



**GOVERNMENT OF THE REPUBLIC OF MALAWI**

**MINISTRY OF HEALTH**

**NATIONAL MENTAL HEALTH POLICY**

**APRIL, 2020**

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## **Foreword**

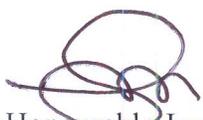
Mental health is a major determinant for overall health and societal well being. Mental illness affects everybody regardless of ethnicity, colour, religious affiliation, gender or age. The outcome of treatment depends on early detection, effective intervention, proper follow-up and timely rehabilitation. Proper management of mental illnesses can prevent loss of life and reduce costs of chronic psychosocial disability.

The Government of Malawi recognizes the importance of good mental health for all Malawians. As such it continues to improve mental health services for its people. It is in recognition of the seriousness of mental health problems that Government established the Non Communicable Diseases and Mental Health Unit in the Ministry of Health and included mental health in the Essential Health Package (EHP).

Malawi developed its first Mental Health Policy in 2001. Over the years a number of changes and developments have taken place in the health sector and, in particular, in the field of mental health. It is against this background that the Ministry of Health decided to revise the policy to be in line with recent developments including the Universal Health Coverage agenda.

This policy is, therefore, based on current scientific principles supported by operational research, and taking into consideration traditionally sound and validated practices constituting part of the cultural and intellectual heritage of the Malawi people. The policy outlines approaches that are promotive, preventive, curative and rehabilitative. It is the Ministry's aspiration that all mental health services shall be accessible, without discrimination, to all citizens irrespective of gender, social status or place of residence.

For successful implementation of this policy. I call upon the cooperation and support from all partners as well as close collaboration of all stakeholders.



Honourable Jappie Chancy Mtuwa Mhango, MP  
**Minister of Health**

## **Acknowledgements**

This policy is a result of multi-sectoral effort coordinated by the Department of Clinical Services in the Ministry of Health along with its partners. The Ministry is indebted to many individuals and organizations, without whose support and collaboration the development of the policy would not have been possible. Specifically, the Ministry would like to thank the Clinical Services Directorate through the Non Communicable Diseases and Mental Health Unit for leading in the review of the National Mental Health Policy.

The Ministry sincerely acknowledges the contributions of all participants at the various stakeholders' consultation meetings who provided important insights during the review of the National Mental Health Policy. The Government is committed to promoting health for all Malawians in line with the National Health Policy of 2018. Since mental health is a component of Primary Health Care, Government will at all times endeavor to provide decentralized community mental health care services fully integrated into the existing primary, secondary and tertiary health care systems as appropriate.

The strategies for the implementation of this policy are fully outlined in the Implementation, Monitoring and Evaluation framework which forms part of this document. All health planners, health care workers, educators and professionals as well as the general public are therefore called upon to ensure that this policy is implemented at all levels.



Dr. Dan Namarika  
**Secretary for Health**

## **Glossary of Terms**

**Community-based mental health care** is any type of care, supervision and rehabilitation of patients with mental illness outside the hospital by health and social workers based in the community. It is intended to provide public mental health services directly to people in need of assistance in a community setting.

**Common mental disorders** are depressive (depression) and anxiety disorders that are classified in ICD-10 as “neurotic, stress-related and somatoform disorders” and “mood disorders”.

**Counsellor (see also Psychotherapist):** A professional who has been trained to assist people with emotional stress and mental disorders. S/he provides treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being personality growth and behaviour modification. psychotherapeutics

**Cure:** Implies complete termination of mental disorders and the return of individuals to normal health. This end of the spectrum typifies the traditional medical model, though it is rarely achieved with mental illness, except for those conditions in which there is mainly an organic aetiology.

### **Common Perinatal Mental Disorder (CPMD)**

Perinatal mental illness is a significant complication of pregnancy and the postpartum period. These disorders include depression, anxiety disorders, and postpartum psychosis, which usually manifests as bipolar disorder. Perinatal depression and anxiety are common, with prevalence rates for major and minor depression up to almost 20% during pregnancy and the first 3 months postpartum. It is often under-diagnosed and can have serious long-term effects on the wellbeing of women, their partners and infants.

**Disability:** Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

**Evidence-based practices** refer to a decision-making process for which there is consistent scientific evidence showing that a particular approach will improve outcomes.

**Gender Based Violence:** means any act perpetrated by a person against another that results in, or is likely to result in, physical, sexual or psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

**Health:** A state of complete physical, mental and social well-being and not simply the absence of disease or infirmity.

**Integrated services** refer to a system in which an array of services, such as mental health and primary care, are provided through a single agency or entity.

**Mental disorders** are health conditions that are characterized by alterations in thinking, mood or behaviour (or some combination thereof), and are associated with distress and/or impaired functioning.

**Mental health in primary care** refers to the provision of basic preventive and curative mental health at the first level of the health system. Care is usually provided by a non-specialist who can refer complex cases to a more specialized mental health professional.

**Mental health problems** are when a person's emotional suffering leads to problems in thinking and behaviour, and a decline in daily functioning. An individual will express his or her distress through physical, emotional and behavioural symptoms; some may feel spiritually disturbed, while many will show signs of abnormal thinking or functioning at work as well as in school, in the home and in the community. The more severe the emotional sufferings become, the more problems develop. As the person recovers from suffering, his or her functioning usually returns to normal.

**Mental illness** is a term that refers to all diagnosable mental disorders.

**Mental health:** Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

**Mental health outpatient facility:** An outpatient facility that manages mental disorders and related clinical and social problems. Include: Community mental health centres; mental health outpatient clinics or departments in general or mental hospitals.

**Mental Health Nurse:** A nurse having completed a formal training in mental health nursing at a recognized teaching institution for a diploma or degree.

**Mental Health Promotion:** Mental health promotion is broader and deeper, and as such it includes biological, environmental, and sociological issues. It provides a possible frame of reference from which agreed upon priorities can be established and activities across the entire spectrum of efforts in mental health can be monitored.

**Mental Health Literacy:** Refers to knowledge and beliefs about mental health disorders which aid their recognition, management or prevention and consists of six components; 1) ability to recognize specific disorders; 2) knowledge and beliefs about risk factors and causes; 3) knowledge and beliefs about self help interventions; 4) knowledge and beliefs about professional help available; 5) attitudes which facilitate recognition and appropriate help seeking; 6) knowledge of how to seek mental health information.

**Mental hospital:** A specialized hospital-based facility that provides inpatient care and long-stay residential services for people with mental disorders. Includes: Public and private non-profit and for-profit facilities; mental hospitals for children and adolescents and other specific groups (e.g., elderly). Excludes: Community-based psychiatric inpatient units; forensic inpatient units / hospitals; facilities that treat only people with alcohol and substance abuse disorder or intellectual disability.

**Psychiatric ward in a general hospital:** A psychiatric unit that provides inpatient care within a community-based hospital facility (e.g. general hospital); period of stay is usually short (weeks to months). Includes: Public and private non-profit and for-profit facilities; psychiatric ward or unit in general hospital, including those for children and adolescents or other specific groups (e.g. elderly).

**Psychiatric Clinical Officer:** A clinical officer having completed a formal training in mental health/psychiatry at a recognized teaching institution for an advanced diploma or degree.

**Occupational therapist:** A health professional having completed a formal training in occupational therapy at a recognized, university-level school for a diploma or degree in occupational therapy.

**Psychiatrist:** A medical doctor who has had at least four years of post-graduate training in psychiatry at a recognized teaching institution. This period may include training in any sub-specialty of psychiatry.

**Psychologist:** A professional having completed a formal training in psychology at a recognized, university-level school for a degree or master's degree in psychology/clinical psychology.

**Psychotherapist (see also counsellor):** An individual, such as a psychiatrist, psychologist, psychiatric nurse, or psychiatric social worker, who practices psychotherapy

**Psychotherapy:** The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being personality growth and behaviour modification. This includes Cognitive Behavioral Therapy (CBT), Trauma Therapy, Psychoanalysis, Non-Directive Speech Therapy as well as other forms of psychological therapy.

**Psychosocial rehabilitation** refers to professional mental health services that bring together approaches from the rehabilitation and mental health fields. These services combine pharmacological treatment, skills training, and psychological and social support to clients and families in order to improve their lives and functional capacities.

**Primary Prevention:** Refers to methods designed to avoid the occurrence of disease or impairment, such as proper nutrition, pre-natal and post-natal care, immunization, and so forth.

**Rehabilitation:** A whole system approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leading to successful community living through appropriate supports.

