4th Annual Malawi Mental Health Research and Practice Development Conference

Monday 24th and Tuesday 25th March 2014

Hotel Masongola, Zomba, Malawi

Organised by the Department of Mental Health, College of Medicine, University of Malawi, Scotland-Malawi Mental Health Education Project (SMMHEP), Zomba Mental Hospital and Ministry of Health

Funded by a grant from the Scottish Government Malawi Development Fund

The meeting was attended by 138 delegates from Malawi, Kenya, Netherlands, South Africa, Tanzania, Zambia, Zimbabwe and United Kingdom with a range of backgrounds - nursing officers, psychiatrists, psychiatric trainees, social workers, occupational therapists, medical students and members of the Mental Health Users and Carers Association.

Dr Beatrice Mwagomba, Programme Manager of Non-Communicable Diseases and Mental Health, and **Trish Allalou**, Planning Officer, attended on behalf of the Ministry of Health.

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

Opening

Delegates were welcomed by **Dr Jen Ahrens**, Head of the Department of Mental Health in the College of Medicine and after an opening prayer led by **Professor Dixon Banda**, Principal of Chancellor College, **Dr Beatrice Mwagomba** addressed the meeting. She outlined the importance of mental health in Malawi where an estimated 13,000 people suffer from schizophrenia and 1.3 million people at life time risk of depression. Recognising the importance of reliable data for policy making, the MOH has initiated epidemiological surveys that will include mental health indicators. An objective of the Malawi Mental Health Action Plan is to reduce the treatment gap in mental health highlighted by the WHO Mental Health Gap Action Program (mh-GAP) and MOH would consider extending this throughout Malawi, the programme of mental health training at the district level, now being set up at Zomba Mental Hospital. The MOH is developing mental health policy for mothers and children, adolescents and the elderly and is addressing human rights issues. The Mental Health Act is being revised. She thanked the Scottish Government Malawi Development Fund for continuing to support the conference and looking forward to the conference in 2015 which she hoped would be in Lilongwe as this would facilitate involvement of the Ministries of Health and Education and other policy makers.
Angelina Chalumba, Acting Director of Zomba Mental Hospital welcomed delegates to Zomba and invited everyone to join a tour of the hospital during the conference to see the work being done with inpatients, outpatients and in rehabilitation. She stressed the importance of a strong research base for planning services.

Invited keynote speakers

Experts from South Africa, Tanzania and Kenya introduced major themes of the conference: autism; HIV-related neurological disability; tropical neurology; Basic Needs for mental health resources in sub Saharan Africa.

Keynote speaker 1. Dr Wendy Vogel Head of the Clinical Unit of Child and Adolescent Psychiatry and lecturer in the Department of Psychiatry and Mental Health, University of Cape Town, spoke on "Autism prevalence: is it increasing?"
Most studies of autism come from US, Europe and China and rather little is known about the prevalence of autism in African countries. DSM5 classification has introduced a major shift in definitions distinguishing two categories: a: deficits in social communication and reciprocity. b: restrictive repetitive patterns of behavior. Prevalence is about 1% worldwide suggesting there are 130,000 individuals with autism in Malawi. However reported rates vary across countries and stigma may account for underreporting. In African countries where studies have been published including Nigeria, Egypt, Tunisia and Tanzania awareness is low, children are frequently diagnosed with intellectual disability and symptoms may be attributed to spiritual factors. As the public become more informed about autism through books, media and advocacy stigma is likely to reduce. Dr Vogel concluded the answer to the question in her title is "Don't Know!"

