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DOMICILIO REAL MENTAL HEALTH CARE PROGRAMME IN FAMILY SETTING: IS IT FEASIBLE IN MALAWI?
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Introduction
Contemporary mental services delivery is moving towards cost-effective community based as opposed to institutionalized care (Harrison, Alani & Mashall, 2000). Domiciliary mental health care is one example of such service that is being promoted in developed countries. Domiciliary mental health care refers to the delivery of mental health services in the home for purposes of restoring and maintaining the health of clients when they are in acute state (Campbell, 1996). This paper highlights successes and lessons learnt in the domiciliary mental health care approach that St. John of God Community Services is implementing in the northern city of Mzuzu.

Objectives of the program
The objective of domiciliary mental health care in Mzuzu service is to provide an alternative community based mental health care to clients with mental health problems in the city of Mzuzu and its environs through care delivery, family education, community participation and alleviation of stigma associated with psychiatric admission.

Strategies
Strategies used in the program include provision of nursing care to clients in their homes; mobile clinics and mental health education to family members and the entire community.

Successes
Some successes of this cost-effective initiative include attainment of optimum level of functioning by 75 clients since establishment in 2006; reduced recovery period when compared with those in residential unit; family/community involvement, reduced stigma associated with admission to a psychiatric hospital and the freedoms enjoyed whilst in the homes.

Challenges
The biggest challenge is that some carers do not cooperate and prefer that their client be managed in the hospital even when client is less problematic at home.

Conclusion
Domiciliary mental health care is cost-effective and feasible in Malawi provided families are given support within their communities.

INCREASING THE CAPACITY OF HEALTH SURVEILLANCE ASSISTANTS IN COMMUNITY MENTAL HEALTH CARE IN ZOMBA DISTRICT – INTERIM FINDINGS OF AN EDUCATION INTERVENTION.
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Research shows that over a quarter of people attending primary care facilities in Malawi are experiencing mental health problems (Kauye 2010). Depression is estimated to be the fourth leading cause of disability in Malawi (Chin 2010) and in 2009 the World Health Organization identified Malawi as one of the countries in Sub-Saharan Africa with limited resources for people with mental illness and where there is great need for scaling-up services for people with mental health problems. A targeted and effective investment in human resources is key to meeting this challenge.

Health Surveillance Assistants (HSAs) are a cadre of community-based health workers in Malawi who employ health promotion activities and individual care and support for a range of physical health issues within their communities. Their potential to influence and respond to the challenge of mental health problems is untapped and HSAs may be ideally placed to recognise and respond effectively to the mental health needs at community level.

This paper will describe progress on the first of a two-year innovative educational programme to provide 300 HSAs from Zomba District with the knowledge, confidence and skills necessary for them to respond safely and effectively to the needs of people in their communities experiencing common mental health problems; including people experiencing anxiety and low mood, those disturbed by unusual beliefs and experiences, feeling suicidal and experiencing seizures. The rationale, design and delivery of the programme is offered, with an emphasis upon 1) acknowledging common traditional explanatory beliefs about the origin and causes of mental health problems and offering a ‘health’ model as a way of understanding such distress, 2) focusing the HSAs on responding psychologically and practically to the persons’ level of distress and managing any ‘risk’ of harm, 3) providing acute and on-going psychological, social and pharmacological interventions and 4) referring to other health professionals as required. Recognition of the needs of family and carers and the opportunities for community mental health promotion as well as establishing this role for the HSAs alongside other members of the primary health care team are also emphasised.

Baseline data will be presented on the acceptability of the programme to HSAs, their pre-course knowledge, confidence and activity in mental health promotion and some preliminary indicators on progress and impact of the programme.