**Secondary Prevention:** Refers to early diagnosis and treatment of conditions, in order to shorten illness episode and to prevent or reduce complications such as the effective treatment of epilepsy reduces injuries and accidents.

**Severe mental illness (SMI)** is a term that applies to more seriously affected individuals. The category includes schizophrenia, bipolar disorder, severe forms of depression and obsessive compulsive disorder.

**Support services** are rehabilitative services that are not strictly medical but are nonetheless considered to be necessary in the recovery process. Such services are designed to develop and/or restore a patient's functional capacities and may include support to help clients maintain independent housing, education, employment, or other activities associated with community integration.

**Social worker:** A professional having completed a formal training in social work at a recognized, university-level school for a diploma or degree in social work.

**Tertiary Prevention:** Refers to measures taken, in order to limit disability as a result of disease processes, which may not be fully curable, such as the treatment of schizophrenia, to maintain interpersonal skills.

**Vulnerable groups:** General groups who form their individual disposition and place in society are more likely to be affected than others. These include women particularly during pregnancy and childbirth and children, adolescents, orphans, elderly, disabled people, survivors and perpetrators of violence, drugs and substance abusers and people emerging from conflicts and disasters.

## List of Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organization
CHAM	Christian Hospital Association of Malawi
CMD	Common Mental Disorder
EHP	Essential Health Package
FEDOMA	Federation for Disabled Persons Organizations in Malawi
HIV	Human Immunodeficiency Virus
HSSP	Health Sector Strategic Plan
HSA	Health Surveillance Assistant
ICD	International Classification of Diseases
MEHUCA	Mental Health Users and Carers Association
MGDS	Malawi Growth Development Strategy
MHIS	Mental Health Information System
MRC	Malawi Red Cross
MP	Member of Parliament
MTHUO	Malawi Traditional Healers Umbrella Organization
NCDs	Non Communicable Diseases
NGO	Non-Governmental Organization
PLWHA	People Living With HIV and AIDS
PHC	Primary Health Care
SDG	Sustainable Development Goals
GBV	Gender Based Violence
SMI	Severe Mental Illness
WHO	World Health Organization

## 1. INTRODUCTION

### 1.1 National Mental Health Policy

The Government of Malawi is a signatory to several health-related international conventions and has taken note that mental health services are underdeveloped in the country and that the rural community, where the majority of the population is found, has limited access to these services. The Government recognizes mental health problems as a serious public health and development concern and as such, the Government included mental health as part of the Essential Health Package (EHP) in the Health Sector Strategic Plan II.

Mindful of the fact that the definition of health is '*a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity*' and aware that no health system is complete without due consideration to the mental health needs of the population the Government gives special attention to the problem of mental health issues by revising the National Mental Health Policy and Plan of Action to assist it in addressing the relevant and emerging issues more effectively.

The Government of Malawi, through the Ministry of Health and Population, spearheaded the development of the first National Mental Health Policy from 1999 to 2000 through a wide consultative process which involved other government ministries and departments, development partners, donors, civil society and NGOs. The overall goal of the policy was to provide comprehensive and accessible mental health care services to all citizens of Malawi, in line with the National Health Policy and National Health Plan, and fully integrated into the existing Primary Health services as well as the secondary and tertiary health care services, as appropriate. The Policy was launched in January 2001 and it had twelve thematic areas namely: Programme Development and Management, Decentralization and Integration of Mental Health Services into the General Health Services at all Levels, Human Resources Development, Mental Health Education, Psychosocial Rehabilitation, Mental Health Care Needs of Special Groups, Mental Health Legislation, Quality Assurance, Research, Mental Health Information System, Mental Health Programme Financing and Mental Health Essential Drug List for Use at Primary Health Care (PHC) Level.

The need to review the 2001-2004 National Mental Health Policy was necessitated after realizing that despite achieving some results, the implementation of the policy had a number of challenges and emerging issues which the Policy did not address. The current major challenges and emerging issues include human rights, HIV and AIDS, gender based violence (GBV), emerging non communicable diseases, increased natural disasters, substance abuse and high levels of poverty in the country all of which have a mental health dimension.

This current policy will guide decentralization, integration, formulation of community based programmes and provision of quality care and development of necessary human resources.

The National Mental Health Policy sets out a platform for comprehensive implementation mechanisms to ensure efficient and effective provision of comprehensive, integrated responsive quality mental health services. The Policy also sets out to address the social determinants of mental illness, prevention, advocacy campaigns, treatment and monitoring mechanisms for mental health services.

## **1.2 The Current status**

The National Mental Health Program is currently a section within the Non Communicable Diseases (NCDs) and Mental Health Unit under the Clinical Services Directorate. Its functions are policy formulation, strategic planning and technical-support to all levels, implementation, monitoring and evaluation of the mental health activities. The Deputy Director of Clinical Services currently heads NCDs and Mental Health Unit while the Assistant Director of Clinical Services responsible for mental health and substance abuse runs the Mental Health section. The establishment of this unit provides the foundation on which future mental health services can be built.

Health services are provided by the Government health facilities, the Christian Health Association of Malawi (CHAM) and private for profit practitioners. The public health care system in Malawi uses a three-tier health care delivery system based on three levels of health care thus the primary, secondary and tertiary levels. The country's health care system comprises central hospitals, district hospitals, health centers, community and rural hospitals, CHAM (Christian Health Association of Malawi) institutions and private hospitals. Malawi has 1060 health facilities and institutions with government operating 50%, CHAM 16%, NGOs 7%, private sector 20%, companies 5% and statutory

organizations 2%. 85% of Government facilities offer primary care, 10% secondary care and 1% tertiary care. The country has 0.3% mental health facilities.

Basic mental health services are provided at district hospital level and patients with a mental illness are admitted in the medical wards. Emergency mental health services are also provided at district hospitals as part of general wards. There are mental health professionals in most of the district hospitals. Some of the district hospitals run a static clinic and outreach mental health services, however, there is fluctuating availability of psychotropic medications in the district hospitals and some health care centres/clinics.

In patient mental health services are currently available at Zomba Mental Hospital (Zomba) and St John of God Community Services in Lilongwe and Mzuzu. Zomba Mental Hospital is under the Ministry of Health and Population. This hospital provides outpatient and inpatient services to adults and children, with a bed capacity of four hundred (400) and forensic services are also provided at the same hospital. St. John of God Community Services located in Mzuzu and Lilongwe is run by the Hospitaller Order of St. John of God. The Mzuzu facility has thirty-nine (39) beds while the Lilongwe facility has forty-nine (49) beds. The facilities also provide outpatient services, counselling and run community mental health programmes as well as substance misuse rehabilitation programmes.

Despite the government providing mental health services, people tend to seek services from traditional healers. The number of those individuals suffering from mental disorders who seek the services of traditional healers is high as evidenced by a study on pathway to care that indicates 22.7% sought care at a traditional healer before visiting the hospital (Kauye et al, 2014). The reasons suggested for this is that Malawian rural communities believe that mental illness is caused by spiritual possession or witchcraft, hence rely on seeking treatment from traditional or faith healers (Crabb et al, 2012). This shows lack of mental health awareness among the population.

### **1.3 Problem Statement**

The development of mental health services has, however, not been able to keep pace with the growth of the population and national development in other aspects of health care although the government has been providing mental health services to its citizens since 1910 and has been operating legislation on mental health treatment since 1948.

Existing mental health services are mainly urban based and they are neither decentralized nor integrated into the national Primary Health Care delivery system. This is in spite of the fact that the majority of the population live in the rural areas. The lack of integration of mental health services into the health care delivery system has limited the scope of services available to the population of Malawi and has not facilitated the development of the necessary skills for the management of mental health problems by general health care workers.

Mental health facilities constitute just 0.3% of the health facilities available in the country. There has not been a formal assessment of the services rendered in the public health facilities to determine the quality and relevance of the services. It has, however, been noted that the majority of Malawi population perceives that the quality of public health care services is poor. The quality of care in the mental health sector is generally below the acceptable standards. The resources in mental health institutions, both material and human are inadequate and constitute an impediment to effective and enlightened mental health care. There are very few mental health professionals available in the country. Diagnoses in the hospitals are not based on the International Classification of Diseases (ICD) systems and the mental health information system (MHIS) is also not comprehensive.

There is a pervasive misconception about the nature of mental disorder which generates fear and stigmatization. This situation has not been to the advantage of the people with mental illness, the promotion of mental health or to the development of mental health services. Although, the framework for the Health Education Services in the Ministry of Health and Population exists to address this stigma and misconception, it has not been adequately utilized.