Keynote speaker 2. Dr Rene Nassen working at a local ART clinic at Khayelitsha linked to the Department of Child Psychiatry, Stellenbosch

University, spoke on "Intersection between HIV and Mental Health Services in Youth"

In South Africa there are 5.5 million people with HIV and of these 3.3 million are children, many with no parents. 30% of all public sector ante natal attendees are HIV positive often compounded by TB. Child services must now deal with the neurological consequences of HIV infection particularly dementia and behavioural problems in adolescence. The impact of highly active ART is increased survival but these children may have persistent neuropsychological deficits with high rates of ADHD and substance abuse. Further risks include those associated with being orphaned, facing domestic violence and experiencing stigma from the public. These factors all contribute to educational underachievement. Some sound policies and guidelines based on WHO Millenium Development Goals are in place but often not translated into practice and at risk children in rural and deprived urban communities have no access to psychiatric services. A four-step intervention has been set up and is bein validated. Step 1: Creation of multi-disciplinary teams linked through networks and a newsletter each creating a local "Child and adolescent forum". Step 2: Developing a picture-based screening tool to assess cognition and mental health in non-literate children with HIV. Step 3: training community occupational therapists, HIV counsellors, social workers and home–based carers. Step 4: interventions including storytelling, dance, drumming and other music based interventions.

<u>Keynote speaker 3.</u> Dr Marieke Dekker, Kilimanjaro Christian Medical Centre, Moshi, Tanzania and Radboud University medical centre, Nijmegen, Netherlands. "Neurology in Sub Saharan Africa"

Dr Dekker gave a well-illustrated overview of the patterns of neurological illness she comes across as a neurologist working in Tanzania. The common disorders are epilepsy (70% cases remain untreated); stroke (often in young persons linked to uncontrolled hypertension); infections (bacterial meningitis, cerebral malaria and HIV-related encephalopathy); dementia; peripheral neuropathy and spinal cord lesions. Neuro trauma following road traffic accidents is an increasing cause of disability.

<u>Keynote speaker 4</u>. Joyce Kingori. Programme Manager for "BasicNeeds" in Kenya.

BasicNeeds, the charity founded in 2000 by Chris Underwood working in India, now supports projects in several countries including, in Africa, Kenya, Ghana, South Sudan, Tanzania and Uganda. Their work is summed up by: "Basic needs met and basic rights respected of all people with mental illness". Their approach, closely aligned to the WHO mhGAP programme, is to scale up resources for treating mental illness in low- and middle-income countries by improving access to community-based treatments, combining this with livelihood support and encouragement of selfhelp groups. BasicNeeds receives funding from DIFID and collaborates with government-led and academic initiatives including the "PRIME" project led by the University of Cape Town. Over half a million people are beneficiaries of BasicNeeds teams working with governments and local partners and the aim is to reach one million more people in the next five years.

Oral presentations **stimulated active discussion during morning and afternoon sessions covering projects in Malawi, South Africa, Tanzania, Zambia and Zimbabwe.**

Monday 24th March – Morning session

Dr Ravi Paul "Impact of HIV information and peer support on psychiatric outcomes in HIV positive adolescents"

In Zambia 14% of young adults are HIV +ve and there are high rates of depression among this group. A study was set up to measure the impact of peer support groups to manage depression in these adolescents. 130 adolescents attending ART clinics in Lusaka were recruited, 50 were allocated to a "treatment" group and 30 to the "control" group. Treatment consisted of weekly meetings over 10 weeks and the intervention was summed up by "Lets talk about HIV and living positively" with use of role play. The outcome was measured using the Hamilton depression scale and assessment of knowledge about HIV. The treated group showed improvement, compared to controls in school performance and knowledge about HIV and ART leading to a reduction in symptoms of depression including self-harm, social withdrawal and weight loss. Providing food and transport allowance was important.

Dr Selena Gleadow-Ware "Maternal-infant interaction, maternal depression and community based 'Care for Development' Intervention: A pilot of the Infant Feeding Interaction Scale"

In the first two years of life multiple interacting risk factors contribute to child development, for example maternal depression influences how a mother plays with her child and also leads to a greater risk of poor nutrition and infections. A pilot study is being carried out with 59 children (of whom 10% were underweight) in two rural areas, Mangochi and Chilimoni, to find out if video ratings are a useful and valid measure of mother-child interactions and whether or not mothers change their response to their child after seeing themselves on video. Data is being collected on household income, maternal health including depression, and a feeding rating. Videos are scored by independent researchers.

