



Policy Brief

Jimmy Kainja, Limbika Maliwich, Fiskani Kondowe, Chilungamo Mmanga, Simunye Nyamali, Martina Mchenga and Yamikani Ndasauka

Effect of COVID-19 on Mental Health of Health Workers in Malawi

Background

Mental health or psychological well-being is integral to an individual's capacity to lead a fulfilling life, including forming and maintaining relationships, studying, working, or pursuing leisure interests and making day-to-day decisions about these issues¹. Disturbances to a person's mental well-being can adversely compromise their capacity to make the right choices, leading to diminished functioning at the individual level and broader welfare losses for one's household and society. A recent analysis by the World Economic Forum estimated that the cumulative global impact of mental disorders in terms of lost economic output would amount to US\$ 16 trillion over the next 20 years². The estimate marks mental health as a significant concern for public health, economic development, and societal welfare. The current study by *Covid-19 and Mental Health in Malawi* project has also highlighted the importance of mental health and the effects of neglecting it.

The study used a mixed-methods approach. Quantitative data was collected through a survey (n=120) and qualitative data through in-depth interviews (n=12) and key informant interviews (n=8) with crucial hospital personnel. The data were collected from four districts; Blantyre, Mangochi, Lilongwe and Karonga – representing the country's four administrative regions; south, east, central and north.

Results

The results of the study show that the Covid-19 pandemic has had an adverse effect on the mental health of frontline health workers. In particular, the results indicate a high prevalence of Covid-19 related depression (31.2%), anxiety (30.3%) and post-traumatic stress disorder (24.8%) among frontline health workers (see **Figure 1**). Furthermore, the study discovered significantly

¹ WHO (2018) Mental Health: Strengthening Our Response: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

² The Carter Center (2018) Mental Illness Will Cost the World \$16 USD Trillion by 2030: <https://www.psychiatrytimes.com/view/mental-illness-will-cost-world-16-usd-trillion-2030>

more health care workers with depression (36% VS 16%, P=0.06), anxiety (38% vs 1%, P<0.01), and PTSD (30% vs 8%, P=0.03) in referral hospitals in cities compared to district hospitals.

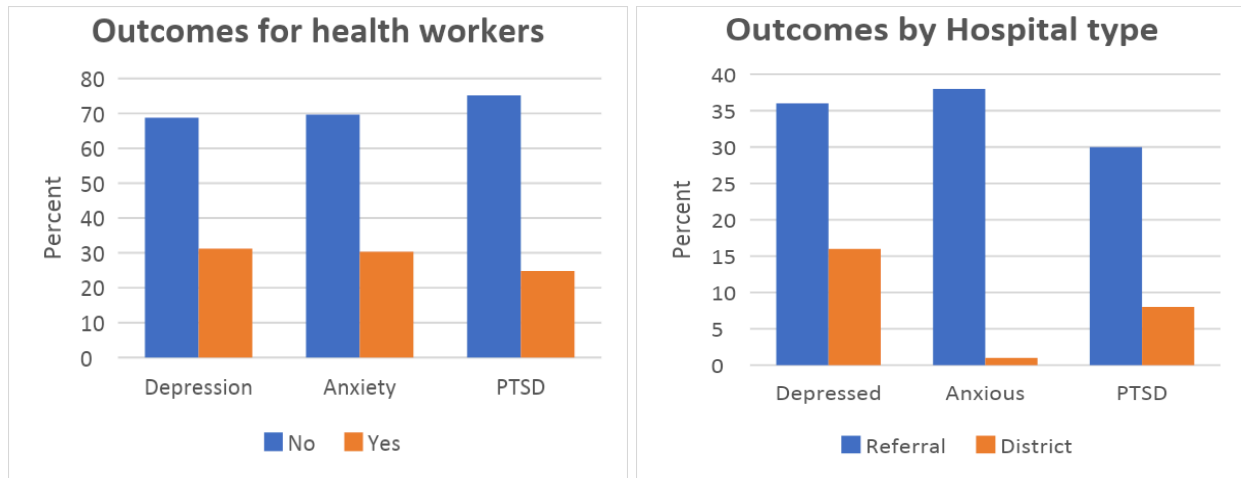


Figure 1: Depression, Anxiety and PTSD outcomes for Health workers

The findings show that health workers were overwhelmed with work due to an increase in the number of patients and a reduction in the number of health workers, except for Mangochi district hospital, where health workers reported a decrease in patient numbers (approximately from 60 to 30 per day). It was also reported that unlike the period before Covid-19 when most patients were treated as outside patients, at the peak of the Covid-19 pandemic, most patients came to the hospital seriously ill and required admission.

Consequently, health workers were required to work long shifts to mitigate the challenge of low staffing. The long working hours negatively impacted the health workers as it contributed to "burnout", which was reported by most health workers in all the four districts studied. The fear of contracting Covid-19 among health workers also contributed to the low workforce, resulting in absenteeism, attrition and workers taking holidays/leave. There was reported more panic in the first wave of the pandemic (March 2020) compared to the second wave (January 2021) since the health workers had developed coping mechanisms and strategies to protect themselves.

Further, healthcare workers in all four districts reported experiencing depressive, anxiety and post-traumatic stress disorder-related symptoms such as worry, helplessness, excessive sadness, social withdrawal, stress, exhaustion, fear, thoughts of death, frequent crying, burnout, and lack of sleep, hypersomnia and panic. These mental health effects were compounded by stigma, in which health workers were discriminated against in their communities, as highlighted by one of the clinicians: *"...our landlords started discriminating [against] us, they said that we would bring corona[virus] towards the community. There was a case whereby my association with my neighbours changed due to this pandemic. It affected me."*

Conclusion

The Covid-19 pandemic has negatively affected healthcare workers in Malawi, destabilising their social lives, physical health and mental well-being. In addition, the pandemic severely challenged healthcare service delivery as the number of health workers declined when their services were critically needed.

Recommendations

- The government must ensure health workers' safety and social and mental well-being during and after pandemics.
- The government must ensure the availability of sufficiently trained health care workers to ensure they are not overworked.
- During pandemics, the government should train healthcare workers on new protocols to reduce misconceptions and boost their confidence in handling patients.
- The government, NGOs and CSOs must provide civic education to eradicate misconceptions/ misinformation, which leads to public discrimination against health workers.

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