The Mental health care delivery system has not been adequately decentralized. Currently services are not community-based and are inadequately integrated into primary health care. There is minimal budgetary appropriation for mental health services and programmes at the Central Government and the Local Government district levels, thereby keeping the sector constantly starved of funds.

Mental health services are provided under the Mental Health Treatment Act of 1948. The Act is considerably outdated with regard to many aspects. A new Bill is in the draft stage of development. This is an essential element of reform that is needed as part of the implementation of this policy.

Robust epidemiological data on the incidence and prevalence of mental, behavioural, and neurological disorders as well as drug related mental health problems is limited in Malawi. Data is extrapolated from known global figures and mental hospitals attendances. The mental health data available do not adequately reflect the nature and magnitude of mental health problems in Malawi. However, the prevalence of mental disorders as established from the World Health Survey show that 3% of people are likely to have a severe mental disorder and 10% a mild to moderate disorder (WHO). While an estimate of the magnitude of mental health problems can be made from studies done in other countries with similar socio-economic levels of development, it is very important to undertake such studies in Malawi. In Malawi the majority of patients with mental health problems present in primary health centers, and one study found that 28.8% of patients attending to health centres had a common mental health disorder (Kauye et al, 2013). Another study in Malawi found that people with common mental disorder (CMD) had a higher average number of health facility visits compared to those without CMD (Udedi et al 2013).

HIV and AIDS are increasing at an alarming rate with an estimated 70,000 new HIV infections occurring across all groups in Malawi annually (MoHP 2012). Human Immune deficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) now constitute the leading cause of death and accounts for a larger percentage of all in-patient admissions thereby raising the problem of AIDS related neurological and mental health problems. One study in Malawi indicates the prevalence of psychological distress to be 14.4% in people attending Antiretroviral Therapy Clinics in Mzuzu (Mwale, et al., 2007).

Available records from mental hospitals indicate that the profile of mentally ill patients in Malawi is not dissimilar to that in other parts of Africa. The diagnostic profile seen in the mental health facilities is not different. The commonest conditions seen in the facilities are schizophrenia, mood affective disorder (bipolar and depression), epilepsy and substance use disorder. Hospital records from these institutions show a preponderance of mental health problems including organic mental disorders in the form of seizure disorders and mental retardation. At Zomba Mental Hospital during the 2012/13 financial year, schizophrenia was responsible for 31% of inpatient admission, while 23% of hospital admission was due to Bipolar Affective Disorder and psychoactive substance use disorder contributed 14% of hospital admission. At St John of God Community Services, schizophrenia was responsible for 23% of outpatient consultations, while Bipolar Affective Disorder contributed 8% of outpatient consultations and Epilepsy formed 51% percent of outpatient

consultations in 2013. According to the Rapid Situation Assessment of 2004 the main substances of abuse in Malawi are alcohol, cannabis and tobacco with cannabis as the commonest substance of abuse (Bisika et al, 2004). However, Malawi like any other developing country is faced with new wave of substance of abuse such as cough syrup containing codeine among others. The individual, family and community at large are all negatively impacted by substance use. In particular, in Malawi, domestic and sexually related violence have been linked to substance abuse, especially alcohol (Braathen, 2008).

Currently there is an increase in media reporting on suicide in Malawi which has caused a great deal of concern. There appears to be a shift toward the younger age group especially with regard to the increase in the suicide rate as have been reported in the media. The STEPS survey (2017) puts suicidal ideation at 7%, actual suicidal attempt at 6% and completed suicide at 3%.

### **1.3.1 Mental Health and Vulnerable Groups**

Mental disorders are not evenly distributed across society. There are certain population groups that are more vulnerable to mental disorders.

#### **1.3.1.1 Children and adolescents**

Children are often prone to risk factors for mental disorders either at birth where there was inadequate pre-natal care or if their environment does not promote care, affection, love, stimulation for cognitive abilities or other emotional and social support. Adolescents face behavioral challenges and exposure or pressure to risky behaviour such as use of psychoactive substances that make them vulnerable to mental disorders. In addition, evidence suggests that the majority of severe mental disorders start to develop in the teenage years.

#### **1.3.1.2 Women**

Women's vulnerability to factors such as poverty, sexual and domestic violence, discrimination and conflicts has exposed them to high prevalence of certain mental disorders such as depression and anxiety. In Malawi, CMD are a health burden among women with infants in rural Malawi since it is associated with poverty, relationship difficulties, HIV infection and infant health problems (Stewart et.al, 2009). Women are especially at risk of mental health problems in pregnancy and the postpartum period that can have long-term impact on their wellbeing and on the health and development of their children. Recent research indicates a relevant incidence of common perinatal

mental disorder (CPMD) in Malawi as comparative to other SSA countries (Ng'oma et al, 2019) and has high impact on child health.

#### **1.3.1.3 Older persons**

Older persons especially those without social protection and social networks are often vulnerable to mental disorders.

#### **1.3.1.4 Prisoners**

The prison setting makes prisoners more vulnerable to mental disorders. In addition, some of them have psychoactive substances use disorders. This necessitates policy interventions targeting prisoners.

#### **1.3.1.5 People emerging from conflict and disasters**

Disasters and conflicts immensely contribute to stress and trauma. This often leads to mental disorders such as anxiety, depression and post traumatic disorder.

#### **1.3.1.6 People living with HIV and AIDS**

HIV and AIDS is a life threatening and disabling disease. A proportion of individuals with HIV and AIDS suffer psychological consequences as a result of the infection. Stigma and discrimination against people with HIV and AIDS contributes to psychological stress. Family members of persons infected also suffer psychologically due to stigma and loss of their family members.

### **1.4 Purpose of the Policy**

The purpose of the National Mental Health policy is to provide a guiding framework for provision of comprehensive and quality mental health service including counselling in Malawi.

## **1.5 Linkages with other Policies, Legislation and Strategies**

### **Linkages with National Policies and Strategies**

This National Mental Health Policy has been developed with the broader Government of Malawi framework and cognizant of other related policies and plans including:

#### **Constitution:**

The National Mental Health policy is aligned with the Malawi Constitution under Chapters III and IV. The National Mental Health policy will lead to realization of rights of people living with mental illness as enshrined in the Malawi Constitution in ensuring the enjoyment of their human rights and also access to adequate mental health care.

#### **Vision 2020**

Vision 2020 is an overarching policy document for the Government of Malawi. It outlines the key strategic options for improving the health status of Malawians so that they can achieve better health via improved availability, accessibility and quality of healthcare services. This provides a clear linkage with the National Mental Health policy.

#### **Malawi Growth and Development Strategy III (2017-2022)**

The MGDS III is the overarching strategic framework guiding the planning and implementation of public services in Malawi. The MGDS III recognizes health as a linchpin of socioeconomic development. The MGDS III seeks to strengthen initiatives for prevention, diagnosis and treatment of emerging non-communicable diseases including mental health. This provides a clear linkage with the National Mental Health policy.

#### **Health Sector Strategic Plan (2018-2022)**

The HSSP II is the health sector's medium term strategic plan which lays down the objectives, strategies and activities of the sector. This provides a clear linkage with the National Mental Health policy.

#### **Disability Act (2012)**

The Act provides for the equalization of opportunities for persons with disabilities through the promotion and protection of their rights.

### **Mental Health Treatment Act (1948)**

The Act provides for the care of persons who are suffering from mental disorder or mental defect. It addresses issues regarding custody of the persons suffering from mental illness and management of their estates, and for the management and control of mental health hospitals in Malawi.

### **National Health Policy (2018)**

The National Health Policy seeks to provide a unified guiding framework for achieving the health sector goals and improving the functioning of the health system of the country. The National Mental Health policy will support the achievement of health sector goals.

### **National HIV and AIDS Policy (2011-2016)**

The policy aims to facilitate the evidence based on programming and strengthening of the National HIV and AIDS response. The National Mental Health Policy will ensure the enforcement of the responses.

### **National Alcohol Policy, (2017)**

The Policy seeks to support the public health-oriented and socio-economic policies in reducing alcohol-attributable harm. The policy further seeks to increase awareness of the effects of alcohol and curb harmful consumption of alcohol including underage drinking. The National Mental Health Policy will support the implementation of the responses.