References:

ATTITUDES OF HEALTH CARE PROFESSIONALS IN DEDZA TOWARDS MENTAL ILLNESS
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Attitude is readiness to react to an object in a certain way (Aydin, Yigit, Inandi & Kirpinar 2003: 17). Studies done in other countries show that negative attitudes affect mental health services and the mentally ill by promoting stigma, under prioritization of mental health services, poor health seeking behaviour and service under utilization. Attitudes have long been known to influence behaviour. A study done in Nigeria shows that despite the impressive medical knowledge of the illness by health workers, they still harbor deep rooted cultural beliefs and traditional social acts. No local study has been published on the attitudes of health care professionals towards mental illness. But one unpublished study done in 2007 at Ekwendeni College of Nursing and Midwifery on student attitudes towards mental health and psychiatry found that most students had a negative attitude towards mental health.

The aim of the study was to explore the attitudes of the health care professionals towards mental illness in Dedza in order to assist the District Health Management Team in developing a staff education programme to address the issues of mental illness. This study was done on health care professionals working in Dedza district health facilities. It was a quantitative study using a self-administered likert-scale questionnaire. The sample was realised through probability random sampling technique - to be specific through stratified random sampling techniques. The questionnaire was adopted from the study that was done in Singapore. Data were collected in July, 2009 for the period of four weeks. A total of 69 questionnaires were distributed with response rate of 94.2%. The study involved 11 clinical officers, 14 medical assistants and 40 nurses. Data were analysed through SPSS version 15.

Conclusion
Generally the results show that health care professionals in Dedza district have a negative attitude towards mental illness. To better understand the attitude of health care professionals towards mental illness in Dedza district health facilities it would be better to conduct a qualitative research using focus groups of health care professionals.

PATHOLOGICAL INTERNET USE AMONG COLLEGE STUDENTS IN MALAWI
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The study of Pathological Internet Use was conducted in order to determine whether it is evident in Malawian college students. This is so because college students have easy and cheap internet access. The colleges that took part in the study were Chancellor College, The Polytechnic and New Horizons College. The instruments that were used in this study were the demographic sheet, the Cognitive Behavioral Checklist (CBC) and the Online Cognitions Scale (OCS). The research used eight pathological internet use symptoms to discriminate pathological and non pathological internet users. Likert method of summated ratings was used on the Online Cognitions Scale to come up with the percentages of negative and positive attitudes.

The results showed that 64.3% were non-pathological and 35.6% were pathological internet users. 15.1 % of non pathological internet users reported to have been over-using the internet. This was determined on the basis of the average hours that they spent online per week. The percentage of the male

References:

The health workers' overall perception of the quality of emergency obstetric care provided was poor. The poor quality of care was identified as related to lack of required resources and /staff factors. Themes which emerged were; inadequate resources, inadequate staffing, inadequate teamwork and inadequate knowledge/ supervision.

The findings of this study indicate that a portion of the reported poor relationship between patients and midwives may attributed to the health care system instelf and its lack of resources and collaboration between health team members. Staff shortages, dismal health outcomes and the realization that one is unable to provide quality care may be further eroding the midwife/client relationship. Only through addressing all the contributing factors will true improvement in patient outcome and provider patient relationships emerge. Once again we are reminded to care for the caregiver so they may care for the patients.

PROVIDERS’ PERCEPTION OF OVERALL POOR QUALITY OF CARE DURING OBSTETRIC EMERGENCIES AND ITS IMPACT ON PATIENT INTERACTION AND OUTCOME

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The aim of the study was to investigate health workers’ perception of the quality of emergency obstetric care provided. This exploratory, descriptive qualitative study was conducted at Mwanza district hospital in Malawi. Qualitative data was obtained through 14 individual in-depth interviews with the health workers involved in the management of women who experienced major obstetric complications.

The health workers' overall perception of the quality of emergency obstetric care was honored and reinforced.

Emphasis on protecting and assuring the rights of sample participants needs to be further elucidated. Attention should be raised towards two groups of professionals for whom the development of neuropsychological complications might progress to a very unpleasant state – which he experienced before.

Clinical history

The 47 year old patient, who never had a serious health problem, presented himself after a prophylactic dose of praziquantel (several exposures to the waters of Lake Malawi). His main complaints were a sudden restlessness with dizziness and sleep disturbances. The patient was concerned that these relatively mild symptoms might progress to a very unpleasant state – which he experienced before.