Mary Joyce Kapesa "Exploring the experiences and coping strategies of children left behind by parents working and living in the Diaspora: A case study of Nhowe Mission, Zimbabwe"

From 2000 to 2009 economic decline in Zimbabwe led to poverty at home and thousands of people flocked to diaspora destinations in UK, US and neighboring countries. This was a qualitative study of children left behind with friends, extended family or placed in boarding schools. Children and teachers were interviewed. Problems identified were: feeling abandoned, not understanding the reasons for parents departure, having difficult relations with carers who perceive children as cash-cows, relating parental love to amount of money remitted. The research highlighted low self esteem, emotional detachment and an increase in early pregnancies in the children who were exposed to abuse especially when the mother migrates. The study draws attention to a need for interventions with this group of children.

Mandala Mambulasa and Dr Chiwoza Bandawe "Health Needs of Minorities. The Case of Malawian MSM and WSW"

LGBT groups are likely to be key to the success of HIV and AIDS policies because the prevalence of HIV among gay men in Malawi is estimated to be 21% or twice the population level (there are no data on HIV among WSW). There is great stigma attached and no policies are in place for tackling this high rate of infection. Focus groups and individual interviews of over 700 MSM and WSW individuals in six districts in Malawi between 2008 and 2014 have provided data on their health needs and human rights issues. Awareness of HIV was generally good but 23% of responders admitted to being afraid to seek healthcare because of stigma and risk of criminalization. Interviews with health workers revealed that some workers who provide treatment to MSM are criticized by colleagues. The surveys suggest that stigma and criminalization of these minority groups increase spread of HIV because men and women are deterred from seeking treatment. A showing of the film "uMunthu" (translated as tolerance and shared humanity) by the filmmaker Mwiza Nyirena was followed by an active discussion among delegates concerned about the politicisation of LGBT issues and calling for Ministry of Health guidelines on healthcare provision for these groups.

Joyce Msumba Ncheka "Examining the effects of anxiety on neuropsychological performance among HIV positive adults"
A study of 263 attendees at six clinics in Lusaka found a high rate of anxiety (43%) and impaired cognitive function. However the presence of anxiety symptoms did not explain the cognitive impairment, instead reduced verbal recall and other tests of memory were related to CD4 count.

Dr Chiwoza Bandawe "Determining the Research Agenda for mental health in Malawi: Priorities and Challenges"
The focus of mental health research in Malawi has been on services and specific interventions including discussions about traditional beliefs. There is a lack of sound epidemiology and data on daily living experience. The National Mental Health Policy is due for review and this should focus on funding and training for epidemiology research as a first step towards identifying links between mental health, physical illness and poverty more accurately to identify vulnerable groups in society.

Monday 24th March: Afternoon Session

Lisungu Banda "HIV and Depression"
The standardized SCID interview and a self report questionnaire was used to measure the prevalence of depression among attendees at the ARV clinic in Queen Elizabeth central Hospital in Blantyre. 29% of patients were depressed (18% recorded major depressive disorder) and depression was associated with unemployment, family history of depression, stressful recent life events and concurrent chronic illness such as TB.

Dorothy Chinguo "Occupational Therapists: where do we stand in relation to MDG3?"
MDG3 aims to promote gender equality and empower women who have a triple workload: economic, reproductive and social. These issues were highlighted by research to compare the quality of life of patients treated within a Leprosorium and patients receiving treatment for leprosy in the community. Within the Leprsorium male patients scored higher than females on wellbeing whereas in the community it was females who were happier. This can be explained by women in the community being better able to meet with others and fulfill their several roles.

Ampara Bouwens "Forensic services in Dutch Prisons"
A review of mental health among prisoners in Dutch prisons. There is a general increase in health problems and 80% of prisoners have some form of psychiatric disorder including addictions and personality disorders. 1% have a psychotic illness. In Netherlands all cases are seen by a doctor and provision of care is similar to what is available elsewhere in the health service.

