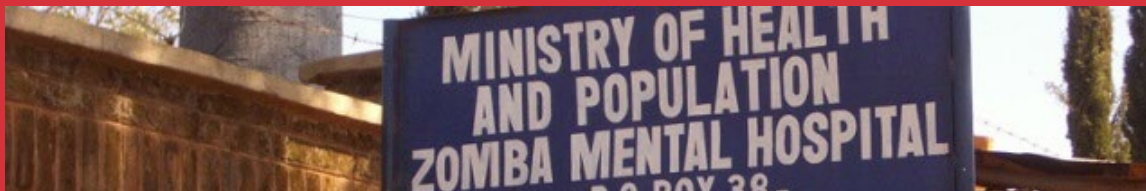


Fight depression and anxiety disorders through Multisectoral Action



The mental health problem in Malawi

Malawi is experiencing an increasing burden of Non-Communicable Diseases (NCDs), including mental health issues. The prevalence of common mental illnesses, such as depression and anxiety are estimated to be between 19 to 30% in primary care settings ¹. Despite depression contributing largely to the disease burden, it is often unrecognised in healthcare settings and poorly understood in society at large. The country also has a shortage of mental health facilities and mental health professionals limiting access to care. In Malawi, a low-income country, costly economic events like the loss of a family member, loss of agricultural yield and income loss have been found to contribute to worsening mental health ².

The link between socioeconomic factors and mental health

The conditions in which people are born, grow, work and live – the Social determinants of health (SDH) - affect their mental health and contribute to many psychological illnesses. A study by MEIRU in 2020 was conducted in Karonga and Lilongwe to establish the prevalence of depression in participants with selected chronic illnesses including diabetes, HIV and hypertension and those with none of the aforementioned conditions. The results suggest that depression and anxiety disorders are closely associated with SDH particularly financial status, educational attainment and the neighbourhoods in which people live. The participant having diabetes was also associated with depression and anxiety.

In order to address mental health outcomes, the World Health Organisation proposes a life course approach, that is, improving the conditions of daily life before birth, during early childhood, school age, working and family building age and at older ages ³. Interventions aimed at eliminating systemic social inequalities—such as the provision of social safety nets to protect families from economic shocks and interventions to improve educational attainment can be employed empower the most vulnerable to access care and avoid risky behaviour. Further, there lies an opportunity to detect mental health issues during clinical visits for NCD care.

Priority Actions

The actions required to address the SDH for mental health will require multisectoral collaboration. **NCD and Mental Health Unit Director** at The Ministry of Health should:

1

Collaborate with the Gender, Children, Disability and Social Welfare Ministry to ensure vulnerable populations are protected by social safety net programmes to maintain economic stability for individuals and within households

2

Collaborate with the Ministry of Education to improve educational attainment for students within public schools by ensuring schools are adequately staffed, have necessary infrastructure and teaching materials.

3

Incorporate mental health screening and care into chronic disease management through the integrated care model for NCDs.

Social Determinants of Health



Social Determinants of Health
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Healthy People 2030

Social Drivers of Mental Illness in Low- & Middle-Income Countries
Source:
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

Key Findings

1

The overall prevalence of depression was 7%, and it was highest (16%) among people who had been in a worse financial position than the recent past.

2

Having only a primary level or no education was associated with a 3 times higher chance of being diagnosed with depression than those with a tertiary education.

3

Participants with diabetes had a 6 times higher chance of being diagnosed with depression than those without diabetes

Implications

A step outside traditional clinical roles

Addressing mental SDH will require leaders in mental health to step outside their traditional roles and advocate for policy changes beyond their immediate scope. Ignoring the role that societal factors play on mental health may delay progress in mental health outcomes. It is pertinent that mental health is made a priority in other sectors such as education and social welfare.

Investments in education and social protection

In Malawi, enrolment into primary schools continues to rise. However, the educational system has limited physical and technical capacity leading to poor educational outcomes; high repetition rate (22.7% in 2019) and low primary school survival rate (58% in 2019) ⁴. In order to improve educational attainment, the Ministry of Health will need to ensure training and recruitment of primary school teachers and funding towards educational materials .

Social protection measures such as social cash transfers have been shown to reduce depressive symptoms in Malawian youth ⁵. The government of Malawi would need to invest more into the Social Cash Transfer Programme to ensure wider coverage. Beyond cash, it is also crucial to provide beneficiaries with support through facilitating access of beneficiaries to quality essential services, by ensuring that vulnerable populations do not suffer from the consequences of economic insecurity, Malawi will be able to build vibrant and productive communities

Improved mental health and wellbeing

Considering mental health is underfunded in Malawi and there is a shortage of mental health professionals, particularly in rural settings, integrating mental health into primary care is an effective way of reducing the treatment gap in low income settings ⁶ . In order for providers to be able to assist patients, they will require training regarding screening with validated depression tools and systematic depression care.

Furthermore, since depression and anxiety disorders often coexist and interact with other conditions such as diabetes in this case, addressing the mental health SDH will result in better overall health outcomes across the population. There will be increased utilization of preventive services, reduced rates of risky behaviour and intentional harm and better adherence to prescribed treatment.

1. The Prevalence of Depression among patients and its detection by Primary Health Care Workers at Matawale Health Centre (Zomba)

2. Scheve A, Bandawe C, Kohler H, Kohler I V. Mental health and life-course shocks in a low-income country : Evidence from Malawi. SSM - Popul Heal [Internet]. 2022;19(March):101098.

3. World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014

4 Global Partnership for Education's Results Report 2019

5. Angeles G, Hoop J De, Handa S, Kilburn K, Milazzo A, Peterman A, et al. Government of Malawi 's unconditional cash transfer improves youth mental health. Soc Sci Med [Internet]. 2019;225(August 2018):108–19.

6. Kokota D, Lund C, Ahrens J, Breuer E, Gilfillan S. Evaluation of mhGAP training for primary healthcare workers in Mulanje , Malawi : a quasi - experimental and time series study. Int J Ment Health Svst

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