Neuropsychological history

Our patient had no psychiatric illness and no history of drug abuse. The only remarkable point was the patients reaction to two drugs. In order to treat malaria he once took a therapeutic dose of mefloquin and developed severe neuropsychological symptoms. Extreme restlessness, dizziness, insomnia and posttraumatic stress and substance use disorder. For couples, interaction ranged from 1 to 23 sessions per couple. Some of the issues presented were issues of infidelity, cultural relationship stressors and sexual dysfunction. Apart from individual and couple work, several group sessions were conducted ranging from bank employees to minority groups. The presentation gives a unique glimpse into presenting mental health problems in an urban setting that is very limited as far as mental health service provision is concerned.

FACTORS THAT COMPROMISE THE PROCESS OF OBTAINING INFORMED CONSENT BY RESEARCH NURSES IN MALAWI

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The concept of informed consent refers to the information potential participants need to receive and understand in order to give informed agreement, whether to participate in a research study. This is crucial to every researcher and of added importance in research related to mental health. The purpose of the study was to identify factors that influence the process of obtaining informed consent from prospective trial participants by research nurses at Johns Hopkins Research Center. A qualitative research design using a phenomenological method was used to examine the views and practices of 10 trial nurses during recruitment and obtaining of informed consent for research trials. The study population comprised all research nurses who were responsible for obtaining research study informed consent. The study was conducted at JHRC at Queen Elizabeth Central Hospital (QECH) in Blantyre, Malawi.

The results of the study reveal that nurses are under extreme pressure to obtain adequate sample participants for investigators. There has been a drastic increase in research work in Malawi leading to an increase in human subject recruitment. This mandates that human subjects be protected from coercion. The ethical guidelines clearly state that it is the responsibility of the investigator to obtain informed consent. However, in most cases it is the research nurses who are involved in obtaining informed consent. Research nurses acknowledge stressing the advantages of participating and minimize negative aspects. The ethical principles implicit in obtaining informed consent are not followed routinely. Emphasis on protecting and assuring the rights of sample participants needs to be honored and reinforced.
some kind of a behaviour change such as visual and auditory hallucinations of persuasions and punishment. Since then he isolated himself until the evening of the following day when he was found in a pool of blood.

Assessment and Resuscitation
Upon arrival to the hospital he appeared conscious though not responding to a call. He maintained his airway with obvious choking due to bleeding. The cut exposed the thyroid cartilage, extending superiorly to the floor of the mouth. There was obvious air leak indicating a probable damage to the larynx or trachea. Efforts to identify the leak in the awake patient triggered laryngospmas and more bleeding. Distorted upper airway anatomy resulted in 2 failed intubation attempts with a subsequent hypoxic cardiac arrest. Heartbeat and blood pressure was restored within 5 minutes. The airway was maintained with tracheostomy; wound debridement was done and haemostasis achieved.

Intensive care
Under cardiorespiratory support by ventilation he later developed convulsions and fever. This was treated accordingly with sedation, anticonvulsives and antibiotics. Despite use and change of antibiotics fever persisted and withdrawal of sedations did not improve GCS, which remained below 8.

Laboratory
WCC 14.8 and less than 10 in subsequent days, HIV Test was negative, Syphilis test not done. IMAGING: MRI scan of the brain showed multiple small cysts in frontal lobe. Apparent diagnostic of Neurocystercosis was also affecting basal ganglia of hypothalamas and left frontal grey matter.

Discussion
Neuropsychiatric experts suggested that Neurocystercosis of the frontal lobe can cause suicidal ideation and a behaviour, which could have resulted in the event of a suicidal attempt. Whether the above, a psychogenic problem related to the act of adultery or the consultation of a witchdoctor related to the sex affair has been the aetiology for the attempted suicide would have needed further investigation.