Tuesday 25th March - Morning Session

"Developing Mental health Services – the Regional Experience"

Rolf Schwarz "How to Integrate Mental Health into Primary Health Care Experience from Tanzania"

Based on his wide experience as a psychiatrist working in Moshi,Tanzania, the Netherlands and South Africa, Rolf Schwarz gave a wide ranging talk on psychiatric diagnoses in different countries noting that DSM5 has space for a cultural component to nosology. There is also much in common between countries, for example attending alternative healers is very common both in the Netherlands and Tanzania though religion plays a larger role in Africa than Europe. A traditional healer in Moshi had described seven categories of diagnoses he used and the type of treatment he offered in each case: evil eye (no treatment); simple madness (no treatment); family trouble (prayer); intellectual disability (no treatment); malaria (western medicine); possession (traditional healer); zaiko or psychosis (traditional healer). Problems with a "western" approach to treatment include the focus on hospitals and dependency on a reliable drug supply resulting in inevitable inequalities of access. Health care must be integrated, continuously available, affordable and in the interests of the community. Village chiefs have an important role in the management of patients. Their involvement often ensures improved compliance and better long term follow up.

Sheila Gilfillan "Adapting mhGAP for the Malawian context"

mhGAP is the World Health Organisation's action plan to scale up services for mental, neurological and substance use disorders for countries especially with low and middle incomes. It was developed following the recognition that 14% of the global burden of disease is represented by mental, neurological and substance use disorder and 75% occurs in low and middle income countries. The gap between what is needed and what is available is substantial for the priority conditions addressed by mhGAP : depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children. The mhGAP package consists of interventions for prevention and management for each of these priority conditions and studies are currently being carried out to test the effectiveness of these interventions. The PRIME project based in the University of Cape Town involves five centres and a study from Nigeria has been recently published.

A project funded by SMMHEP based in Zomba will use and adapt mhGAP guidelines to provide mental health training to primary care health workers in five districts in Malawi, with a focus on the diagnosis and treatment of moderate and severe depression, schizophrenia, bipolar disorder, delirium, alcohol and drug disorders. A lead training team has been set up and is now working with the district mental health team in Mulanje to prepare teaching material including videos. Training for all primary care nurses in the district will take place between May and July and lessons learnt will be applied when the project is extended to two other districts later this year. The experience in Mulanje has shown that with substantial modifications to published mhGAP guidelines the training package is achievable and can be made appropriate for a Malawian setting. Revised mhGAP guidelines developed for a recently published Nigerian project has some useful ideas. The project in Zomba will continue to work closely with MOH.

Adellah E. Sariah "Risk and Protective factors influencing relapse among patients with schizophrenia: A qualitative study in Dar es Salaam, Tanzania"
This study involved patients with schizophrenia attending Muhimb hospital out patient department in Dar es Salaam. In depth interviews were conducted, recorded, transcribed and analysed to investigate reasons for non- compliance with maintainance medication. Causes of poor compliance were: Unpleasant side effects; patient's belief that they are cured; cost of medication; comorbid substance abuse; inadequate support from family; a stressful life event. The main factors contributing to relapse prevention were: good drug compliance; religious belief; employment; family support. The results of the study affirm the importance of community involvement, home visits and psych-education for patients and their families.

Nemache Mawere "The revolving door of Psychiatric Admissions in Zimbabwe"
A cross sectional study of the patterns of admissions and factors associated with readmissions among psychiatric patients admitted into Parirenyatwa Hospital Annexe Psychiatric Unit between 1 May and 30 September 2012. Data was obtained from 300 patients interviewed by the author who lived at the hospital for five months achieving almost complete ascertainment of admissions. 56% were readmissions. Problems identified in previous admissions included poor record keeping, lack of standardised diagnoses and inadequate care delivery. 99% of all admissions were involuntary under the Mental Health Act. 88% of readmitted patients had stopped medication and reasons given were: side effects; sense of improvement or recovery; absence of a care giver. Schizophrenia, bipolar disorder, epilepsy and alcohol or drug use were the major direct causes of readmission. Very few referrals were from traditional healers and the majority involved the police. The results highlight the need for improved community resources for the mentally ill.

Annette Knol De Jong "Psychiatry Education programme at Mirembe Mental Hospital, Dodoma, Tanzania"
An account by a psychiatric trainee from the Netherlands of her work over six months as a teacher and supervisor in a 700 bed hospital staffed by three psychiatrists. Undergraduates from four medical schools are taught the psychiatry curriculum at Mirembe Mental Hospital through lectures, group discussion role play and mhGAP training videos.

