illness. Many participants reported consulting traditional healers first. Several factors prevented participants from seeking help from hospitals, also categorized as physical (Side-effects of medications; Expensive to travel to hospital and Distance to health facility); psychological (Mental illness cannot be treated; Staff do not handle patients well; Stigma; Feeling distressed when mentally ill leading to avoidance; Shame: fear of public association; Attitudes of health professionals) and socio-cultural in nature (Religion; Lack of trained staff in rural hospitals, Shortages of medications and undependable services). Several factors were viewed as benefits of seeking help from hospitals for example reduction of symptoms, improved sense of judgment, social acceptance, and peace in the family, looking after one self and participation in the community's activities.

Conclusion: Mental illnesses have a bio-psychosocial causation in the population of study and this understanding influence help-seeking. There were both benefits and barriers of seeking help from hospitals. There is need for mental health education/awareness for all stakeholders, the family, the primary health workers and the traditional healers for both referral and appropriate decision making to improve mental health services at a community level.

WHY DO PEOPLE USE TRADITIONAL HEALERS IN MENTAL HEALTH CARE IN ZIMBABWE?

L. Kajawu (MSC, Department of Psychiatry, University of Zimbabwe),
S.D Chingarande (PhD, Department of Sociology, University of Zimbabwe)
Helen Jack (BA, Institute of Psychiatry, King's College London, London, UK and Harvard Medical School, Boston, USA)
C. Ward (PhD, (Department of Psychology, University of Cape Town)
Tonya Taylor (PhD, Dept. of Medicine/Special Treatment & Research Program, SUNY Downstate Medical Center, Brooklyn, USA)

Background: In sub-Saharan Africa, 80% of the population uses African Traditional Medicine (ATM) as a source of primary health care that includes the treatment of mental illnesses. This is despite a lack of research into ATM, including that little is understood about the Shona health-seeking behaviours in ATM.

Objective(s): The study aimed to explore why some Shona people in Zimbabwe use ATM practitioners for the treatment of mental disorders. This is important as they account for improving utilization of mental health services and indirectly the clinical outcome.

Method: An exploratory qualitative study using semi-structured key-informant one-on-one and focus-group interviews was conducted. Forty-eight consenting key-informant participants were drawn from a community to the north-east of Harare. We conducted 30 interviews with patients from ATM sites using convenience sampling and three focus-group discussions with 18 participants from the community recruited through three food distribution depots in the settlement. We used the constant comparison method with multiple members of the research team to code data to enhance validity and reliability of the analysis.

Results: The main reason why patients use TM was treatment specificity: they viewed mental illness as having a supernatural cause that could only be fixed by TM. TM provided holistic care, was cheap, and patients were avoiding problems they perceived as inherent in biomedical approaches.

Conclusion: The use of TM should be recognised as an important resource for service utilization of people in African settings and therefore complimentary to biomedicine in the treatment of mental disorders for some patients (but not all). In addition, TM should be integrated with BM as this is likely to result in holistic treatment. Continued research is needed into adapting TM methods into biomedicine to improve patients' motivation for treatment and widen the scope for mental health care in resource poor settings.

TUESDAY 15TH MARCH - AFTERNOON SESSION

ST. GILES REHABILITATION CENTRE: A BEACON OF HOPE IN THE PROVISION OF CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN HARARE, ZIMBABWE.

Arnold Mutemeri is a Clinical Psychologist based at St. Giles Rehabilitation Centre. He is also a member of the Child Psychiatry Team based at Parirenyatwa Hospital in Harare, Zimbabwe.

Background: This is a presentation about the Child and Adolescent Mental Health Services offered at St. Giles Rehabilitation Centre in Harare, Zimbabwe.

Objectives:

1. To showcase the contributions of the various departments of the centre that contribute to the care of children with mental health challenges that are:
   a. Psychology
   b. Occupational Therapy
   c. Physiotherapy
   d. Speech
   e. St. Giles School
   f. Hostel

2. To show the referral patterns and networks developed over time to help affected children.
3. To highlight the strengths, challenges and future plans for the centre.

Method: This will be an oral presentation with slides and the content will be structured as follows:

a. A brief background of the Rehabilitation Centre.
b. Current functions of the Rehabilitation Centre.
c. Strengths, challenges and future plans.

