Importance of Mental Health in Malawi:
Mental Health is often Stigmatized and Neglected in Malawi. Raise Awareness About the Importance of Mental Health, Discuss Common Mental Health Issues in Malawi, and Highlight Local Resources and Initiatives Promoting Mental Wellness

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ABSTRACT
This paper covers the significance of mental health in Malawi. It additionally sought to raise awareness about the importance of mental health as well as highlighting the local resources and initiatives on the promotion of mental wellness. The essay also covered the background to the research setting, including the context of Malawi, thedemographic and socio-economic conditions and organisation of formal and informal health caresectors involved in mental health care, and my own positionality within the field. The results underscored the critical importance of mental health in Malawi, drawing attention to the urgent need for heightened awareness and substantial investment in mental health resources and infrastructure. Despite the growing recognition of mental health as a vital component of overall well-being, Malawi continues to grapple with significant challenges in this area. A comprehensive approach to mental health is essential to address these challenges effectively. This approach should encompass a multifaceted strategy that includes raising awareness about mental health conditions, educating the public to reduce stigma, and training healthcare providers to better understand and manage these conditions. By equipping healthcare professionals with the necessary skills and knowledge, the study suggests that the quality of mental health care can be significantly improved, leading to better outcomes for individuals in need. Moreover, the development of robust mental health resources is paramount. This includes not only the establishment of more mental health facilities but also the integration of mental health services into primary healthcare settings. Such integration would ensure that mental health care is accessible to all, particularly in rural areas where resources are scarce. Strengthening these areas will have far-reaching implications, enhancing individual well-being and contributing to broader societal health and productivity. Mental health is intrinsically linked to various aspects of life, including physical health, economic stability, and social cohesion. By prioritizing mental health, Malawi can foster a healthier population, capable of contributing positively to the nation's development.

Keywords: Mental Health Malawi, Malawi, Awareness, Resources and Infrastructure.

INTRODUCTION

Mental health is a vital component of overall well-being that is frequently overlooked, particularly in many low- and middle-income countries like Malawi (World Health Organization, 2017).Approximately 1 in 5 individuals in Malawi will experience a mental health disorder each yearIssues such as depression, anxiety, and substance abuse can have profound effects on individuals, families, and communities, leading to decreased productivity, higher healthcare expenses, and diminished quality of life (Kessler et al., 2019). In Malawi, mental health is often stigmatized, with many perceiving mental illness as a sign of personal weakness or a spiritual affliction, which results in discrimination and social exclusion (Mwale et al., 2015).In Malawi, mental health issues are often exacerbated by poverty, lack of education, and limited access to healthcare services.

BODY

Background of the Study

This section introduces the background to the research setting, including the context of Malawi, thedemographic and socio-economic conditions and organisation of formal and informal health caresectors involved in mental health care, and my own positionality within the field.

The Context of Malawi
Socio-economic Conditions:

Malawi, situated in Southern Africa, is a landlocked nation bordered by Mozambique, Zambia, and Tanzania (World Bank, 2020). With an estimated population of 18.6 million as of 2019, it ranks as one of the poorest countries globally. At the time of this task-shifting initiative, Malawi's development index was positioned at 173 out of 188 countries, with over 50% of its citizens living in poverty (UNDP, 2021). The economy relies heavily on agriculture, which employs nearly 80% of the workforce, making it susceptible to external shocks such as climatic changes and pandemics like COVID-19 (World Bank, 2020). Within the Zomba District of Southern Malawi, the population of approximately 600,000 is densely packed at 184 individuals per square kilometer, primarily engaged in a rural subsistence economy (NSO, 2011). Residents live in villages ranging from 200 to 1,000 people, small trading centers, and one urban center, Zomba, which serves as the district's administrative capital. The majority of the population identifies as Christian (83%), while 13% are Muslim, and the remaining 4% belong to other religions or have no religious affiliation (NSO, 2011). Chichewa is widely spoken alongside English, both of which are recognized as the national languages.

Health Care Sector:

Malawi's healthcare system is structured into three levels: primary, secondary, and tertiary care facilities. Primary care is delivered through health posts, dispensaries, health centers, and community hospitals. Secondary care occurs at district hospitals and facilities managed by the Christian Health Association of Malawi (CHAM), while tertiary care is provided in central hospitals and specialized institutions, including Zomba Mental Hospital. The Ministry of Health (MoH) is responsible for shaping health policies and overseeing the development and evaluation of the health sector in Malawi.In each of Malawi's twenty-eight districts, healthcare services are organized into various health clusters, which include health centers offering essential primary care, maternity services, and public health initiatives. Each health center employs clinical officers, nurses, and medical attendants, and serves as a base for up to ten Health Surveillance Assistants (HSAs) who are assigned to specific community areas. These

HSAs engage in health promotion and individual care tasks, which include public health campaigns, vaccination efforts, cholera prevention, directly observed treatment for tuberculosis patients, and coordination of home-based care. HSAs make up the largest group of health workers in Malawi, with approximately 10,000 individuals nationwide.