### **National Policy on Equalization of Opportunities for Persons with Disabilities (2012)**

The Policy seeks to promote the rights of people with disabilities to enable them play a full and participatory role in society. The Policy also ensures that concrete steps are taken for people with disabilities to access the same fundamental rights and responsibilities as any other Malawian citizen. Further the Policy advocates for empowerment of persons with disabilities. The National Mental Health Policy will support the empowerment, promotion and protection of the rights of people with mental illness.

### **National Policy on the Elderly Persons (2012)**

The Policy facilitates the promotion of rights and welfare of elderly persons. The National Mental Health Policy will ensure that the elderly are effectively targeted with different mental health programmes.

**National Youth Policy (2013)**

The National Youth Policy whose overall goal is to provide a framework that guides youth development and implementation of all youth programmes in the country. The policy addresses issues that impinge on the ability of adolescents and young people to contribute to national development. The National Mental Health Policy will ensure that the youth are effectively targeted with different mental health programmes.

**Policy on Orphans and other Vulnerable Children (2003)**

The policy provides the framework for interventions for care, protection and support of children in difficult circumstances. The National Mental Health Policy will ensure that the vulnerable children are targeted for the mental health programmes.

**National Gender Policy (2015)**

The Policy provides guidelines for mainstreaming gender in various sectors of the economy with the overall goal of reducing gender inequalities and enhancing participation of women, men, girls and boys in socio economic and political development. The Policy seeks to promote elimination of gender based violence and human trafficking as well as ensuring that access to socio economic services are improved to address gender based violence and human trafficking. The National Mental Health Policy will support the protection of people with mental illness from gender based violence and provision of preventive and intervention interventions for survivors.

**National Education Policy (2012)**

The policy advocates for the promotion of: school health; water, sanitation and hygiene; HIV and AIDS; gender. The national mental health policy will ensure that all children are effectively targeted with different mental health promotion programmes.

**National Social Welfare Policy (2018)**

The policy seeks to promote access to social justice and improved wellbeing of the vulnerable and disadvantaged groups of people through an integrated, well-coordinated and regulated social welfare services delivery system. The national mental health policy will ensure that the vulnerable groups are effectively targeted with different mental health promotion programmes.

### **Linkages with International Instruments**

Malawi ratified several international instruments aimed at improving the quality of life of its people. This Policy will be implemented in line with guidelines in these international frameworks.

These include;

#### **Sustainable Development Goals (2016-2030)**

The Sustainable Development Goals (2016-2030) goal number 3.4 aims to reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being. The SDG Goal 3.5 aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. This provides a clear link with the National Mental Health Policy.

#### **Mental Health Action Plan 2013-2020**

The Plan seeks to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders. This provides a clear link with the National Mental Health Policy.

#### **The Convention on the Rights of Persons with Disabilities (2006)**

The Convention seeks to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. This provides a clear link with the National Mental Health Policy.

## **2.0 BROAD POLICY DIRECTIONS**

### **2.1 Policy Goal**

The goal of the Mental Health Policy is to improve the mental health status of Malawians, which will enable them to effectively contribute to, and enjoy socio- economic development.

### **2.2 Policy Outcomes**

1. Improved access to integrated quality mental health services for the population.
2. Reduced burden of mental health problems in the country.

### **2.3 Policy Objectives**

- To promote mental and emotional health as a positive life goal.
- To provide integrated mental health service at all levels.
- To provide mental health services to groups with special mental and social health problems.
- To promote collaboration with other Ministries departments and agencies, Non-Governmental Organizations, Private and International Agencies in the planning and provision of services.
- To develop the appropriate capacity across all stakeholders for ensuring the implementation of the activities and plans at all levels
- To improve the resource envelope available for mental health in line with broader health agenda

### **3.0 POLICY PRIORITY AREAS**

The National Mental Health Policy has identified seven priority areas which will promote the achievement of the policy goal and objectives. The priority areas are:

1. Leadership and Governance.
2. Empowerment of persons with mental disorders and psychosocial disability and vulnerable groups.
3. Comprehensive, integrated, quality mental health service delivery.
4. Capacity building: Human Resources and Training; Infrastructure.
5. Research, Monitoring, Evaluation, Accountability and Learning (MEAL) for Mental Health.
6. Mental Health Financing.
7. Mainstreaming Mental Health Policies and Programmes.

#### **3.1 Policy Priority Area 1: Leadership and Governance:**

This priority area focuses on coordination for mental health and including programme development and management; standard setting, intersectoral collaboration and coordination as well as relevant mechanisms and legislation.

There is currently no stand alone mental health unit under the Ministry of Health and Population, which has resulted in fragmentation and weak coordination mechanism. There are currently no specific comprehensive standards operating procedures for mental health. Furthermore, inter-sectoral collaboration is weak with mental health issues not being addressed adequately in other sectors.

#### **Policy Statement:**

1. The Government will ensure that effective leadership for mental health will be established at all levels.
2. The Government will ensure updated and appropriate legal frameworks are in place and enforced.

### **3.2 Policy Priority Area 2: Empowerment of persons with mental disorders and psychosocial disability and vulnerable groups**

Knowledge and access to mental health services has been one of the challenges affecting many people in Malawi due to lack of advocacy and awareness initiatives. Persons with mental disorders are often vulnerable to human rights violations with the most common being discrimination, abuse of personal dignity, inhumane and degrading treatment, torture, forced medical interventions, sexual violence, domestic violence and psychological stress. Others include reduced access to basic rights such as health care, education, food, housing and employment, restriction on civil liberties such as right to vote.

Vulnerable groups have specific needs and are vulnerable to mental health problems and need special protection- i.e. pregnant women against financial strain; however, they have limited access to mental health services. Users at the community level experience stigma and discrimination due to lack of knowledge. The users also face challenges of lack of medication due to shortages in hospitals and also limited access where distance to even basic specialized services is a challenge. Lack of education on rights and understanding of mental illness is also another challenge the users face. Furthermore, lack of a conducive environment for income generation in rehabilitation phase affects most users of mental health services. Skills and back to work programmes will reduce dismissal due to mental health problems but also assist the users to have transport fee to access services from the money earned.

#### **Policy statement:**

Government will ensure that persons with mental disorders, psychosocial disabilities and vulnerable groups are empowered and involved in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.

### **3.3 Policy Priority area 3: Comprehensive, integrated, quality mental health service delivery**

Existing mental health services are mainly urban based. They are neither decentralized nor integrated into the national Primary Health Care delivery system. This is in spite of the fact that the majority of the population live in the rural areas. The lack of integration of mental health services into the health care delivery system has limited the scope of services available to the population of Malawi and has not facilitated the development of the necessary skills for the management of mental health problems by general health care workers. The quality of care in the mental health

sector is generally below the acceptable standards. The resources in mental health institutions, both material and human are inadequate and constitute an impediment to effective and enlightened mental health care. Basic Essential medicines for treatment of mental health conditions are erratic supply and inadequate.

There is lack of mental health promotion interventions which leads to a pervasive misconception about the nature of mental disorder which generates fear and stigmatization. This situation has not been to the advantage of the people with mental illness, the promotion of mental health or to the development of mental health services.

**Policy statement:**

Government will ensure the provision of comprehensive, integrated and quality mental health and social care services across all sectors.

**3.4. Capacity building: Human Resources and Training; Infrastructure**

Comprehensive delivery of mental health services requires a trained workforce to provide high quality, holistic care to all citizens at all levels of care. This needs to be supported by appropriate infrastructure (buildings, equipment, electronic record systems and communication tools) relevant to the setting.

There are currently insufficient numbers of mental health care providers at all levels of care to meet the needs of the community across public, private and non-government sectors.

There are currently insufficient training opportunities for clinicians wanting to specialize in mental health and due to enduring stigma about mental health issues, those who do specialize, often report negative attitudes towards them.

There is very limited funding for training institutions and little sponsorship for trainees, who often have to rely on international development partners to access further education.

The current system of mental health care is largely provided in secondary and tertiary health institutions. Mental health providers at primary health care level are often inadequately trained and a true integration of services is therefore difficult. Due to staff shortages, professionals skilled in

mental health may be used in other care settings, thereby draining resources from mental health care provision. Health centres, hospital and clinics are often not adequately designed and equipped to provide safe, high quality services to mental health patients.

**Policy statement:**

Government will commit to a strategic plan of building capacity in mental health care provision, including adequate education, training and infrastructure at all levels of care.

**3.5 Research, Monitoring & Evaluation, Accountability and Learning (MEAL) in mental health**

Effective interventions in mental health need to be based on scientific research evidence. Mental Health research is an important driver for the development of clinical services. It enables policy makers and service providers to create effective and evidence-based services. Mental Health services need to be systematically monitored and evaluated on a regular basis to guarantee an on-going improvement in the standard of clinical care.