Results: This Rehabilitation Centre has been providing valuable Child and Adolescent Mental Health services since the year 1964. This is one of the most unique services in Southern Africa and more about it needs to be known.

Conclusion: The centre is a potential research hub for Child and Adolescent Mental Health interventions and knowledge about its existence is essential for this to materialize.

ASSESSMENT OF PSYCHOSOCIAL EXPERIENCES OF STREET CHILDREN IN MZUZU CITY, THE NORTHERN REGION OF MALAWI

Louise Zione Mugala, St. John of God Hospitaller Services, Mzuzu.

Background information: The increasing numbers of children living in and on the streets globally has elicited emotive public concern and has become a matter of priority for national and international child welfare organizations. Street children have their lives exposed to a lot of physical, psychological, social and emotional vulnerabilities. This is so because they are in a place that does not offer them any protection against such experiences as violence, infections and maladaptive behavioural practices such as sexual abuse. It is apparent from the above experiences that street children require intensive psychosocial interventions at an earliest period and that the problem of street children need to be averted altogether if children's mental health is to be promoted.

Objectives: This study sought to explore the psychosocial experiences of street children in Malawi. Specifically, it sought to: Describe the reasons behind the children's existence on the streets; Explore children's psychosocial experiences in relation to street life and Solicit views from participants regarding what would keep these children off the streets.

Methodology: The study used a descriptive exploratory qualitative research method. The method involved a formal process of inquiry through in-depth interviews and non-participatory observations in the city of Mzuzu using a self-developed semi-structured interview guide. The study population were street children below 18 years, Umoza staff, guardians/parents and the Social Welfare Officers. A total of 19 people participated in the study.
Data was analyzed using Qualitative Content Analysis. Ethical clearances to conduct the study were obtained from MUHAS Directorate of Research and Publication Ethical Review Board and National Health Scientific Research Council of Malawi.

Results: Poverty at family level was the major reason for the presence of children on the street in addition to illiteracy of parents, child abuse and neglect. While on the streets the children experienced child labour and exploitation, were exposed to risky and illegal activities for survival, were exposed to violence, sexual, physical and emotional abuse, suffered from poor physical health (diarrhoea, coughs and rashes), practiced poor personal hygiene and sanitation, had low educational qualifications, endured stigma and discrimination and were portraying various antisocial behaviours as a result of exposure to street life. Suggested solutions to the problem of street children include economic empowerment of families with low income levels; establishment of more reformatory boarding facilities by government, creating mechanisms that would see those in rehabilitation program attain higher educational qualifications for independent living and empowering families with positive proper skills among others.

Conclusion: A lot of psychosocial experiences that street children get exposed to at this childhood period when on the streets have negative impacts on their psychosocial development and hamper their chances of experiencing a normal Physical, social, psychological development. Concerted efforts are required in alleviating the problem of children on the street if societies are to have children that would grow into mentally healthy and productive citizens.

CLINICAL AUDIT ON PRESCRIBING PATTERNS OF PSYCHOTROPIC MEDICATION IN THE CHILD AND ADOLESCENT PSYCHIATRY CLINIC AT PARIRENYATWA HOSPITAL, HARARE, ZIMBABWE

Tatenda Madziro-Ruwizhu, MBChB, DMH, MMED trainee, University of Zimbabwe Department of Psychiatry

Background: Child and adolescent mental health services were revived in Zimbabwe in May 2013 through a once weekly outpatient's clinic at Parirenyatwa central hospital which serves patients from the entire country. Service at the clinic is provided by a team comprising consultant psychiatrists, postgraduate psychiatry students, housing officers, nurses, psychologists, occupational therapists and a pharmacist

Objectives: To assess whether prescribing of psychotropic medication in the child and adolescent clinic at Parirenyatwa hospital was in keeping with best practice principles underlying the use of psychotropic medication in children and adolescents

Method: A retrospective audit of records of all attendees to the clinic between May 2013and May 2015 was conducted. Descriptive statistical analysis using Microsoft Excel was done. Results were evaluated against the American Academy of Child and Adolescent Psychiatry (AACAP) practice parameters on the use of psychotropic medications in children and adolescents.