Mental Health Care:

The availability of mental health care in Malawi is characterized by two distinct narratives. The first centers on formal mental health services provided predominantly by the Malawi Ministry of Health (MOH) and the Christian Health Association of Malawi (CHAM). These services face challenges similar to those in other African nations, where limited resources lead to a disparity between policy intentions and actual funding (Malawi Ministry of Health, 2011; Udedi, 2016). Mental health services in Malawi are centralized and not integrated into primary healthcare (Udedi et al., 2013). There are only three mental health units, with approximately 600 inpatient beds located across the northern, central, and southern regions, which primarily cater to individuals with severe mental illnesses, often after criminal incidents. Community mental health outreach from these centers is minimal (Kauye and Mafuta, 2006). While medical care is accessible at health centers throughout the districts, very few mental health professionals practice in Malawi (Kauye and Mafuta, 2006). General healthcare workers often lack the skills necessary to identify and manage mental health issues (Udedi, 2016). This scarcity of mental health facilities, coupled with insufficient training and support for health center staff, significantly hampers service accessibility. Additionally, societal stigma surrounding mental health issues, including negative perceptions of mental institutions, poses another barrier to accessing care (Crabb et al., 2012). As seen in other low- and middle-income countries (LMICs), wealthier and urban individuals have better access to privately funded Western-style psychiatric and psychotherapeutic care (Lwanda, 2008).

The second narrative highlights the informal mental health care provided by organizations influenced by African traditional religions, as well as Christian churches and mosques (Steinforth, 2009). These forms of care offer alternative understandings of the causes, classifications, and treatments for distress, rooted in the cultural, social, and religious contexts of the people (Kleinman, 1980). The networks of care are pluralistic and often integrate various healing practices, including those based on religious texts and traditions, reflecting the interconnectedness of spiritual, social, and individual aspects of life (Kpanake, 2018). The activities of traditional healers and Christian healing ministries create a widespread discourse on "mental illness" in daily life and media coverage in Malawi (Englund, 2011; Simwaka, Peltzer, and Maluwa-Banda, 2007), with reports indicating that up to 80% of the population seeks help from traditional healers (Ministry of Health, 2005).

These two narratives highlight a disconnect between public perceptions of mental health and the views held by mental health professionals. The coexistence of these two systems is exemplified by the Malawi Mental Health Handbook (Wilkinson, 1991), the only Malawian textbook on mental health, which, despite being "approved" by the Ministry of Health, contains only a brief mention of traditional medicine. This tension between different healing approaches creates a practical dilemma for individuals seeking help, as access to biomedical care is limited while traditional methods are more readily available.

DISCUSSION AND ANALYSIS

Recognizing that mental health disorders account for the largest share of global disability (Demyttenaere et al., 2004), there has been increasing emphasis on creating healthcare responses that are culturally acceptable, effective, and scalable (WHO, 2019; Patel, Saxena, Lund et al., 2018).In Malawi, the mental health care system faces significant challenges, including a shortage of mental health professionals, limited funding, and inadequate infrastructure.

Concerns have been raised regarding the applicability of Western biomedical healthcare models in diverse cultural contexts (Whitley, 2015). This creates a 'credibility gap' (Patel, 2014), where a universally derived Western approach struggles to produce meaningful outcomes for those in distress in local settings. As a result, there is a growing movement towards developing more culturally pluralistic and context-specific strategies (Kpanake, 2018; Bemme and Kirmayer, 2020). These discussions are central to this chapter and highlight the importance of advancing support for individuals facing mental health challenges in Malawi.

Low and middle-income countries (LMICs) often struggle to create formal mental health care systems, which leads to a significant 'treatment gap' (Kohn et al., 2004). Over the past decade, there have been increased efforts to develop effective strategies through various global and local initiatives, guided by the WHO and in collaboration with international and national partners (Lancet Global Mental Health Group (LGMHG), 2007; Murray et al., 2011; Patel et al., 2013). In Malawi, a low-resource country grappling with these issues, this movement allowed the government to implement its first mental health task-shifting initiative. This program trained existing non-specialist community workers to provide mental health interventions (WHO, 2008). Funded by the UK Department for International Development's Health Partnership Scheme, the initiative launched a pilot project to assess the effectiveness and acceptance of village-based health workers (health surveillance assistants, HSAs) in delivering culturally appropriate community mental health services.