Malawi's Mental Health research capacity is currently very limited and there is no comprehensive system to collect epidemiological mental health data at a national level. Although estimates of Malawi's mental health burden can be made from studies conducted in countries in the region with similar socio-economic development, it is crucial to gather this information nationally to guide mental health service provision that is specific to local social and cultural contexts.

Health workers practicing in primary care in non-mental health settings often have very limited knowledge and skills in mental health. This means that the vast majority of mental health problems are not appropriately identified and recorded. The current Health Management Information System (HMIS) includes indicators for mental health, but monitoring and evaluation of mental health outcomes remains challenging.

**Policy statement:**

Government and stakeholders will promote the building of research, monitoring, evaluation, accountability and learning capacity in mental health in Malawi and support the dissemination of research findings to the public and relevant stakeholders.

### **3.6 Mental Health Financing**

Mental health services need to be appropriately funded and their financing need to be guided by existing evidence for cost-effective interventions.

Current mental health funding is insufficient, in part due to the unrecognized burden of disease caused by mental illness in Malawi. Mental health services are not currently given parity with other clinical specialties despite the large burden of disease caused by mental illness. A poor understanding of mental illness, inadequate advocacy and stigma all contribute to this.

There is limited budgetary appropriation for mental health services and programmes at central and local government level. The lack of systematically used mental health indicators make it difficult to cost services and allocate resources.

#### **Policy statement:**

Government will ensure that funding of Mental Health Services is proportionate to the burden of disease in Malawi.

### **3.7 Mainstreaming Mental Health Policies and Programmes**

Mainstreaming refers to the process of incorporating mental health services (awareness and prevention of mental illness; promotion of mental health and provision of mental health services) into the policies and programmes of all ministries, departments and agencies.

Mental Health problems are not currently well understood by the general public, leading to stigmatization and discrimination of people living with mental illness. There is little awareness of how to access mental health services and treatment. This in turn leads to high levels of disability with loss of quality of life and economic productivity.

#### **Policy statement:**

Government ministries and agencies in collaboration with other stakeholders will develop and implement a mental health strategic framework for all sectors to promote and protect mental health.

## **4.0 IMPLEMENTATION ARRANGEMENTS**

The implementation of the National Mental Health Policy aims at ensuring harmony between different stakeholders and improving efficiency, clarifying roles and effective involvement of different ministries, consumers, civil society, nongovernmental organizations, development partners and other key stakeholders through proposed structures.

### **4.1 Institutional Arrangements**

#### **Role of the Ministry of Health and Population**

- Provide strong leadership for the implementation and further development of this National Mental Health Policy.
- Provide and manage the national mental health services.
- Monitor and evaluate mental health issues and problems in the country.
- Ensure that mental health services in Malawi encompass promotion, prevention, screening, treatment and rehabilitation – the components necessary to improve the quality of mental health care in the country.
- Develop program-specific mental health policies and guidelines.
- Develop and update mental health legislation and regulations.
- Assure quality and equitable distribution of mental health services.
- Assist with the curriculum development for the training of mental health workers.
- Assist with the curriculum development for integrated training on mental health for all health workers (i.e. to screen at ANC/ under 5 clinics / HTC, ART clinics/ NCD Clinics).
- Develop, adapt and implement appropriate screening tools.
- Ensure the development of human resources for mental health services through active recruitment, capacity building and appropriate training that is in accordance with best practices.
- Recruit graduates to work in the mental health sector.
- Provide a budget for mental health services
- Develop resource manuals, to be used by professionals and the community
- Provide public awareness and education on the causes, nature and treatment of mental health related issues and mental health disorders.
- Collaborate with other ministries and sectors to coordinate mental health activities.
- Coordinate bilateral and international efforts in the mental health programme
- Join regional associations for the promotion of mental health activities

- Establish a yearly regional and national meeting on mental health, which can serve as a continuing education program for providers.
- Establish a mechanism of ongoing supervision to maintain and improve the skills learned from training initiatives.
- Monitor and evaluate the delivery of mental health services.

### **Role of the Ministry of Education**

- Train all teachers in the basic knowledge of detecting mental health problems and identifying child abuse.
- Develop and adapt screening tools.
- Enable teachers to detect learning disabilities and make the appropriate referrals to special educational programmes, if and when available.
- Collaborate with the MOHP to train teachers in screening students for psychosocial functioning problems using an approved, culturally valid standardized screening instrument.
- Create and incorporate education programs for children with special behavioural and development needs.
- Detection of child abuse and behavioural problems in childhood.
- Provide health and mental health education, including but not limited to alcohol and substance abuse.
- Early detection and screening of childhood mental disorders.
- Provide appropriate placement of intellectually disabled children.
- Incorporate a mental health component in the curriculum for teachers.
- Ensure counsellors are available within the schools to provide assessments and basic counselling, and to refer complicated cases to the primary care system when necessary, refer to adequate treatment.
- Support school counsellors and life skills teachers to provide counselling, mental health promotion and prevention of disorders.
- Promote and teach healthy life styles in educational institutions.
- Establish or strengthen student counselling services at colleges and other educational institutions
- Screen for early symptoms of mental health problems.
- Provide scholarships and other financial assistance for the training of mental health professionals.
- Include and develop mental health components in the training of a variety of professions including teachers and occupational therapists.

- Implement mental health promotion programs in all schools that are age appropriate and that reflect the different developmental needs of various age groups.
- Establish specialized mental health programmes.
- Liaise with MOHP to establish specialized educational programmes for children who are detained in psychiatric or community institutions to ensure their educational needs are being met, especially for children with intellectual disability.

### **Role of the Ministry of Gender, Children, Disability and Social Welfare**

- Liaise with the MOHP to develop ways of promoting, detecting and intervening for maternal mental health, mother-infant bonding and optimization of early child development thereby promoting the mental health of women and children and optimizing child growth and development.
- Social welfare services must consider mental illness a priority when distributing welfare benefits.
- Ensure that mental illness be a priority when distributing welfare benefits to family members if they are the principal providers of care.
- Train staff of social welfare services in provision of appropriate psychosocial support to people with mental disorders and their carers.
- Advocate for the protection of people with mental illness from gender based violence.
- Collaborate to develop preventive and intervention programs for survivors of Gender Based Violence (GBV) and mandated services for alleged and convicted perpetrators.
- Ensure that each mental health facility there is a designated social welfare officer.

### **Role of the Ministry of Information and Civic Education**

- Collaborate with the MOHP to orchestrate mental health awareness and prevention initiatives, such as media or radio programs.
- Dissemination of information on mental health.
- Promoting the image of mental health in both print and electronic media to support de-stigmatization.
- Collaborate with the MOHP to develop and disseminate targeted messages for the general population, as well as for vulnerable groups, such as street children, women, elderly, PLWHA and refugees.
- Develop an advocacy program to promote the rights and needs of those with mental illnesses as well as to reduce the associated stigma.

### **Role of the Ministry of Justice**

- Advocate for the promotion of mental health services for prisoners.
- Protect the rights of mentally ill individuals, including offenders.
- Establish and implement appropriate and humane legal mechanisms for managing mentally ill people who commit crimes, and develop a system to refer them for evaluation and treatment.
- Ensure that mental health legislation is current, and promotes and protects the human rights of prisoners with mental disorders.
- Participate in drafting and reviewing the Mental Health legislation.
- Implement the legal procedures on the admission and discharge of mentally ill patients.
- Collaborate to develop a screening instrument, protocols, guidelines and treatment in-prison counselling and options for prisoners with mental health problems.
- Develop guidelines for the referral of offenders for psychiatric assessment in collaboration with the MOHP.
- Collaborate to develop programs that address perpetrators of GBV. These programs must be mandated for anyone arrested for GBV related crimes. They must be completed before those arrested are reintegrated back into the community.
- Collaborate with the MOHP to provide mental health awareness and basic training in mental health related issues for relevant personnel. This includes for judges, lawyers, police, and prison officials and workers.

### **Role of the Ministry of Labour**

- Ensure that there are policies that integrate people with mental disorders into the workforce.
- Develop and implement mental health promotion and prevention programs in the workplace.
- Encourage the public and private sectors to establish employment workshops for persons with mental disorders.
- Create a working environment that is free of discrimination and that caters to employee well being.
- Promote the employment of people with disabilities through the Employment Act.
- Assist those who are unable to work because of their mental illness or because of a deficits or handicaps resulting from their mental disease.
- Protect people with mental disorders in the workplace by safeguarding their legal rights, in keeping with the Labour Act.
- Provide vocational counselling services.