Results: 261 (96%) out of 271 record were complete and thus included in the audit. The median age of attendees was 11 years. Main complaints were seizures (27%), speech problems (23%) hyperactivity (20%), and aggression (19%). 64% attendees were offered psychotropic medication. 41% of the patients had combination treatment although only 20% of them had a documented reason for combination treatment. A psychiatric evaluation and medical history was documented for all the patients but only 11% had medical examination findings recorded. 42% of the patients had a documented treatment plan but no measures for monitoring were included

in the plan. 4% of the patients had side effects to medication and medication was discontinued in 5% of the patients on treatment.

Conclusion: Prescribing patterns in the clinic fell short of AACAP standards of care as practice parameters were not fully implemented. Use of pre-structured clerking forms with all parameters and use of rating scales for monitoring patients on treatment was recommended. Training of health workers in the psychiatric care of children and adolescents was conducted to improve the service.

EXPLORING PSYCHOSOCIAL ISSUES IN CHILDREN ATTENDING ART CLINIC AT NTCHEU DISTRICT HOSPITAL

Chimwemwe Nyemera Mmanga; associate lecturer, Chancellor College, Zomba

Abstract: This study was conducted in partial fulfillment of Bsc. Mental Health Psychiatric Nursing. It was done because the children attending the clinic were being provided with medication leaving out psychosocial issues. The objectives were to find out psychosocial issues in children living with HIV, check their support system, and find out their coping mechanisms.

It used phenomenological design with a qualitative approach and targeted children attending ART. Ten participants were purposively selected. Data was collected using in depth interview guide; however issues of bracketing were looked into. Collected data were analyzed using content analysis. All ethical issues were taken care of particularly that of assent from parents and guardians considering that the target populations were children.

The findings revealed that children had several psychosocial issues like depression, anxiety and fears as regard to the way they are. This affected their mental health. The children were being stigmatized by the society. The children had varied relationships with their relatives and at school. However, most of the participants have not disclosed their HIV status to peers and teachers because of the fear of being laughed at and stigmatized. Psychological and other support needs are among issues concerning the children; they receive adequate social support from relatives but they lack psychological support. The required support was that hospitals and non-governmental organizations should assist them in accepting their statuses. Coping mechanisms used included sharing psychological distress with parents or friends, going to the hospital or interacting with the health worker and reliance on God or prayers.
These children experience psychosocial issues, which need holistic approach in their management as their psychosocial problems are not attended to. There is also need for health workers to conduct school health programs on awareness in mental health issues in relation to HIV. The study took place in few participants therefore, there is need to conduct it on a larger scale. *Key words*: Children, HIV and Psychosocial issues.

Mental Health Education and Research Session:

POSTGRADUATE PSYCHIATRY TRAINING IN ZAMBIA (MMED PSYCHIATRY PROGRAMME)

Dr Ravi Paul - Head of Department of Psychiatry, School of Medicine, University of Lusaka, Zambia

Dr Ravi Paul will introduce the audience to the postgraduate training in psychiatry in Zambia and talk about achievements and challenges that he and his colleagues have faced in the 6 years of running the programme.

AFRICAN MENTAL HEALTH RESEARCH INITIATIVE (AMARI)

Dr Felix Kauye - PhD (UK), FCpsych(SA), MBBS (MLW), B.Med.Sc(Hons)(UK) – Institutional Lead for AMARI in Malawi

This marks the official launch of The African Mental heAlth Research Initiative (AMARI) in Malawi. AMARI is a Wellcome Trust funded initiative to build an Africa-led network of mental, neurological and substance use disorder researchers in Ethiopia, Malawi, South Africa and Zimbabwe and is led by the University of Zimbabwe.
The consortium will receive funding over five years to enable the four African universities of Zimbabwe, Malawi, South Africa (UCT) and Ethiopia to develop excellence in leadership, training and science in the area of Mental, Neurological and Substance use disorders (MNS) research with support from the London School of Hygiene and Tropical Medicine and the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London.

AMARI's main goal is to build sustainable capacity to conduct high quality Mental, Neurological and Substance use disorders (MNS) research that is locally relevant.
The program started on 1st October 2015 and Malawi will, over a five-year period, train four MPhil students and four PhD students.

WEDNESDAY 16TH MARCH - MORNING SESSION

AN ASSESSMENT OF USERS' SATISFACTION WITH OUTPATIENT MENTAL HEALTH CONSULTATION SERVICES FROM RURAL AND URBAN AREAS IN SOUTHERN MALAWI

Blessing Chikasema, Malamulo College of Health Sciences

Background: User satisfaction with outpatient mental health services is vital step, which influences several domains in mental health services such as treatment adherence and efficiency in mental health care. There is paucity of studies from Malawi in this area.