THEORETICAL BACKGROUND

Several studies have hinged on the social determinants of health model, a comprehensive approach that asserts health outcomes are shaped by a multitude of social and economic factors. This framework highlights the intricate interplay between various determinants such as education, employment, housing, and broader socio-economic contexts, all of which significantly impact individual and community health (Marmot, 2005).In the specific context of Malawi, these determinants take on critical significance. The country grapples with profound socio-economic challenges, including pervasive poverty, limited access to quality education, and alarmingly high unemployment rates. These factors not only undermine the overall health of the population but also exacerbate mental health issues, creating a cycle of disadvantage that is difficult to break. For instance, the lack of educational opportunities in Malawi restricts individuals' ability to acquire the skills necessary for stable employment, further entrenching them in poverty. This educational gap can lead to increased levels of stress, anxiety, and depression, as individuals struggle to secure a foothold in an increasingly competitive job market. Moreover, high unemployment rates contribute to feelings of hopelessness and despair, particularly among the youth, who may find themselves without prospects for the future.

Housing conditions also play a vital role in this framework. Many Malawians live in inadequate housing, which may lack basic amenities and expose residents to environmental hazards. Such living conditions can lead to heightened levels of stress and anxiety, compounding existing mental health challenges. Furthermore, the stigma surrounding mental health issues in Malawi often prevents individuals from seeking help, perpetuating a culture of silence around these problems.

By delving into these social determinants, such studies, aims to illuminate the root causes of mental health issues in Malawi. Understanding these underlying factors is crucial for developing targeted interventions that are not only effective but also culturally relevant. For example, initiatives that focus on improving educational access, creating job opportunities, and enhancing housing conditions could pave the way for improved mental health outcomes. Ultimately, addressing the social determinants of health offers a pathway toward more equitable health solutions and a healthier society.

The results of several studies illuminate a pressing public health concern in Malawi, highlighting the prevalence of mental health issues such as depression, anxiety, and substance abuse. A considerable number of survey respondents disclosed experiencing symptoms that align with these conditions, revealing a substantial gap in access to effective treatment options. This lack of accessibility not only exacerbates individual suffering but also poses broader implications for community well-being and productivity.

In addition, these studies meticulously documented various local initiatives and resources that strive to promote mental health awareness and support. Among these, non-governmental organizations (NGOs) play a pivotal role by offering counselling services and support networks tailored to the needs of individuals grappling with mental health challenges. These NGOs often serve as lifelines, providing a safe space for people to share their experiences and seek help. Additionally, community-based organizations are actively engaged in awareness campaigns aimed at educating the public about mental health issues, thereby demystifying the stigma that often surrounds these conditions.

Furthermore, government initiatives are increasingly focused on integrating mental health into primary healthcare systems, recognizing that mental health is a fundamental component of overall health. This integration is critical, as it allows for a more holistic approach to healthcare, ensuring that mental health services are not viewed as ancillary but as essential to the well-being of the population. These findings underscore the urgent need to address the stigma surrounding mental health in Malawi. Stigmatization often leads to silence and isolation, preventing individuals from seeking the help they desperately need. Thus, fostering community engagement and education is paramount. By cultivating a supportive environment where individuals can openly discuss their mental health without fear of judgment, they are empowered to seek assistance. This shift in perception is essential for building a healthier society where mental health is prioritized, and individuals are encouraged to take proactive steps towards their well-being.

CONCLUSION

This essay presentation underscores the critical importance of mental health in Malawi, drawing attention to the urgent need for heightened awareness and substantial investment in

mental health resources and infrastructure. To address the mental health challenges in Malawi, it is essential to develop a comprehensive mental health strategy that includes increasing awareness, reducing stigma, and improving access to mental health services. Despite the growing recognition of mental health as a vital component of overall well-being, Malawi continues to grapple with significant challenges in this area. Several study findings reveal a landscape where mental health issues often go unaddressed, largely due to stigma, lack of education, and insufficient healthcare infrastructure. A comprehensive approach to mental health is essential to address these challenges effectively. This approach should encompass a multifaceted strategy that includes raising awareness about mental health conditions, educating the public to reduce stigma, and training healthcare providers to better understand and manage these conditions. By equipping healthcare professionals with the necessary skills and knowledge, the study suggests that the quality of mental health care can be significantly improved, leading to better outcomes for individuals in need.