Outcome
Until the day of discharge patient failed to control his temperature. GCS remained below 8. However he maintained a full spontaneous eye opening without sound perception and orientation. We saw a full recovery of respiratory function on tracheostomy and he was discharged to the ward. He was treated with Albendazole. The patient died 3 weeks later without being in the condition to be interviewed above the incident.

COMMUNITY-BASED SUPPORT FOR PEOPLE WITH A SERIOUS MENTAL ILLNESS IN EKWENDENI, MALAWI
Vwira Mental Health

Vwira Mental Health is a Malawian registered NGO based in Ekwendeni in the Northern Region. Its aim is to provide community-based support for people with a serious mental illness. Vwira was an initiative conceived initially by the Northern Ireland Association for Mental Health (Niamh), as part of its international commitment. A local Malawian Board is chaired by Professor Johanne Nyasulu, and comprises representatives from the local community and other stakeholders. The three stakeholder organisations supporting Vwira are Niamh, Saint John of God and CCAP. Niamh provides funding to provide salaries for staff and project costs; Saint John of God, provide an outpatient facility for Vwira clients as well as drug treatment; and CCAP provide premises and managerial support for the staff at Ekwendeni.

Vwira’s lead staff member is Barbara Mangwazu, a registered paediatric and psychiatric nurse who also works in the CCAP hospital in Ekwendeni. Most Vwira clients will have had admissions to either or both Saint John of God’s hospital in Mzuzu, or the state psychiatric hospital in Zomba. Vwira supports in the following ways:

• Medication – through the outpatient facility provided by St John of God, clients are provided with drugs locally, and their volunteers ensure they remain compliant with their medication regime.
• Social support and psycho-education – clients and volunteers meet as part of the Vwira group and support one another, as well as receiving training on mental health issues.
• Occupational support – clients are supported to grow crops for food and develop innovative agricultural techniques.
• Community psycho-education – community members, leaders and headmen are involved in training about mental health issues

The outcomes of the project show considerable promise. Thus, all of the 23 clients in the Dunduzu area near Mzuzu, have been successfully maintained in the community; no client has had to return to hospital, and all were compliant with their drug regimen. We are currently exploring the factors associated with these outcomes and the viability of replicating this work in other areas.
Check (PHC) a tool, designed to be used routinely by mental health staff to assess physical health needs was administered verbally to the participants. This was slightly modified to suit Malawian standards and a physical examination component was added to help capturing undiagnosed physical illnesses. Ethical clearance, institutional authority and consent for the study were sought from Mzuzu University Faculty of Health Sciences and St. John of God College of Health Sciences Committee, Hospital directors of the three institutional sites, and participants of the study respectively. Statistical Package for Social Science (SPSS) was used to analyse data to address research objectives of the study.

Findings
On demographic characteristics of the participants, most were in their productive ages with an average age of 33.77, and with male dominance of 58.1%. The overall prevalence of comorbid physical illness was 48.6%, and prevalence of undiagnosed comorbid physical illness among newly referred patients was 32.9%. These actually supported the study’s hypothesis that patients referred to a mental hospital are likely to have a psychiatric disorder and comorbid physical illness. Again, these high prevalence rates of physical illness are believed to be linked to research-based associated risk factors for poor physical health among people with mental illness such as inadequacies of healthcare system in meeting physical health needs of this vulnerable population, and others including medication side effects, psychoactive substance use, sedentary lifestyle, and poor help-seeking behaviour.

Conclusion
It is recommended that health care providers at all levels of healthcare should do thorough assessments by using the biopsychosocial model to address needs of each patient.

EFFECTIVENESS OF A DISCHARGE PLANNING PROCESS IN REDUCING RELAPSE AND READMISSION RATES
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Objective
To assess effectiveness of discharge planning process in reducing relapse and readmissions rates in clients with mental illness.

Setting
St. John of God Mental Hospital’s outpatient clinic.

Materials and Methods
This is a descriptive, cross-sectional study that used discharged clients’ case files stored at the out-patient department from 2004-2006. Eighty case files for clients diagnosed with mental disorders in exception of learning disabilities and epilepsy were sampled using systematic sampling and the results were analysed statistically using SPSS.