Aim: The study aimed at evaluating user's satisfaction with outpatient mental health consultation services in urban (Blantyre) and rural (Thyolo) areas.

Methods: The study used a quantitative descriptive cross-sectional study design. The study was conducted in two districts of the 28 districts in Malawi. Blantyre was the urban health facility and Thyolo was the rural health facility. The study included randomly sampled participants who met the inclusion criteria and consented to enter into the study. Exit interviews were conducted using Charlestone Psychiatric Outpatient Satisfaction Scale (CPOSS), in a sample of 216 patients consulting the urban and rural outpatient mental health clinics.

Results: Overall, a majority of participants were male (n=124, 57.4%) and older than 29 years of age (n=119, 55.1%). In terms of marital status, the majority of the sample consisted of not married (n=154, 71.3 %) and only 14.4% were employed during the time of the interview. Concerning education, a majority did not complete high school (n=190 88.0%). When asked about religion, the majority identified themselves as Christians (n=206, 95.4%).

The socio-demographic variables that were statistically significant using chi-square analysis were age, educational level (all p <0.001*), diagnosis of the participant (p <0.001*), treatment for the diagnosis (p <0.02*), side effects (p<0.006*), traditional/spiritual healer consultation (p<0.001*). Also distance between home and clinic (p<0.002*), mode of transport and expenditure for clinic visits (all p<0.001*). There was high proportion rating "fair" with amount of waiting time (n=78,36.1%) and (n=80, 37.0%) rated "poor" with amount of information regarding problem. Overall (n=172, 79.6%) were highly satisfied with services.
First logistic regression for the total sample, revealed that patients presenting to the rural facility were less highly satisfied with the services provided in comparing to the urban site in both the unadjusted {OR (95%CI) = 0.44(0.22-0.88)} and adjusted model {OR (95%CI) = 0.31(0.13-0.76)}. Another finding was that patients with history of any admission due to mental illness were less highly satisfied with services in the unadjusted model {OR (95% CI) = 0.37 (0.17-0.81)}. Second logistic regression for site, for the rural the study revealed diagnosis for the participant = {OR (95%CI) = 0.28(0.12-0.69)}, side effects with treatments = {OR (95%CI) = 0.30(0.10-0.0.88)}, any admission due to mental illness in both unadjusted model, {OR (95% CI) = 0.12(0.03-0.43)} and adjusted model, {OR(95% CI) = 0.11(0.02-0.54)}, if once stopped attending the clinic ={OR (95% CI) = 0.35(0.13-0.98)},were less highly satisfied with services. Another finding was that distance travelled from home to clinic, in unadjusted model to be {OR(95% CI) = 2.67(1.11-6.42)}. This meant that patients presenting to the rural facility who travelled a distance of 10 kilometres or less were 3 times more likely to be highly satisfied with services. In final logistic regression for the urban site, none of the independent variable was found to be statistically significant associating with high level of satisfaction.

Conclusion: Study results were found to be consistent with previous studies. There was high satisfaction with outpatient mental health services in both study sites. Treatment gap in terms of psycho-education was noted. Patients in rural health facilities were less likely to be highly satisfied as compared to urban health facilities. There is need for health workers to improve in giving psycho-education and increase mobile or outreach clinics. Further research to be conducted in rural setting in order to explore the characteristics associating with satisfaction.

A CROSS SECTION STUDY TO FIND PREVALENCE OF COMMON MENTAL DISORDER AND ASSOCIATED FACTORS AMONG WOMEN ATTENDING ANTENATAL CLINIC AT QUEEN ELIZABETH CENTRAL HOSPITAL IN BLANTYRE, MALAWI.

Precious Makiyi, Madalitso Blair and Allan Mawingo; College of Medicine, MBBS IV

Aim: Establishing prevalence of common mental disorders and its associated factors at QECH was the aim of this study.

Introduction: Mental health is one of the neglected branch of medicine (18). Common mental disorders are more common in women than in men (35). Many factors contribute to high rates in women, these include: marital problems, poverty, HIV sero-status and other obstetric complications (20). Only one study was done in rural Malawi to establish prevalence of CMD. However no study in urban was done to establish prevalence of CMD among women.). CMD symptoms during pregnancy may have devastating consequences, not only to the woman but also to the child and the entire family (3).