### **Role of the Ministry of Lands and Housing**

- Liaise with the MOHP in the development of residential care.
- Provide community residential care (such as halfway houses, group homes).
- In collaboration with MoHP, Ministry of Lands will raise awareness on the right of people with mental disorders and protect them against discrimination.

### **Role of the Ministry of Local Government and Rural Development**

- Budget for community activities related to mental health.
- Support the activities of mental health volunteers.
- Advocate among the governors for support for mental health in the community and the needs of people with mental disorders.

### **Role of the Ministry of Homeland Security (Police and Prison)**

- Manage prisoners with mental health problems and refer them to mental health services when indicated.
- Promote mental health among prisoners and encourage healthy life styles
- Develop and implement special gender sensitive approaches for vulnerable groups (i.e. for CPMD and disabled people in prison).
- Work in close cooperation with the Ministry of Health and Population.
- Observe the relevant stipulations in the Mental Treatment Act.
- Provide mental health training for prison officers, and select prison officers for training by the MoHP.
- Provide mental health training for law enforcement officers in the police force, in collaboration with the MoHP. Mental health should be included in the basic training of police officers and training of those police officers who are already qualified.
- Implement sections of the Mental Treatment Act which deal with the responsibility of the police men and women, officers, concerning mentally ill individuals.
- Ensure that the rights of people with mental disorders should be protected and promoted by all law enforcement officers.

### **Role of the Ministry of Youth and Sport**

- Continue to address skill-development for young Malawians.
- Explore collaborative opportunities for mental health screening of young people during Ministry of Youth and Sports sponsored events.
- Promote healthy life styles and constructive use of leisure time through the enhancement of sport and physical exercise and the active promotion of cultural activities.

### **Role of the Research and Training Institutions**

- Training of all health workers in mental health at both basic and advanced levels.
- Establish mental health research programmes.

### **Role of User, Family Groups and the Community**

- Develop support systems to promote mental health and prevent mental illness.
- Work to reduce the burden of stigma associated with mental illness.
- Lobby the relevant government agencies, sectors and nongovernmental organizations for relevant and appropriate mental health services.
- Advocate for the rights of people with mental disorders.
- Establish and support advocacy groups for Mental Health, Alcoholics Anonymous, etc.

### **Role of the Non Governmental Organizations**

- Develop facilities for treatment and rehabilitation.
- Promote mental health, advocate for appropriate care and respect of mental healthcare users and carers.
- Assure gender sensitive approaches (i.e. particularly for CPMD).
- Collaborate with the MOHP and other relevant players in the development and implementation of mental health care services.
- Provide programs consistent with the National Mental Health Policy.
- Ensure that programs are culturally appropriate and in accordance with best practices.
- NGOs undertaking new primary care efforts must avoid establishing parallel primary health care facilities and systems in competition with the MOHP system.
- Assure appropriate level of skill and training based on proposed imitative.
- Function as integral partners in the discharge, planning, and necessary support of the chronically mentally ill, such as in the areas of housing and community based rehabilitation programmes.

### **Role of the Private Sector**

- Collaborate with the MOHP and other relevant players in the development and implementation of mental health care services.
- Support the MOHP through cooperate social responsibility in mental health promotion activities.

### **4.2 Implementation Plan**

The implementation of the policy will be championed by the Ministry responsible for Health and Population working closely with the other Government Ministries, Departments and Agencies, Development Partners, NGOs and relevant stakeholders. All stakeholders should mobilize the necessary financial and human resources for the implementation of their responsibilities related to this national mental health policy. The detailed Implementation, Monitoring and Evaluation plans are attached to the policy.

### **4.3 Monitoring, Evaluation, Accountability and Learning**

The National Mental Health Policy shall be monitored and evaluated using a comprehensive monitoring and evaluation framework based on objectives as set out in the policy. This needs data collection, collation and analysis on diseases, health services, health finances, health workforce, medicines and medical consumables, health infrastructure and equipment from all stakeholders of the health sector. Monitoring and evaluation of progress made in the prevention and control of mental illness shall be conducted regularly against a set of agreed upon indicators.

- a. Data shall be generated using surveillance systems and operational research.
- b. Relevant stakeholders` data also to be generated (i.e. from counselling services in different institutions).
- c. Additional information shall come from regular supportive supervision at districts and national levels.
- d. Annual review meetings shall be conducted to discuss problems encountered and monitor progress in the attainment of set targets.
- e. There shall be mid-term and end-term evaluations of implementation plans to assess the achievements that shall guide modification of existing targets and setting up of new targets.

### **4.4 Policy Review**

The Policy shall be reviewed periodically as and when necessary.

## **5.0 IMPLEMENTATION, MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL) STRATEGY**

This document complements the National Mental Health policy document. It presents the implementation arrangements that will facilitate the administration of the policy by government and other key stakeholders. The successful execution of the National Mental Health Policy will mainly rely on the implementation of the strategies that have been listed in this document.

The Implementation of the Monitoring, Evaluation, Accountability and Learning (MEAL) Strategy contains three main sections namely Strategies for Policy Priority Areas, Implementation Plan and Monitoring and Evaluation Plan. Strategies for the Policy Priority Area section present each Policy Priority Area with its specific objective(s) and strategies while the Implementation Plan gives a detailed outline of the Policy Priority Area and its corresponding Policy Statement followed by Objectives and their strategies within a specified time period. The M&E plan on the other hand focuses on monitoring results at the output and outcome levels.

### **5.1 STRATEGIES FOR POLICY PRIORITY AREAS**

#### **5.1.1 Policy Priority Area 1: Leadership and Governance**

**Objective:** To strengthen effective leadership and Governance for mental health

**Strategies**

1. Create a functional mental health unit responsible for Mental Health to foster inter/intra-sectoral collaboration and coordinate all the mental health activities in the country.
2. Strengthen coordination mechanisms for effective stakeholder collaboration
3. Develop and revise national policies strategies, guidelines, procedures, laws and regulations relating to mental health in all relevant sectors.
4. Enact appropriate legislation covering the relevant aspects of mental health care services as well as protecting the civil rights of people with mental illness and caring for them.
5. Repeal legislation that perpetuates stigmatisation discrimination and human rights violations against people with mental disorders and psychosocial disabilities

### **5.1.2 Policy Priority Area 2: Empowerment of persons with mental disorders and psychosocial disability and vulnerable groups**

**Objective:** To empower persons with mental disorders and psychosocial disability as well as vulnerable groups

#### **Strategies**

1. Increase public and media awareness on the magnitude of mental health problems and availability of effective interventions.
2. Promote mental health literacy at all levels (including families and clients orientated on healthy lifestyle etc).
3. Foster the community empowerment and involvement of persons with mental disorders their families and care givers in mental health care
4. Advocate with other sectors for the inclusion of psychosocial disabilities in their services and programs.
5. Raise awareness among relevant stakeholders' groups about mental health, law and human rights including their responsibilities in relation to implementation of policy, laws and regulation.

### **5.1.3 Policy Priority area 3: Comprehensive, integrated, quality mental health service delivery**

**Objective:** To provide comprehensive, integrated and responsive mental health services to all individuals, families and communities and all levels

#### **Strategies**

1. Integrate mental health services into general health care delivery system (e.g. chronic care, maternal and child health care).
2. Provide outpatient and inpatient mental health services in all health facilities
3. Develop and implement electronic tools for care of people with mental health disorders at service delivery
4. Strengthen community based mental health services
5. Strengthen supportive supervision for general and mental health workers in provision of mental healthcare services.
6. Strengthen mechanisms/supply chain for the availability of essential psychotropic medicines for mental disorders at all levels.
7. Support training for non specialist health workers for effective prescriptions of psychotropic medicines.

8. Support training for non health care workers in other sectors.
9. Provide services and interventions for vulnerable groups.
10. Strengthen patient flow/referral pathways in mental health.
11. Support creation and implementation of counselling services.