Results
Eighty case files were reviewed with a few having missing data on other variables. The young population dominated the sample with 63% aging from 20-30 years and male clients more than female clients. The findings showed that discharge planning at SJOG is done but not fully completed by the service providers. 81.3% had an incomplete discharge plan whereas only 18.8% had a complete discharge plan. Although this was such the relapse and readmission rates in a period of one year were 37.5% and 23.8% respectively and a majority were psychoeducated (67.5%) on all aspects with the least being psychoeducation on medication side effects, psychoactive substance use, sedentary lifestyle, and poor help-seeking behaviour.

Conclusions and Recommendations
The study analysis established that discharge planning process had no significant effect on relapse and readmission rates in its own entity. However, it had an association with psycho-education. Whereas, compliance had an association with relapse and readmission rates. It is therefore recommended that issues of non-compliance with treatment regimen need to be looked into starting from primary mental health care delivery system and aspects of psycho education have to be adequately done throughout the discharge planning process. There is need for further research on factors that contribute to non-compliance in Malawi.
PREVALENCE OF PSYCHIATRIC DISORDERS AMONG MALAWIAN INCARCERATED JUVENILES COMPARED TO AN AGE-MATCHED CONTROL GROUP IN BLANTYRE

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This project was conducted with the approval of the Department of Community Health, College of Medicine, University of Malawi, from June to November, 2009. The research project is a case control study of the prevalence of psychiatric disorders among incarcerated juveniles in Mpemba Boys Home and the Chilwa Approved School, compared to an age-matched cohort non-incarcerated youth residing in Blantyre.

In recent years it has become increasingly clear that the majority of children in correctional facilities need diagnostic criteria for an array of serious psychiatric disability. This over-representation has serious implication in regard to the capacity of institutions to provide a safe environment for resident in staff in order to foster the rehabilitation of detained juveniles.

Most of the research into the prevalence, nature and severity of psychiatric illness among adolescents in correctional facilities has been done in developed nations in the west. In developing nations, where different dynamics may animate the juvenile justice system, particularly in regard to which adolescents are remanded to detention facilities, research is less robust and tends to focus on behaviours related to communicable diseases and other health conditions.

Method
Screening of incarcerated youth at Mpemba Boys Home (N=30) and also at the Chilwa Approved School (N=70) using the MINI-KID diagnostic tool (translated into Chichewa). Administration of the MINI-KID questionnaire to an age-matched cohort of children attending Zingwangwa Primary and Secondary Schools in Blantyre (N=70).

RESULTS: With the exception of the incidence of substance abuse (alcohol and marijuana) the prevalence rates of serious psychiatric illness among detained juveniles in Malawi is not comparable with rates described in the West.

CONCLUSION: There is a compelling need for further study, in order to better understand the myriad of factors that might explain the substantial differences seen in the rates of depression and post-traumatic stress disorder between incarcerated youth studied in the West, compared to rates seen among incarcerated youth in Malawi. Implications for rehabilitation of incarcerated youngsters in Malawi are discussed.

COMMON MENTAL HEALTH PROBLEMS AFFECTING STUDENTS: A PROPOSAL TO EXTEND THE MENTAL HEALTH GAP ACTION PROGRAMME (MHGAP) TO MALAWIAN SCHOOLS AND TERTIARY INSTITUTIONS.

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Through examining available literature, the study provides a situational analysis of resources for care of common mental health problems affecting students in Malawian schools and tertiary institutions. Mental health is an integral part of overall health, thus it merits special consideration for good development of children and youth.

Research evidence revealed that children and youth facing mental health problems are more likely to get into trouble in school or college, engage in risky behaviour, and have more physical health problems. While child and adolescent problems are universal, policy and resources for care varies from country to country, with the vast majority of countries allocating less than 2% of their health budgets to mental health leading to a treatment gap of more than 75% in many low- and middle income countries. Malawi being a low income country, its children and youth are at risk of experiencing many mental health problems resulting from ignorance, poverty, person abuse, neglect, and many other related stressors without adequate intervention facilities to mitigate them. It is documented that, resources for children and youth mental health promotion and care are limited in Malawi, while at schools and tertiary institutions mental health is not accorded the prominence it deserves.