Methods: A cross-section study was conducted among women attending antenatal clinic at QECH. Data was collected from 29th April to 15th May. Women of reproductive age (15-49) were recruited in this study and describe participants: Age, marital status, social economic status, gravidity and HIV sero-status.

Results: 174 women were recruited in this study. Of these 53 (30%) had symptoms of CMD. Low social economic status was associated with High rates of CMD. However Gravidity and HIV sero status were not associated

with CMD. The age range was from 15 to 41 with a mean of 27. 107 (65.24%) of the participants were in first trimester.

Conclusion: This study found prevalence CMD symptoms of 30.46%. This finding shows that there is no difference between urban and rural setting on prevalence rates. However, this might be contributed due to difference in tools and methods used. Low social economic status was also associated with high rates of CMD. Gravidity and HIV sero-status had no statistical significance.

LIFE EXPERIENCES OF HARARE BASED ZIMBABWEAN PERSONS WITH ALBINISM IN THE HOME, AT SCHOOL, WORK AND IN THE COMMUNITY – A STUDY OF 18 TO 30 YEAR OLDS

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Background: Social challenges of young persons living with albinism in Zimbabwe have largely not been investigated.

Objectives: The objectives of the study were to determine the social challenges young people aged between 18 and 30 years with albinism face in the home, school, work and in the community.

Methodology: A sample of convenience comprising of 30 participants from the Zimbabwe Albino Association, Harare office were purposively selected and surveyed using a self administered questionnaire.

Results: In the home 17(57%) said they were once ill treated while 13(43%) said they were never ill treated due to their condition. At school 20(67%) participants said they had social problems while 10(33%) said they did not face any problems. At work, of the 13 people employed, 10(77%) said they were not being discriminated at work while 3(23%) said they were partly being discriminated. In the community a majority of 16(53%) participants said albinism had a negative impact when they were young, 10(33%) said their condition had no impact while 4(13,3%) said they were partly affected. From their community 26(87%) said they received equal treatment while 4(13%) said they did not receive equal treatment

Conclusion: The majority of people with albinism are able to have good life experiences in all 4 social life environments of family life, school, work and in the community. However, awareness to demystify albinism to all involved including parents, health workers, teachers and the general public will ensure that all will be able enjoy a higher quality life at all stages of life.

A STUDY OF KNOWLEDGE AND ATTITUDES TOWARDS MENTAL ILLNESS AMONG BLANTYRE SECONDARY SCHOOL STUDENTS

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Background: Mental disorders account for a large proportion of the disease burden in young people in all societies. Almost 75% of all mental disorders first emerge between the ages of 15 and 25. People's perception of mental health will influence health seeking behavior, social integration and opportunities available for people with mental illness. However, relatively few information exists on knowledge and attitudes of the younger population towards mental illness in Malawi.

Objective: The study aimed to determine the knowledge, attitudes and perception of Blantyre secondary school students towards mental illness.

Methods: A cross-sectional survey was conducted among 221 students aged between 11-19 years at Blantyre Secondary Students. Data on their knowledge and attitudes towards mental illnesses were collected using a self-administered questionnaire attitude were measured using a scale developed by the Opening Minds Initiative and knowledge was assessed using open-ended questions. The data was analysed using PSPP and Epi-Info.

Results: Of the 221, 136 were male and 85 were female and 139 reported previous contact with a mentally ill person. The most commonly perceived cause of mental illness was drug and substance abuse (97.7%), followed by stress and anxiety (46-6%), physical illness (42.5%) and spiritual causes (25.3%). A majority of the participants identified strange behavior (90%), talkativeness (34%), self-neglect (25%) and violence and aggression (24%) as signs or symptoms of mental illness. A majority of the students preferred medical treatment for mental. The students held generally positive attitudes however a substantial proportion of the students perceived people with psychiatric disorders as violent and were reluctant to interact with mentally ill persons.

Conclusion: The study demonstrates that there are some gaps on knowledge about mental illness, and a substantial proportion of the students are holding negative attitudes. In view of this there is a need for mental health awareness and education in order to fill the gap in knowledge and encourage more positive attitudes.