Prispa Mwila "The effects of malnutrition as a co-morbid factor on neurocognitive performance in HIV positive adults in Lusaka"
In a cross sectional study carried out in ART clinics and Health Centres in Lusaka patients were assessed using the International Neurobehavioral Test Battery and measurement also made of blood haemoglobin concentration and BMI. Executive function and verbal recall were associated with low haemoglobin levels suggesting that malnutrition is a comorbid factor contributing to cognitive decline in HIV patients.

Wagas Sheik "Psychiatric Assessments: Audit of the impact of a psychiatric assessment form at Clinic 6, University Teaching Hospital, Lusaka"
In response to finding that admitting doctors are very poor at taking notes the Comprehensive Psychiatric Assessment Form was introduced to be used by admitting doctors with all new patients. The form was piloted with 30 new patients in

May 2013 and since then there has been a big improvement in the quality of history taking, and mental state examination.

Charles Masulani "Effectiveness of a Psychosocial Training Intervention on Mental Health for Parents of Intellectually disabled Children in Malawi"
The population prevalence of intellectual disability in Malawi was estimated 4% in 2011 and a study is being set up at St John of God Mental Health Services , Mzuzu on the effectiveness of a psychosocial intervention with parents of children with intellectual disability. The approach adopted will be "Family care-giving model" described by McCubbin (1980).

Dr Margot van Berkel "Forensic assessment"
An outline of the role of the forensic assessment , under Dutch law, as practiced at the Dutch Institute of Forensic Psychiatry and Psychology. The type of assessment carried out will depend on the nature and severity of the case and will one of the following categories: Assessment by a single psychiatrist; for more complicated cases a double assessment involving a psychiatrist and psychologist; serious cases may require a triple assessment by a psychiatrist, psychologist and a social worker who may involve family members, employers and schools; uncooperative patients who refuse to take part in such interviews may be admitted to a special admission unit for observation.

Moses Muocha "Prevalence of depression among pregnant women attending antenatal clinic at Monkey Bay Community Hospital, Mangochi"
A mixed qualitative and quantitative study of 30 women attending an ante natal clinic who were interviewed in depth and also completed questionaires. 40% of these women were depressed with a score >8 on a Self Report Questionaire. These were all multi gravida in third trimester. The interviews revealed that depression was not recognised as such by most women and symptoms were frequently attributed to spirit possession. Factors contributing to depression were: lack of support from husband; unwanted pregnancy; financial problems; HIV +ve; unwanted sex of baby; death of husband. In conclusion most depression in pregnant women is undiagnosed and untreated. It was raised in discussion that depression during pregnancy could be a focus for mhGAP training of nurses at ante natal clinic and depression should be included in ante natal assessment forms.

Jonathan Chick "Alcohol Survey 2012 and Public Policy in Malawi"
Alcohol policy is always a highly political issue. In Malawi the sale of Chibuku from homes is widespread and provides a main source of income and livelihood of many women. WHO reported in 2003 that 31% of males over 16yrs had drunk alcohol in the previous year. These figures were confirmed in the ALBA study in 2012 where 27% of males and a tiny percentage of women admitted to drinking. However the men who drink do so heavily and take on average >5 units daily. Recommendations from ALBA were to strengthen community controls by empowering Chiefs, Headmen and parents and to increase fines.
Evidence backed strategies to reduce harm caused by alcohol include: set minimum age to purchase alcohol; maintain government monopoly of retail sales; restrict hours of selling; increase tax; attention to road safety; provide brief interventions for hazardous drinkers; reduce links to sport in advertising; community education.

In Malawi, alcohol policy is in keeping with these guidelines. There are also special considerations about illicit alcohol production accounting for 50% of alcohol consumed in Africa and in Malawi 20% of spirits consumed is kachasu illicitly distilled from maize. Some myths, perhaps perpetuated by international drinks companies such as Diago striving for greater market share in Malawi, must be dispelled. Illicit alcohol is not more toxic than licit; licit and illicit drinkers consume the same quantity of alcohol. It would not be an effective policy to focus measures of control on illicit alcohol production.