As a way of improving the current mental health service delivery to Malawian children and youth, it is suggested that teachers and lecturers could be trained to provide first line service to some of the priority conditions listed in the mhGAP Intervention Guide with emphasis on psychosocial interventions.

SEEKING CARE FOR EPILEPSY AND ITS IMPACTS ON HOUSEHOLDS IN A RURAL DISTRICT IN SOUTHERN MALAWI

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The overall Global Health Study aimed at exploring the health seeking behaviour of people with disabilities. While a wide range of disabilities were looked at, this paper specifically explores the health seeking behaviour of people with epilepsy in a rural town in southern Malawi and how having an epileptic patient impacts on the households’ productivity. Over 60 in-depth interviews were done with people with disabilities or their guardians and eight of these were epileptic caregivers. A household survey was conducted among 685 persons of whom 309 were people with disabilities.

This study shows that both traditional and modern medicines are used during treatment of epilepsy. Barriers to accessing treatment include lack of medicines in health facilities, congestion at facilities, lack of knowledge about epilepsy, misdiagnosis by health workers and the belief that epilepsy caused by witchcraft cannot be treated by modern services. The study also highlights the wider impacts of epilepsy on the household namely failure of children to attend school, dropping out of school, stigma and discrimination and households being driven deeper into poverty as a result of seeking care for members of households with epilepsy among other impacts.

Despite prevailing barriers to accessing treatment for epilepsy it is possible to address existing barriers through a community based approach by using a combination of public education, simple treatments, regular review and ensuring an adequate supply of free drugs. Such a community based approach can be used to close the treatment gap for epilepsy as is being advocated by the Global Campaign against Epilepsy.

THE NEUROCOGNITIVE EFFECTS OF RETINOPATHY-CONFIRMED CEREBRAL MALARIA IN SCHOOL-AGE MALAWIAN CHILDREN.

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Abstract
Background. Roughly one out of four school-age children surviving cerebral malaria have persisting neurocognitive deficits two years after illness (John et al., 2008). However, these cases were not confirmed with malaria-specific retinopathies (CM-R) during illness. Malawian preschool children surviving CM-R were at significantly greater risk for developmental delay, especially in the language domain (Boivin et al., 2010). The principal aim of this study is to evaluate the neurocognitive deficit profile of retinopathy-confirmed cerebral malaria in a follow-up evaluation at school-age.

Method
Malawian school-age CM survivors (N = 60) and control children (N = 65) were evaluated with the Kaufman Assessment Battery for Children, 2nd edition (KABC-2), the visual version of the Test of Variables of Attention (TOVA-v), and the Achenbach Child Behavior Checklist (CBCL). Between-group comparisons were made using an ANCOVA adjusting for age, gender, socio-economic status score, and physical development.

Results
Results will be presented comparing Malawian school-age CM-R to hospital-based controls on TOVA attention, KABC-2 memory (Sequential Processing) and visual-spatial processing (Simultaneous Processing). We will also present findings on the extent to which clinical measures of severity of malarial illness (coma duration, blood platelet count, lactate level, seizure occurrences) are predictive of these neurocognitive outcomes for the CM group. Finally, we will present findings on the extent to which severity of malarial illness and profile of neurocognitive deficits mediate psychiatric symptoms measured by the CBCL.

Conclusions. Neurocognitive measures that are sensitive to brain injury from retinopathy-confirmed CM can be used to gauge the benefits of neuroprotective agents in combination with anti-malarial treatment during acute illness. Such outcomes can also be used to gauge the benefit of pharmaceutical treatment (attention and behavior problems) and cognitive rehabilitation therapy for brain-injured children in the aftermath of CM.