EPILEPSY OUTREACH ACTIVIY AND PURPLE DAY COMMEMORATION IN KAFUE DISTRICT

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Dr Venevivi Lekani, M.Med (Psych) Student, University of Zambia

Introduction: Purple Day is an event designed to raise awareness of epilepsy. It is celebrated on 26th March every year. Cassidy Megan of Nova Scotia Canada created the idea of Purple Day in 2008, motivated by her own struggle with epilepsy. Ministry of Community Development, Mother and Child Health in Zambia joined the rest of the world this year to commemorate the event. The theme for the year, 2015 was "Epilepsy and the community". The event was commemorated by having outreach activities, conducted in three selected health centres of Kafue District, namely Nangongwe, Kafue Estates and Chanyanya.

Objective: To support the management of epilepsy at primary care level and to reduce the myths and misconceptions about epilepsy in the public through health education.

Methods: Teams of health personnel from Kafue District Hospital, Levy Mwanawasa Hospital, Chainama Hills Hospital and MCDMCH participated in the activity from 7-10th April, 2015. Epilepsy clinics were conducted at Nangongwe, Kafue Estates and Chanyanya health centres. Patients living with epilepsy were prescribed antiepileptic drugs and given health education about their condition. A round was conducted in Kafue District Hospital to attend to physically ill patients with psychiatric co-morbidities.

Results: A total of 107 patients were attended during this activity, of which 98 were epileptic, 2 were suffering from learning disability, 3 were in alcohol withdrawal and 2 were schizophrenic. Most of the epileptic patients were not free of fits despite being on antiepileptic drugs either due to sub therapeutic dosages or polypharmacy.

Conclusion: Epilepsy outreach activity was very well appreciated by patients and their care givers. There is need for activities like this to be conducted regularly in other parts of the country and health personnel at primary care level should be trained in the management of epilepsy, which is very common in these settings.

PREVALENCE OF MODERATE AND HIGH RISK SUBSTANCE USE AND SERVICE NEEDS AMONG PSYCHIATRIC INPATIENTS AT ZOMBA MENTAL HOSPITAL, MALAWI

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Background: Mental illness increases risk for substance use and the presence of substance use in people living with mental illness makes

diagnosis and treatment of both disorders more complicated. For treatment of either disorder to be successful, both must be identified and treated individually. The substance use burden and service needs of psychiatric inpatients in Malawi are unknown.

Objectives: The study aimed to determine prevalence of risky substance use and service needs among psychiatric inpatients.

Methods: A cross-sectional study was conducted examining subjective substance use using the World Health Organization Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) version 3.1 in 323 new inpatients aged ≥18 years. The prevalence of risky and lifetime substance use was calculated in addition to bivariate analysis and linear regression. The kappa statistic was calculated to compare diagnosis of substance use during routine clinical assessment on admission with screening using the ASSIST.

Results: ASSIST-linked lifetime prevalence for each substance were alcohol 54.8 %, (95 % CI: 49.3 - 60.1 %), followed by tobacco 43.7 %, (95 % CI: 38.4 - 49.1 %), and cannabis 39.0 %, (95 % CI: 33.9 - 44.4 %). No-one reported any use of amphetamine-type stimulants, hallucinogens, or opioids. The prevalence of moderate risk use, requiring brief intervention were tobacco 19.2 %, (95 % CI: 15.3 - 23.9 %), cannabis 9.9 %, (95 % CI: 7.1 - 13.7 %), alcohol 7.1 %, (95 % CI: 4.8 - 10.5 %), sedatives 1.2 %, (95 % CI: 0.4 - 3.3 %) and cocaine 0.6 %, (95 % CI: 0 - 2.4 %). High risk use requiring specialist care was identified for alcohol 18.6 %, (95 % CI: 14.7 - 23.2 %) cannabis 16.7 %, (95 % CI: 13.0 - 21.2 %), tobacco 10.8 %, (95 % CI: 7.9 -14.7 %) and inhalants 0.3 %, (95 % CI: -0.1 - 2.0 %). Interrater agreement for diagnosis of substance use disorder between routine clinical assessment compared to ASSIST questionnaire was Kappa = 0.530 ($p < 0.001$) which is moderate but statistically significant. The multivariate linear regression to determine the risk factors associated with tobacco, alcohol and cannabis. Males are more likely to use all these substances and have a higher ASSIST score than female patients ($p < 0.001$). The model indicated that risky alcohol use is significantly higher in Christians than other religions or no religious affiliation ($p = .044$) while risky cannabis use is significantly higher in rural residents compared to urban residents ($p = .042$).

