

Improving Access to Mental Health Services in Malawi

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Policy Brief

Introduction

The World Health Organization (WHO) reports that mental illnesses are common and that more than 25% of people globally suffer from mental disorder in their lifetime [1]. The treatment gap between poor and rich countries is large with an estimation of 30-50% in developed countries and 76-85% in developing countries [2]. WHO reports that higher income countries have more facilities and higher utilisation rates than low and middle income countries (LMIC)[3, 4]. The global median of mental health facilities per 100,000 population is reported at 0.61 outpatient facilities, 0.05 day treatment facilities, 0.01 community residential facilities, and 0.04 mental hospitals [3]. Resources for mental health are scarce, and they are also inequitably distributed in low and middle income countries [4].

Malawi, like most LMICs, has limited resources allocated to mental health including health facilities. Mental health services are mainly found in urban areas despite the fact that the majority of people in sub-Saharan Africa live in rural areas. Currently, according to the Ministry of Health (MoH)'s HIV/AIDS strategic plan, Malawi has 0.3% mental health facilities. Furthermore, the available mental health facilities in Malawi are found in urban areas and services are centralised [5]. This limited availability of mental health facilities affects accessibility of services for the people suffering from mental health problems/illness in the country.

Mental health problems are common in primary healthcare (PHC) settings worldwide, ranging from 20-30% of health problems reported at these levels of the health system [6]. Few studies done in Africa indicate the following prevalence of common mental disorders among primary health care patients: 33% in Ethiopia [7], 24% in Tanzania [8], and 25-26% in Zimbabwe [9, 10]. Robust epidemiological data on the incidence and prevalence of mental, behavioural, and neurological disorders as well as drug-related mental health problems is lacking in Malawi. However, recent studies done in primary health care settings in Malawi by Kauye and Udedi, respectively, indicate that prevalence for probable common mental disorders among primary health care patients range between 20-28.8% [11, 12]. Despite this high prevalence of mental health problems, mental health services are centralised and not effectively integrated into primary healthcare. Stigma and cultural beliefs coupled with lack of knowledge has a negative impact on the access to mental health care services [13].

Key Messages

- In Malawi, many people suffering from mental health conditions have no access to care due to many reasons including: mental health services are centralised and are not integrated into primary healthcare; there are very few mental health professionals in the country and the general health care workers have no competency for handling mental health conditions; inadequate resources are allocated to mental health care; and high levels of societal stigma towards people suffering from mental health issues.
- There is need for urgent attention to mental health issues in the country. Specifically, the government should: integrate mental health into primary health care; increase resources allocated for mental health care; strengthen capacity of primary health care workers in mental health; and increase mental health literacy in the country.

Human resources for mental health are inadequate in most low and middle income countries [14] and Malawi shares the same problem, with 0.01 psychiatrists and 0.22 psychiatric nurses per one 100,000 people [15]. In addition to this, most of the general healthcare workers are not competent and confident in dealing with psychiatric patients. Furthermore, mental health services are underdeveloped in the country and that the rural community, where the majority of the population lives, has lacks access to mental health services. As such, there is a huge unmet need for mental health services in the country.

The current national mental health policy was developed in 2000 and has outlived its lifespan. The leaves the country with an outdated policy as well as strategies which do not reflect the growing population as well as the current mental health challenges the country is facing. All these underscore the need for coordinated action to address existing challenges in mental health service delivery in Malawi. A policy aimed at providing direction to decentralisation, integration, formulation of community-based programmes, provision of quality care and development of necessary human resources exists. However, despite the policy being in place, this has not been implemented due to inadequate funding, making mental health services inaccessible in the country.

Available data indicates that only 1.01% of the general health care budget is spent on mental health services. Challenges posed by the inadequate mental health care funding are therefore overwhelming. Medicines, human resource development, and infrastructure for mental health services depend on availability of adequate funding, which consequently has a bearing on access to care.

Methodology

This policy brief is based on a comprehensive review of existing literature. The literature reviewed included scientific papers, research reports and government policy documents.

Discussion of Policy Options

There are several policy options that can be used to improve access to care. However, the following four options have been identified to be suitable for the Malawi context.

Integrating the mental health services into primary and secondary services

The studies on intervention to increase access to mental health services indicate that integration of services lead to improvements in access to mental health services. One study by Dorwick (2015) shows that integrating mental health services into primary care with effective and acceptable interventions increases access to mental health services [16]. On the other hand, another study by Jenkins and colleagues (2014) in Kenya found that health system weaknesses impact on efforts for horizontal integration of mental health services into routine primary care practice [17]. It is evident that in Malawi mental health facilities are limited, services are centralised and there are few mental health professionals. It is therefore imperative that in order to increase access to mental health services, there is need to integrate services. Integration of mental health services in Malawi will contribute to meeting the needs of those in poor and rural areas by enabling access to mental health care.