Tuesday 25th March – Afternoon Session

"Moving Beyond the Institution"

Gareth Nortje "Traditional Healers in the Treatment of Mental Illness: A Systematic Review"

Traditional healers in Malawi generally attribute illness to disharmony between a person and their family, ancestors or spirits. The purpose of rituals is to restore this harmony and healers communicate with spirits and ancestors by singing, chanting and throwing talismans on the ground. Treatments including chanting, use of potions and scarification involve ritualistic behaviours with symbolic not physical meaning and these are accompanied by intense emotional experiences. Practices, appealing to the supernatural, are universal. In North Africa under Islam, tablets inscribed with verses from the Qur'an are worn round the neck and verses are shouted to patients who are psychotic similar to the practices of pentacostal Christian groups using the Bible in healing services. In India one practice is to allow a patient to inhale smoke from burning paper on which Qur'anic verses have been inscribed and in Siberia, Shamans use smoke to cleanse spirits and achieve states of trance. These practices have much in common across cultures. Healers and clients have a shared world view and healers have a high social status. Attending healers is not related to education and income, indeed there is sometimes a positive correlation between income and use of traditional healing practice though many people a likely to use both traditional and science-based medicine.

Nyanga Zidana "A Herbalist's Point of View"

Dr Zidana is a traditional herbalist healer with busy clinics in Blantyre where he sees 20-30 clients daily. He is a trainer and chairman of the herbalist association in South Malawi. He will use plants to treat people with mental illnesses and epilepsy but encourages them also to attend hospital. He will enquire from the family if the client has eaten anything to cause illness or taken substances and as this is usually the case he will offer appropriate medicine to be taken for a day. Someone who presents with longstanding mental illness will be asked to visit the hospital and they are difficult to treat. He has more to offer in the treatment of acute mental problems and the effect of some remedies is to seal a persons system to reduce the likelihood of recurrence. He treats many people with epilepsy and usually they come to him when hospital treatment has been unsuccessful. In his experience epilepsy is often associated with witchcraft and he treats people who can describe an aura- a feeling of water going round in the head – or when the client coughs up a greenish substance. There are three main types of mental disorder: patients born unwell, for these he has no treatments; patients with too much thinking, these can be treated;

cannabis and alcohol use, this can also be treated. However if witchcraft is involved treatments are often not effective.

Simon Thom "Update on the Mental health Users and Carers Association of Malawi (MeHUCA)"

MeHUCA is responding to a high level of poverty and hunger among people with mental health problems, their families and carers by hiring land for growing food in two neighbourhoods. Each group has about 20 users and MeHuca has rented plots of land sufficient to grow maize to feed all their families – 80-100 people in all. MeHUCA has provided maize seed, fertilizer and hoes and in the last two seasons the gardens have produced a surplus - enough to buy seed and fertilizer for the next years crop. The two gardens are self-sustaining and MeHUCA plans to expand the project to five other districts where land will be rented and resources supplied for groups of families who provide the labour and are supported by the produce. Funding is required to set up new gardens.

Mzati Nkolokosa "Sources, Functions and Subjects in Mental Health Stories by Malawian Journalists"

A survey of the "Nation" newspaper in 2013 revealed hardly any stories about mental health and the tone of these reports was summed up by one headline "Mad man terrorises Mzuzu". No reports reflected the interpretative or critical role of journalism and the overall interest in mental health is very low. This is in sharp contrast to interest shown in HIV and AIDS – the topics of almost daily reporting.

Wamundila Waliuya "Exercise of Legal Capacity by Persons with Psycho-social Disabilities: situation in Zambia"

Wamundila Waliuya the International Director in Africa of Power UK, described the work of the Mental Health Users Network of Zambia, a group that advocates reform of services based on sound data to inform the debate. Research is being carried out in five provinces of Zambia. One aim is to promote legal capacity for all persons with disability – physical, mental and psychosocial – and the group has input to the reform of the 1981 "Mental Disorders Act" in Zambia. Situations where change is sought in the rights of persons with mental health disability include: inheritance, divorce, qualification for loans and financial management.