Conclusion: Results suggest that tobacco, alcohol and cannabis are commonly used among psychiatric inpatients in this population. Most patients use substances at risky levels requiring both brief intervention and specialist care. Although substance use is common, the detection of substance use disorders in admission assessments is moderate and could be improved. The ASSIST questionnaire is useful in screening for substance use in psychiatric inpatient populations and is likely to improve detection and management.

MEHUCA – THE MENTAL HEALTH USER AND CARER ASSOCIATION OF MALAWI – 2015/16 UPDATE AND THE WAY FORWARD

Dennis Chasweka, Rodger Kanyimbiri, Simon Thom

Mental Health Users and Cares Association (MeHUCA) of Malawi is a registered patient advocacy organization that was established on 27th February, 2010. The association comprises of people who have (users) or have previously had mental illness and their carers (guardians) and health care workers. Aims of the association are promoting the welfare of people with mental illness, promoting equality and rights for people with mental health illness and fighting discrimination against people with mental illness.
Ever since its launch at the 2012 annual mental health conference, it has become a tradition for MeHUCA to give an update on progress of its activities at annual mental health conferences. After another busy year, MeHUCA intends to give an overview of different activities it has carried out this year from advocacy work to participation in important national mental health meetings. The presentation will also provide an insight of its plans for the next year and forward. In presenting at annual mental health conferences, MeHUCA hopes and relies on the attendants (different mental health stakeholders) to provide critical suggestions, ideas and recommendations on how best the association can effectively carry out its activities.

Key Note Speakers

**Providing mental health services in resource constrained settings: Examples from post-
conflict northern and Eastern Uganda**

Prof Eugene Kinyanda[1,2]

1 MRC/UVRI Uganda Research Unit on AIDS
2Department of Psychiatry, Makerere University

Both the Acholi region in northern Uganda (approximate population, 1.2 million) and the Teso region in eastern Uganda (approximate population, 3.2 million) are just emerging from more than 20 years of war conflict that pitted the government against various rebel groups and armed cattle rustlers. As a result of this conflict the population in these two regions suffered tremendous war torture and trauma including: 2 million displaced into internally displaced persons camps (IDP); 22,000 children abducted into a life of child soldiers, porters and sex slavery (majority of whom have never been seen again); large numbers of people subject to various forms of physical, sexual and psychological torture; massive destruction of property and livestock (the entire regions herd of cattle was looted and with it a centuries old life style that revolved around cattle was disrupted). Health infrastructure was destroyed and looted, health workers killed, tortured or run away. This paper describes the nature and pattern of war torture in the region, the mental health consequences of war torture, the impact of war torture on health worker mental health and efforts by both government and private sector (NGOs and academic institutions) to address these mental health problems.

North South Collaboration and Local Capacity Development for Mental Health Service in LAMICs: the Ethiopian Experience

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Globalization in medical education often means a “brain drain” of desperately needed health professionals from low to high-income countries. Despite best intentions, partnerships that simply transport students to western medical schools for training have shockingly low return rates. Ethiopia, for example, has sent hundreds of physicians abroad for specialty training over the past 40 years, the vast majority of whom have not returned. This represents a highly problematic net transfer of financial and human resources from the Ethiopian people, to western countries that have failed to develop their own adequate health human resource plans. Thus, a partnership that would support the training and retention of mental health workforce in Ethiopia would require a model based on mental health education led by Ethiopians, for Ethiopians, in Ethiopia
In 1994 Amanuel Hospital (a mental hospital) started research collaboration with The Department of Psychiatry, Umea University, Sweden that had PhD training embedded in the collaboration. Through this collaboration seven psychiatrists did their PhD in Mental health epidemiology. Five others were also trained in other Universities in a similar arrangement. While this aspect of capacity building and research activities were thriving, the need for training doctors in clinical psychiatry became more apparent than before. In 2003, The Department of Psychiatry at Addis Ababa University (AAU) and its counterpart at The University of Toronto (U of T) signed a memorandum of understanding to collaborate in the first Ethiopian psychiatry residency program to be run entirely in Ethiopia and this has produced many capable psychiatrists who are now working in different parts of the country.
Through these collaborations many research outputs have been registered that influenced policy in the country and capacity building in research and clinical psychiatry have been achieved. Over the last 20 years, high quality