#### **5.1.4. Policy Priority area 4: Capacity building: Human Resources and Training; Infrastructure**

**Objective 1:** To build capacity in mental health care provision

##### **Strategies**

1. Strengthen capacity building of all mental health professions (cadres) by utilising available strategic plan and functional reviews including cadres for counselling.
2. Strengthen continued professional development the skills of existing mental and non mental health professionals to scale up the mental health workforce.
3. Develop mental health guidelines (procedures and SOP) and outline the responsibilities for professionals involved in mental health care.
4. Support the development of curricula and training manuals for each profession in association with training regulatory bodies.
5. Collaborate with universities/colleges and other educational institutions to include mental health components into undergraduate and postgraduate curricula for aligned professions.
6. Develop and implement retention mechanisms of trained mental health workers.

**Objective 2:** To provide infrastructure to support the implementation of mental health services

##### **Strategies**

1. Review the current infrastructure provision for mental health services at all levels
2. Develop and implement minimal standards for purpose built mental health infrastructure at all levels and reflect in the capital investment plan.

#### **5.1.5 Policy Priority area 5: Research, Monitoring & Evaluation in mental health**

**Objective 1:** To develop capacity to conduct high quality Mental Health research in Malawi.

##### **Strategies**

1. Provide research training for all mental health professionals at all levels (aim to gather evidence in all areas of mental health care provision).

2. Allocate an adequate proportion of national research funding to mental, neurological and substance use research.
3. Create funding opportunities for career pathways for mental, neurological and substance use researchers in collaboration with colleges and universities.
4. Collaboration of mental health researchers with planning and central monitoring and evaluation departments to improve the generation of epidemiological data.

**Objective 2:** To improve comprehensive collection and use of data.

**Strategies**

1. Strengthen systematic monitoring and evaluation of mental health services in Malawi.
2. Review current outcome measure and indicators for mental health.
3. Strengthen data collection through the use of adequate data collection systems and training.
4. Identify core sets of agreed mental health indicators and create regular reports to inform clinical service development.

**5.1.6 Policy Priority area 6: Mental Health Financing**

**Objective:** To allocate and safeguard a budget for mental health in Malawi

**Strategies**

1. Establish the burden of disease due to mental health in Malawi through review and collection of mental health data and present evidence to government.
2. Support the establishment of a Mental Health Unit under the clinical directorate and advocate for the allocation of a ring-fenced mental health budget.
3. Develop a strategic plan to implement the mental health budget using evidence based interventions in the most cost-effective way and develop system of accountability of funds.
4. Collaborate with private providers and NGOs to raise awareness of mental health needs and to raise funds for further research and service provision in MNS.

### **5.1.7 Policy Priority area 7: Mainstreaming Mental Health Policies and Programmes**

**Objective:** To create awareness, promote mental health and prevent as well as provide services for mental illness in all sectors in Malawi.

#### **Strategies**

1. Organise and support awareness campaigns to increase the knowledge about the burden of mental health disorders in the general public and reduce stigma towards people with mental health problems.
2. Provide information to the general public about how to access mental health support at all levels of care.
3. Create awareness on issues of sexual, emotional and physical abuse as established contributors of mental illness and provide specialist services for survivors of abuse (e.g. One Stop Clinics).
4. Encourage collaboration with informal mental health care providers such as families, schools, police force, religious leaders, faith healers, traditional healers and local nongovernmental organisations to promote exchange and mental health awareness.
5. Encourage the inclusion of mental health awareness and information about access to support into workplace policies and programmes.

## 6.0 IMPLEMENTATION PLAN

<b>Policy Priority Area 1: Leadership and Governance</b>			
<b>Policy Statement 1:</b> The Government will establish effective leadership and governance for mental health			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
<b>Objective:</b> To strengthen effective leadership and Governance for mental health	Create a functional mental health unit responsible for Mental Health to foster inter/intra-sectoral collaboration and coordinate all the mental health activities in the country;	MOHP (Clinical, Planning and HR) Senior Management	July 2020
	Strengthen coordination mechanisms for effective stakeholder collaboration	MOHP, Clinical MH unit and Planning	July 2020 and ongoing
	Develop and revise national policies strategies, guidelines, procedures, laws and regulations relating to mental health in all relevant sectors	MOHP (Clinical Services, mental health unit)	July 2020 and ongoing
<b>Policy Statement 2:</b> The Government will ensure updated and appropriate legal frameworks are in place and enforced			
<b>Objective:</b> To strengthen effective leadership and Governance for mental health	Enact appropriate legislation covering the relevant aspects of mental health services as well as protecting the civil rights of people with mental illness and caring for them.	MOJ and MOHP, Law Commission	2020
	Repeal legislation that perpetuates stigmatization discrimination human rights violations against people with mental disorders and psychosocial disabilities	MOJ and MOHP, Law Commission	2020
<b>Policy Priority Area 2: Empowerment of persons with mental disorders and psychosocial disability and also vulnerable groups</b>			
<b>Policy Statement 2.1:</b> Government will ensure that persons with mental disorders, psychosocial disabilities and vulnerable groups are empowered and involved in mental health advocacy, policy planning, legislation, service provision, monitoring, research and evaluation.			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
To empower persons with mental disorders and psychosocial disability and also vulnerable groups	Increase public and media awareness on the magnitude of mental health problems and availability of effective interventions	MOHP (HES), MOICE , MOEST, MEHUCA, MHA, DODMA	July 2020
	Promote mental health literacy at all levels (including families and clients orientated on healthy lifestyle etc)	MOHP (HES), MOICE , MOEST, MEHUCA, MHA	July 2020

	Foster the community empowerment and involvement of persons with mental disorders their families and care givers in mental health care	MOHP, MEHUCA , MOGCD &SW	July 2020
	Advocate with other sectors for the inclusion of psychosocial disabilities in their services and programs	MOHP, MEHUCA, MOGCD & SW, OPC, DHMRD, MRC, DODMA	July 2020
	Raise awareness among relevant stakeholders groups about mental health, law and human rights including their responsibilities in relation to implementation of policy, laws and regulation	MOHP, MOJ, MEHUCA, FEDOMA	July 2020
<b>Policy Priority Area 3: Comprehensive, integrated, quality mental health service delivery</b>			
<b>Policy Statement 1:</b> Government will ensure the provision of comprehensive, integrated and responsive mental health and social care services across all sectors			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
To provide comprehensive, integrated and responsive mental health services to all individuals, families and communities and all levels	Integrate mental health services into general health care delivery system (e.g. chronic care, maternal and child health care).	MOLGRD, MOHP, MOHS , MDF, Private Sector CHAM	July 2020 and ongoing
	Provide outpatient and inpatient mental health services in all health facilities	MOHP, MOHS, MDF , MOLGRD, CHAM	July 2020 and ongoing
	Develop and implement electronic tools for care of people with mental health disorders at service delivery	MOHP/CHAM, MOLGRD	July 2020 and ongoing
	Strengthen community based mental health services	MOHP (Community Health Section, NCDs Unit), MOLGRD, CHAM MDF, MOHS PRIVATE	July 2020 and ongoing
	Strengthen supportive supervision for general and mental health workers in provision of mental healthcare services.	MOHP, MOLGRD, CHAM	July 2020 and ongoing
	Strengthen mechanisms/supply chain for the availability of essential psychotropic medicines for mental disorders at all levels.	MOHP, MOLGRD, MOHS, CMST, CHAM, MOF	July 2020 and ongoing

	Support training for non specialist health workers for effective prescriptions of psychotropic medicines	MOHP, MOLGRD MOHS, MDF, PMPB, MCM, NMCM	July 2020 and ongoing
	Support training for non health care workers in other sectors	MOHP,	July 2020 and ongoing
	Provide services and interventions to vulnerable groups	MOHP, MOLGRD, MDF MOHS, CHAM	July 2020 and ongoing
	Strengthen patient flow/referral pathways in mental health	MOHP, MOLGRD, MDF MOHS, CHAM	July 2020 and ongoing
<b>Policy Priority Area 4: Capacity building: Human Resources and Training; Infrastructure</b>			
<b>Policy Statement 1:</b> Government will commit to a strategic plan of building capacity in mental health care provision, including adequate education, training and infrastructure at all levels of care.			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
<b>Objective 1:</b> To build capacity in mental health care provision	Strengthen capacity building of all mental health professions (cadres) by utilizing available strategic plan and functional reviews	MOHP, MOLGRD	July 2020 and ongoing
	Strengthen continued professional development the skills of existing mental and non mental health professionals to scale up the mental health workforce.	MOHP, MOLGRD	July 2020 and ongoing
	Develop mental health guidelines (procedures and SOP) and outline the responsibilities for professionals involved in mental health care both at facility and in community.	MOHP(Community Health Section & NCDs Unit), MOLGRD	July - October 2020
	Support the development of curricula and training manuals for each profession in association with training regulatory bodies.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOEST</li> <li>• Medical/Nursing Council</li> <li>• College of Medicine</li> <li>• Colleges of Health Sciences</li> </ul>	July 2020 and ongoing