Enhancing the capacity of primary and secondary health care workers

Several studies have shown that despite high prevalence of common mental disorders at primary health care level, they go undetected and are undertreated in primary care [12, 18-20]. This misdiagnosis of common mental disorders (CMD) is due to lack of knowledge and skills, which adversely affects the prognosis. Consequently, misdiagnosis of depression as Malaria, results in wrong treatment, repeat consultations

leading to health worker burden, and Malaria treatment resistance [12]. This trend tends to be costly to the health system. Efforts have been made to train healthcare workers to base diagnosis of Malaria strictly on the diagnostic tests, but with minimal understanding of CMD, health workers continue misdiagnosing and mistreating such mental conditions as Malaria or other infectious diseases [11]. A study by Gureje and Jenkins (2007) has shown that recognition and management of mental disorders and substance abuse can improve adherence to treatments for diseases, decrease drug resistance, and improve overall treatment outcomes [21]. In order to improve access to mental health services, it is necessary to increase the capacity of health care workers in mental health through training as well as provision of adequate resources. Correct diagnosis and treatment of patients with mental disorders at primary care levels can lead to cost savings in terms of tests and medications as well as reduction in the workload of primary care workers.

Malawi like any other low income country has few mental health professionals, which means that people experiencing mental health illness are mostly seen by general health workers. The general health workers have limited capacity in mental health care, hence they focus more on physical health. Since 2008, the country has been training a cadre of psychiatric clinical officers at bachelor's degree level as one way of mitigating the problem of mental health professionals especially on the aspect of clinical psychiatry. However, this cadre is not yet adequate as MoH is training 10 people every two years. A recent study in Malawi indicates that training of healthcare workers in mental health contributes to the detection and management of patients seen in primary care [12]. It is therefore vital that front-line healthcare workers have capacity for mental health assessment and management in order to deliver improved mental health and social outcomes in Malawi. The capacity of the care providers in Malawi can be improved through in-service training, mentoring and supervision.

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Increasing mental health literacy

A number of studies indicate that mental health literacy is a foundation for mental health promotion, prevention, stigma reduction and care [22-25]. This underscores a recent study done in Malawi involving educators and learners, which noted that educators observed improvement in mental health care related help-seeking behaviour in their students and/or themselves [26]. Lack of knowledge and self stigma hinders people from seeking mental health services and others end up seeking help from traditional healers [13, 27]. This is due to lack of awareness initiatives in communities focusing on improving knowledge about mental health as well as scarcity of services at health facilities.

Therefore, measures taken to improve access to mental health services in Malawi need to recognise the importance of awareness. If Malawi takes this direction, this would mean people being aware of the causes of mental health problems and illness, ways of preventing and where to seek services. This proposition follows research evidence that shows that application of appropriate awareness strategies helps in increasing knowledge and demand for services. In Malawi, there is an opportunity of increasing mental health literacy through the Health Surveillance Assistance (community-based health worker), teachers and peer educators. One of such project is currently underway in three districts of the central region and is being implemented by Farm Radio International in collaboration with Farm Radio Trust and the MoH. Evidence from this project as published by Kutcher and colleagues has shown that teachers and peer educators have the potential of increasing the mental health literacy, which in turn has a bearing on access to mental health care [5, 22, 26]. In addition, a previous project in Zomba by Kauye et al (2011) showed that Health Surveillance Assistance resulted in improvement in mental health literacy among the community, which influenced help-seeking behaviour [5].

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Increasing allocation of resources for mental health

Availability of medicines and supervision from district health workers to front-line clinics, especially in rural areas, are integral in promoting access to mental health services. This is evident in one study in Iraq by Sadik et al (2011), where it was observed that ensuring provision to primary care of essential medication, regular support and supervision from specialist carers, and inclusion of mental health in health management information systems improved integration of mental health which consequently improved access to mental health [28]. The challenge for Malawi is that funding for mental health care is insufficient on one hand due to the unrecognised burden of disease caused by mental illness in the country. A poor understanding of mental illness,

inadequate advocacy and stigma all contribute to this. On the other hand, lack of systematically used mental health indicators make it difficult to cost services and allocate resources.

It is evident that in order to make medicines available, to train and supervise healthcare workers or indeed to implement evidence-based interventions, there is need for adequate and sustainable funding. Efforts to increase mental health funding will greatly contribute to improvement of access to care and this definitely presents a policy option. The opportunities for increased resource allocation in Malawi rest with the fact that mental health was included in the essential health package under the health sector strategic plan. Increased resource allocation to mental health services in Malawi would mean improved outcomes for physical, mental, and social health, which will in turn have a positive effect on educational and occupational performance of the population.

Recommendations

i. Integrate mental health into primary and secondary care. This will lead to a significant reduction in the high average daily attendance rates in Malawi as a result of misdiagnosis leading to repeat consultations.

- Develop a strategy that integrates mental health into general health service delivery.
- Decentralise the mental health services.
- Strengthen district mental health teams.

ii. Improve the capacity of primary health care workers by equipping them with necessary knowledge and skills as well as resources, which will result in correct diagnosis and will in turn free up not only financial resources, but also staff time.

- Support in-service training.
- Support human resources for health and specific training in mental health services integration.
- Support mentorship and strengthen supervision.

iii. Increase mental health literacy

- Involve of Health Surveillance Assistance (HSA), teachers and peer educators to promote awareness and reduce stigma.
- Train of HSAs, teachers, religious leaders, peer educators on mental health.
- Use media for awareness programmes on mental health.
- Develop awareness materials on mental health.

iv. Increase allocation of resources for mental health

- Lobby for increased allocation of funds to cater for training of mental health professionals, in-service trainings, procurement of medication and conducting awareness programmes.
- Encourage utilisation of data for decision-making and programming for mental health.
- Develop/adopt systematic mental health indicators to capture critical information needed to guide resource allocation of mental health.

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