mental health studies in various population groups have been conducted; 8 Ethiopian psychiatrists and five epidemiologists have completed their PhDs in mental health. Between 2003 and 2016 the number of psychiatrists in Ethiopia grew from 11 to 65; the number of faculty in AAU grew from 3 to 13; new departments of psychiatry were established in 5 other university hospitals outside AAU. A PhD program in mental health epidemiology has also been initiated in the Department of Psychiatry, AAU, in 2011 and the first group of students will graduate this year. This has made the Department the only clinical department to run PhD program in the School of Medicine. These exercises overall have resulted in building local capacity to conduct high level scientific research that inform policy, to decentralize mental health services to the regions and improve the quality of services in the country and this can be sighted as model north- south collaboration to build local capacity for mental health services with minimal brain drain.

Prof Hans-Peter Kohler's keynote speech was based on his recent publication:

Kohler, Iliana V.; Payne, Collin F.; Bandawe, Chiwoza & Kohler, Hans-Peter (2015).
The Demography of Mental Health Among Mature Adults in a Low-Income High HIV-Prevalence Context. Popuation Studies Center, Univeristy of Pennsylvania, PSC Working Paper Series, WPS 15-1 URL: http://repository.upenn.edu/psc_working_papers/59/

Abstract: While a nascent body of research investigates the shift in sub-Saharan Africa's (SSA's) disease burden towards non-communicable diseases (NCDs), very few studies have investigated mental health, specifically depression and anxiety (DA), in SSA. Using the 2012--13 Malawi Longitudinal Study of Families and Health (MLSFH), this paper provides a first picture of the demography of DA among mature adults (= persons aged 45+) in a low-income high HIV-prevalence context. DA are more frequent among women than men, and individuals are often affected by both. DA are associated with adverse outcomes, such as less nutrition intake and reduced work efforts. DA also increase substantially with age for both females and males, and mature adults can expect to spend a substantial fraction of their remaining life time---for instance, 52% for a 55 year old woman---affected by DA. The positive age-gradients of DA are not due to cohort effects, and they are in sharp contrast to the age pattern of mental health that have been shown in high-income contexts where older individuals often experience lower levels of DA and better subjective well-being than middle-aged individuals. While socioeconomic and risk/uncertainty-related stressors are strongly associated with DA, they do not explain the positive age gradients and gender gap in DA. Stressors related to physical health, however, do. Hence, our analyses suggest that the general decline of physical strength and health with age, as is indicated by hand grip strength, and the interference of poor physical health with daily activities, are key drivers of the rise of DA with age among mature adults.

The Mental Health in Zomba Project: Strengthening community mental health promotion and care in Southern Malawi

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ABSTRACT
This paper describes the development, implementation and evaluation of a district wide scale up of the Mental Health in Zomba (MHiZ) Project: a Health Surveillance Assistants' (HSAs) mental health task-sharing intervention in southern Malawi across a population of more than 600,000 people. Results from an examination of the care for 240 consecutive attendees show how the HSAs recognised and responded to the needs of people experiencing both common and severe mental health problems and how they facilitated 850 mental health promotion events to more than 40,000 people within their communities. The findings describe the district-wide establishment of a new and essential tier of mental health service at the crucial intersection between health centre and the community. Within the socio-cultural context of rural Malawi with its diverse explanatory models for psychological distress, the HSAs' approach was found to be both credible and practical in meeting the needs of the population and responding to both the 'supply' and 'demand' elements of the mental health treatment gap. The context of the study within population mental health research and practice in Malawi will be highlighted and implications for future efforts described.

Feedback

Received from 61 participants on the final day of the conference

In addition to more detailed feedback about the organization of the meeting and content of the talks and workshops, attendees were asked to give an overall rating for the whole conference on a 1-5 scale (5 is "very satisfied"). 58 responses rated overall satisfaction as 4 or 5 and there were no poor ratings of less than 3. So despite a 30% response rate these ratings are gratifying and were backed up by written comments in response to the question "Comment on things you will take from this conference":

"Knowledge learned from workshops"
"New network links"
"Motivation to carry on with my work"
"That I have a role in helping end stigma"
"Policy development and implementation"
"Involvement of young people"
"How to conduct research"
"Initiating mental health clinics in prisons"
"Examples from Ethiopia show how change can be possible in Malawi"
"Brilliant work of MEHUCA"
"School outreach and the difficulties of street children"