		<ul style="list-style-type: none"> <li>• Colleges of Nursing</li> </ul>	
	Collaborate with universities/colleges and other educational institutions to include mental health components into undergraduate and postgraduate curricula for aligned professions.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOEST</li> <li>• Medical/Nursing Council</li> <li>• COM</li> <li>• Colleges of Health Sciences</li> <li>• Colleges of Nursing</li> <li>• CHAM</li> </ul>	July 2020 and ongoing
	Develop and implement retention mechanisms of trained mental health workers	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOLGRD</li> <li>• DHRMD</li> <li>• Health Services Commission</li> <li>• CHAM</li> <li>• Medical/Nursing Council</li> </ul>	July 2020 and ongoing
<b>Objective 2:</b> To provide infrastructure to support the implementation of mental health services	Review the current infrastructure provision for mental health services at all levels	<ul style="list-style-type: none"> <li>• MOHP, (Clinical Services and Planning Dept) in association with Ministry of Public Works</li> </ul>	July 2020 and ongoing
	Develop and implement minimal standards for purpose built mental health infrastructure at all levels and reflect in the capital investment plan.	<ul style="list-style-type: none"> <li>• MOHP, (Clinical Services, Quality Management and Planning Dept) in association with</li> <li>• Medical/Nursing Council</li> <li>• MoTPW</li> <li>• MOLGRD</li> </ul>	July 2020 and ongoing

<b>Policy Priority Area 5: Research, Monitoring &amp; Evaluation in mental health</b>			
<b>Policy Statement:</b> Government and stakeholders will promote research capacity in mental health in Malawi and support the dissemination of research findings to the public and relevant stakeholders.			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
<b>Objective 1:</b> To develop capacity to conduct high quality Mental Health research in Malawi.	Provide research training for all mental health professionals at all levels (aim to gather evidence in all areas of mental health care provision)	MOHP (Clinical Services/Mental Health Unit in association with Research Department, Knowledge Translation Platform, Public Health Institute of Malawi)	August 2020 and ongoing
	Allocate an adequate proportion of national research funding to mental, neurological and substance use research.	MOHP (Clinical Services/Mental Health Unit, Research Department, Knowledge Translation Platform, Public Health Institute of Malawi) in association with all educational institutions involved in research and training • NCST	August 2020 and ongoing
	Create funding opportunities for career pathways for mental, neurological and substance use researchers in collaboration with colleges and universities.	MOHP (Clinical Services/Mental Health Unit, Research Department, Knowledge Translation Platform, Public Health Institute of Malawi) in association with all educational institutions involved in research and training • NCST	August 2020 and ongoing

	Collaboration of mental health researchers with planning and central monitoring and evaluation departments to improve the generation of epidemiological data	MOHP (Clinical Services/Mental Health Unit, Research Department, Knowledge Translation Platform, Public Health Institute of Malawi, Planning and Policy Dept, CMED)	August 2020 and ongoing
<b>Objective 2:</b> To improve the comprehensive collection and use of data	Strengthen systematic monitoring and evaluation of mental health services in Malawi.	<ul style="list-style-type: none"> <li>MOHP (Clinical Services/Mental Health Unit, Planning and Policy Dept, CMED)</li> </ul>	August 2020 and ongoing
	Review current outcome measure and indicators for mental health	MOHP (Clinical Services/Mental Health Unit, Planning and Policy Dept, CMED)	July – October 2020
	Strengthen data collection through the use of adequate data collection systems and training	<ul style="list-style-type: none"> <li>MOHP (Clinical Services/Mental Health Unit, Planning and Policy Dept, CMED)</li> <li>MoLGRD</li> </ul>	July – October 2020
	Identify core sets of agreed mental health indicators and create regular reports to inform clinical service development	<ul style="list-style-type: none"> <li>MOHP (Clinical Services/Mental Health Unit, Planning and Policy Dept, CMED)</li> <li>MoLGRD</li> <li>CHAM</li> <li>Partners in Health</li> </ul>	July – October 2020

<b>Policy Priority Area 6: Mental Health Financing</b>			
<b>Policy Statement:</b> Government will ensure that funding of Mental Health Services is proportionate to the burden of disease in Malawi.			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
To allocate and safeguard a budget for mental health in Malawi	Establish the burden of disease due to mental health in Malawi through review and collection of mental health data and present evidence to government	MOHP MOLGRD CHAM	July – October 2020
	Support the establishment of a Mental Health Unit under the clinical directorate and advocate for the allocation of a ring-fenced mental health budget	<ul style="list-style-type: none"> <li>• MOHP (Clinical Services, Planning &amp; Policy department)</li> <li>• DHRMD</li> <li>• Ministry of Finance</li> </ul>	August 2020
	Develop a strategic plan to implement the mental health budget using evidence based interventions in the most cost-effective way and develop system of accountability of funds	<ul style="list-style-type: none"> <li>• MOHP (Clinical Services, Planning &amp; Policy department)</li> <li>• MOLGRD</li> <li>• Ministry of Finance</li> <li>• Local Government Finance Committee</li> </ul>	August 2020
	Collaborate with private providers and NGOs to raise awareness of mental health needs and to raise funds for further research and service provision in mental health, neurological and substance use	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• College of Medicine</li> <li>• Colleges of Nursing</li> <li>• Colleges of Health Sciences</li> <li>• CHAM</li> <li>• MEHUCA</li> <li>• NGOs in Mental Health</li> <li>• Mental Health Association</li> </ul>	July – October 2020

<b>Policy Priority Area 7: Mainstreaming Mental Health Policies and Programmes</b>			
<b>Policy Statement:</b> Government ministries and agencies in collaboration with other stakeholders will develop and implement a mental health strategic framework for all sectors to promote and protect mental health.			
<b>Objective</b>	<b>Strategy</b>	<b>Responsibility</b>	<b>Timeframe</b>
To create awareness and promote mental health and prevent and provide services for mental illness in all sectors in Malawi.	Organise and support awareness campaigns to increase the knowledge about the burden of disease of mental health in the general public and reduce stigma towards people with mental health problems.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOICE</li> <li>• MEHUCA</li> <li>• College of Medicine</li> <li>• Colleges of Nursing</li> <li>• Colleges of Health Sciences</li> <li>• CHAM</li> <li>• Media</li> <li>• NGOs in Mental Health</li> </ul>	July 2020 and ongoing
	Provide information to the general public about how to access mental health support at all levels of care.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOICE</li> <li>• Mental Health Association</li> <li>• College of Medicine</li> <li>• Colleges of Nursing</li> <li>• Colleges of Health Sciences</li> <li>• CHAM</li> <li>• Media</li> <li>• NGOs in Mental Health</li> </ul>	July 2020 and ongoing
	Create awareness on issues of sexual, emotional and physical abuse as established contributors of mental illness and provide specialist services for survivors of abuse (e.g. One Stop Clinics).	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOGCD&amp;SW</li> <li>• MOICE</li> <li>• MEHUCA</li> <li>• Mental Health</li> </ul>	July 2020 and ongoing

		<ul style="list-style-type: none"> <li>• Association</li> <li>• College of Medicine</li> <li>• Colleges of Nursing</li> <li>• Colleges of Health Sciences</li> <li>• CHAM</li> <li>• Media</li> <li>• NGOs in Mental Health</li> </ul>	
	Encourage collaboration with informal mental health care providers such as families, schools, police force, religious leaders, faith healers, traditional healers and local nongovernmental organisations to promote exchange and mental health awareness.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• MOICE</li> <li>• MOHS</li> <li>• MOEST</li> <li>• MEHUCA</li> <li>• Mental Health Association</li> <li>• College of Medicine</li> <li>• Colleges of Nursing</li> <li>• Colleges of Health Sciences</li> <li>• CHAM</li> <li>• Media</li> <li>• NGOs in Mental Health</li> <li>• MTHUO</li> </ul>	July 2020 and ongoing
	Encourage the inclusion of mental health awareness and information about access to support into workplace policies and programmes.	<ul style="list-style-type: none"> <li>• MOHP</li> <li>• Ministry of Labour</li> <li>• MOGCD&amp;SW</li> <li>• DHRMD</li> <li>• Mental Health Advocacy groups (MEHUCA, FEDOMA, MHA)</li> </ul>	July 2020 and ongoing