Moreover, the development of robust mental health resources is paramount. This includes not only the establishment of more mental health facilities but also the integration of mental health services into primary healthcare settings. Such integration would ensure that mental health care is accessible to all, particularly in rural areas where resources are scarce. Strengthening these areas will have far-reaching implications, enhancing individual well-being and contributing to broader societal health and productivity. Mental health is intrinsically linked to various aspects of life, including physical health, economic stability, and social cohesion. By prioritizing mental health, Malawi can foster a healthier population, capable of contributing positively to the nation's development.

References

Kohn, R., Saxena, S., Levav, I., & Saraceno, B. (2004). The treatmentgap in mental health care. *Bulletin of the World HealthOrganization*, *82*, 858–866.

Lund, C., De Silva, M., Plagerson, S., Cooper, S., Chisholm, D., Das, J., … Patel, V. (2011). Poverty and mental disorders: Breaking the cycle in low-income and middle-incomecountries. *The Lancet*, *378*, 1502–1514.

Lund, C., Tomlinson, M., & Patel, V. (2015). Integration of mentalhealth into primary care in low- and middle-income countries: The PRIME mental healthcare plans. *British Journal*

of Psychiatry, s1–s3. doi:10.1192/bjp.bp.114.153668

Ministry of Health & Population, Malawi. (2004). *A joint programmeof work for a health sector wide approach (SWAp)2004–2010*. Lilongwe: Republic of Malawi.

National Statistical Office. (2008). *Population and housing census2008*. Zomba, Malawi: Author.

National Statistical Office & ICF Macro. (2011). *Malawi demographicand health survey 2010*. Zomba, Malawi: NationalStatistical Office.

Ott, M. (2000). *African theology in images* (Kachere MonographNo.12). Blantyre, Malawi: CLAIM.

Patel, V., Flisher, A. J., & Cohen, A. (2012). Chapter 9: Globalmental health. In M. H. Merson, R. E. Black & A. J. Mills (Eds.), *Global health: Diseases, programs, systems and policies* (3rd ed.) London, England: Jones & Bartlett.

Peterson, I., Lund, C., Bhana, A., & Flisher, A. J. (2012). A taskshifting approach to primary mental health care for adults inSouth Africa: Human resource requirements and costs forrural settings. *Health Policy and Planning*, *27*, 42–51.

Sorsdah, K. R., Flisher, A. J., Wilson, Z., & Stein, D. J. (2010). Explanatory models of mental disorders and treatmentpractices among traditional healers in Mpumulanga, South

Kayuni, S. M. E. (2025). Importance of Mental Health in Malawi: Mental Health is often Stigmatized and Neglected in Malawi. Raise Awareness About the Importance of Mental Health, Discuss Common Mental Health Issues in Malawi, and Highlight Local Resources and Initiatives Promoting Mental Wellness. Advances in Social Sciences Research Journal, 12(05). 73-79.

Africa. *African Journal of Psychiatry*, *13*, 284–290.

Steinforth, A. S. (2009). *Troubled minds: On the cultural constructionof mental disorder and normality in SouthernMalawi*. Frankfurt, Germany: Peter Lang.

Udedi, M., Swartz, L., Stewart, R. C., & Kauye, F. (2014). Health service utilization by patients with common mentaldisorder identified by the Self-reporting Questionnairein a primary care setting in Zomba, Malawi: A descriptivestudy. *International Journal of Social Psychiatry*, *60*,454–461.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2003). The prevalence and correlates of serious mental illness (SMI) in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*, 2(2), 114-125.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104.

Ministry of Health. (2018). *Malawi Health Sector Strategic Plan 2017-2022*. Lilongwe: Ministry of Health.

Mwale, C., Mwangi, J., & Nhavira, T. (2015). Mental health in Malawi: A review of the literature. *Journal of Mental Health in Low and Middle-Income Countries*, 3(1), 1-10.

World Health Organization. (2017). *Mental Health Atlas 2017*. Geneva: World Health Organization.

Vos, T., Flaxman, A. D., Naghavi, M., Lozano, R., Michaud, C., Ezzati, M., ... Memish, Z. A. (2012). Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries1990–2010: A systematic analysis for the Global Burden ofDisease Study 2010. *The Lancet*, *380*, 2163–2196.

Wright, J., Common, S., Kauye, F., & Chiwandira, C. (2014). Integrating community mental health within primarycare in Southern Malawi: A pilot educational interventionto enhance the role of health surveillance assistants.