Workshop 1:

Dr Wendy Vogel and Dr Rene Nassen, Child workshop

Workshop 2:

Dr Rolf Schwarz, The Cultural Interview

Workshop 3:

Dr Marieke Dekker "Epilepsy and EEG"

Workshop 4:

Joyce Kingori "Mental Health community Action"

<u>The Bosophy Ngulubwe Awards for Nursing Excellence</u>.

The Department of Mental Health, College of Medicine had invited nominations for this award which is intended to go to a nurse of any grade who has implemented an innovative development in nursing practice leading to improvement in patient's care. Award winners receive an individual prize of 10,000 MKW and a contribution of 10,000MKW is made for the inpatient service.

The 2014 Team award was given to the Female Acute Ward in Zomba Mental Hospital and the individual award was to Jane Mlomba.

Regional MMed Masterclasses

Zomba Mental Hospital, March 26-27th

Funded by the Scottish Malawi development Fund Regional masterclasses are an important part of mental health training supported by the Scotland Malawi Mental Health education Project as a way to reduce professional isolation and promote high standards of care. The masterclasses were well attended and strongly appreciated by the psychiatric trainees and Clinical Officers from Malawi, Zambia and Zimbabwe who stayed on after the conference to participate.

On day 1 Dr Margot van Berkel and Dr Ampara Bouwens led a workshop on "Forensic Assessment"

In sessions 2 & 3: Dr Wendy Vogel conducted a masterclass on "Neuro-developmental Disorders"

On Day 2 Dr Rene Nassen conducted a masterclass on "Paediatric HIV"

Feedback comments from delegates

Likes:

"Networking and sharing practice with other people";
"Diversity of speakers";
"Encouragement for researchers to present their work locally and regionally";
"Diversity of topics being presented";
"Interesting that there is a lot of research in Mental Health going on in our region which we can actually use in our everyday patient care"
"Well organized conference";
"Presentations that were educational and practical";
"keep it up and congratulations on a great show";

Dislikes:

"The content of presentations and the directions the discussion took at the forum was at times inappropriate eg "Health Needs of Minority Groups" had little relevance to mental health research in my hospital"

Suggestions for next year's conference:

"Talks about mental health in prisons";
"Role of family and cultural aspects";
"The next conference could possibly focus on the implementation and drafting of mhGAP so that no country is left behind – basically rolling out mhGAP"

Media

"The Nation" newspaper on Monday 31st March 2014 published an interview with **Beatrice Mwagomba**, Head of the Non Communicable Disease and Mental Health Unit in the Ministry of Health who confirmed that mental health disorders were among priority conditions in the Essential Health Package under the 2011-2016 Health Sector Strategic Plan.

Dr Chiwoza Bandawe writes a weekly column on mental health in the same national paper.

THE NATION
MONDAY, MARCH 31 2014

'Include mental health in demographic research'

JOY KHAKONA
CORRESPONDENT

There is need for mental health data to be included in Malawi's demographic research to provide an estimate of the unmet need and baseline for the monitoring and evaluation of future interventions.

Head of non-communicable diseases and mental health unit in the Ministry of Health, Beatrice Mwagomba, said this in Zomba last week when she closed the fourth Annual Malawi Mental Health Research and Practice Development Conference at Hotel Masongola.

She said robust epidemiological data on the incidence and prevalence of mental health problems in Malawi is limited, adding that data is extracted from known global figures and mental hospital attendances.

"With an approximate lifetime risk of one percent for schizophrenia and five to 10 percent for major depressive disorder, it is estimated that 130 000 people in Malawi will have schizophrenia at some point in their life whereas 1 300 000 will suffer from depression [basing on 2008 population, National Statistical Office]," she said.

Mwagomba noted that special attention has been given to the problem of mental health services in Malawi by including mental health disorders among priority conditions in the Essential Health Package under the 2011-2016 Health Sector Strategic Plan.

The conference attracted participants from South Africa, Uganda, Tanzania, Zimbabwe, Zambia, Kenya, the Netherlands, the United Kingdom (UK) and Norway.

The Scottish government through the Scotland-Malawi Mental Health Education Project (SMMHEP) funded the conference with the Department of Mental Health at College of Medicine (CoM).■

Chikhwawa continues to