



Assessing Effects of Covid-19 Responses on Mental Health in Malawi

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Research Strand

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Executive Summary

The Coronavirus Disease (Covid-19) pandemic has overwhelmed health systems in all countries, especially those in the least developing countries, Malawi included. As such, this project sought to investigate the effects of Covid-19 responses on mental health in Malawi in terms of perception toward mental health in general, the mental health of adolescents and health workers and mental health services. The project had three main phases, research, awareness campaign and dissemination.

The study found a massive influence of culture and religion on perceptions of people with mental health. Mental health is primarily understood from cultural and religious beliefs. Further, the study found that providing mental health services amidst the pandemic has strained the already pressed and neglected health sector. On the effects of Covid-19 on the mental health of frontline health workers, the study found a high prevalence of Covid-19 related depression (31.2%, n=109), anxiety (30.3%, n=109) and PTSD (24.8%, n=109) among healthcare workers. The study also found significantly more healthcare 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 compared to district hospitals. In addition, the study found that overall, 22%, 21% and 23% of the adolescent respondents had Covid-19-related depression, anxiety and PTSD.

The project implemented awareness campaigns in the four districts: Lilongwe, Mangochi, Karonga, and Zomba. These awareness campaigns aimed to increase awareness of Covid-19 and its effects on mental health. The awareness campaigns in Zomba and Lilongwe were in the form of Talk-Shows, where speakers were given 10 minutes of presentation which covered the following topics; Introduction to mental Health, Mental Disorders, risk factors of Mental disorders, ways of coping with mental health problems and service providers for mental health services. In Karonga, the project targeted secondary school-going adolescents and was conducted as a variety show which saw students showcase different activities like poems, dances, songs, and drama. In Mangochi, the campaign took place for two days. The first day consisted of mental health training for Health Surveillance Assistants (HSAs). On the second day, the awareness campaign was conducted in the community, utilising theatre for development, where community leaders, men, women, and youths were engaged in raising mental health awareness through their play. In all the campaigns, participants were given different mental health IEC materials.

The project is disseminating the project and study outcomes by publishing three policy briefs, media coverage, five academic publications, an edited book, and five conference presentations. Aside from increasing engagement with key stakeholders, including health practitioners, policymakers, lawmakers, academia, and government officials, on mental health issues and Covid-19, the project has reached more than 100,000 people through awareness campaigns, radio jingles, and IEC materials, to pay more attention to early signs of mental health problems, prevention and coping strategies and to deal away with the stigma associated with people suffering from mental health problems.

Introduction

The Coronavirus Disease (Covid-19) pandemic has overwhelmed health systems in all countries, especially those in the least developing countries, Malawi included. This has escalated the challenges faced in hiring, deploying, retaining, and protecting adequate, well-trained and encouraged health professionals. Hospitals were overflowing with patients, shortage of medicines and oxygen, and young people were dying. However, the suffering is not limited to physical; the pandemic has also affected people's mental health and health service delivery. As such, this project sought to investigate the effects of Covid-19 responses on mental health in Malawi. The following objectives guided the project;

1. To investigate the role of social/cultural norms in perceiving people with mental health problems.
2. To assess the effects of Covid-19 responses on the demand and supply of mental health services in Malawi.
3. To assess the effects of Covid-19 responses on healthcare workers' mental health (anxiety, depression, post-traumatic stress disorder (PTSD)).
4. To examine the effects of Covid-19 responses on mental health (anxiety and depression) among adolescents.
5. To implement an awareness campaign on the effects of Covid-19 on mental health and the importance of seeking mental health services.

The report is structured as follows; research component, awareness campaign component, outputs, outcomes and dissemination, leveraged opportunities, implementation challenges and risks and project management.

Research Component

The research component of the project was guided by the following objectives; (1) to investigate the role of social/cultural norms in perceiving people with mental health problems; (2) to assess the effects of Covid-19 responses on the demand and supply of mental health services in Malawi; (3) to assess the effects of Covid-19 responses on mental health (anxiety, depression, post-traumatic stress disorder (PTSD)) of frontline officers (health providers) in the fight against the pandemic; and (4) to examine the effects of Covid-19 responses on mental health (anxiety, depression) among adolescents.

The study employed a mixed-methods approach, combining both quantitative and qualitative analyses. We collected quantitative data through a survey and qualitative data through focus group discussions, in-depth interviews, and key informant interviews with key stakeholders in the provision of mental health services in Malawi. Data were collected from 4 districts, Blantyre, Mangochi, Lilongwe and Karonga. The districts were selected because two are cities with large central hospitals handling severe Covid-19 cases (Lilongwe and Blantyre), one is a Lake District (Mangochi) which was affected by dropped levels of tourism due to Covid-19, and finally, a border district (Karonga) which is a possible entry point for imported Covid-19 cases, especially as Dar es Salaam is one of Malawi's leading ports. Additional data was collected from Zomba and Mzuzu cities which house Zomba mental hospital and St John's mental institute, respectively.

We employed random sampling for quantitative data and purposive sampling for qualitative data collection.

Before data collection, research assistants were trained in data collection techniques and research ethics. We also recruited two psychiatric nurses to act as research supervisors and contact points for cases of very severe depression and suicide ideation. During the study, three cases of very severe depression and three cases of suicidal ideation were reported to and handled by the psychiatric nurses. These cases were referred to local counsellors. This study promoted gender representation and inclusivity. As indicated in Table 1, we collected data from 405 (51%) females and 384 (49%) males. As for Key Informant Interviews, we had a 60:40 male-to-female ratio. Gender balance was even considered in the recruitment of research assistants. We recruited six females and four males.

Table 1: Summaries of basic demographic characteristics

Demographic Characteristic	Population group – n (%)			Total
	Health workers	Adolescents	General Population	
District				
Lilongwe	34 (31)	150 (44)	145 (43)	329 (42)
Blantyre	50 (46)	91 (27)	92 (27)	233 (29)
Mangochi	15 (14)	66 (19)	61 (18)	142 (18)
Karonga	10 (9)	33 (10)	43 (13)	86 (11)
Gender				
Male	46(42)	185(54)	153(45)	384 (49%)
Female	62(57)	155(46)	188(55)	405 (51%)
Total	109	340	341	790 (100)

Results on the role of societal norms in perceiving people with mental health, the study found that there was a massive influence from culture and religion on perceptions of people with mental health. Mental health is primarily understood from cultural and religious beliefs. Likewise, it is commonly believed that mental health problems can also best be addressed through the same means. As Figure 1 shows, 33% of the respondents believe that mental health is caused by evil spirits or some form of divinity, while 41% believe that mental health problems are caused by witchcraft and sorcery. Perhaps, for this reason, mental health problems are not considered an illness like malaria or tuberculosis in a conventional sense. In addition, 52% (n=177) of the respondents reported that they believe patients with mental health problems are dangerous and harmful to their communities.

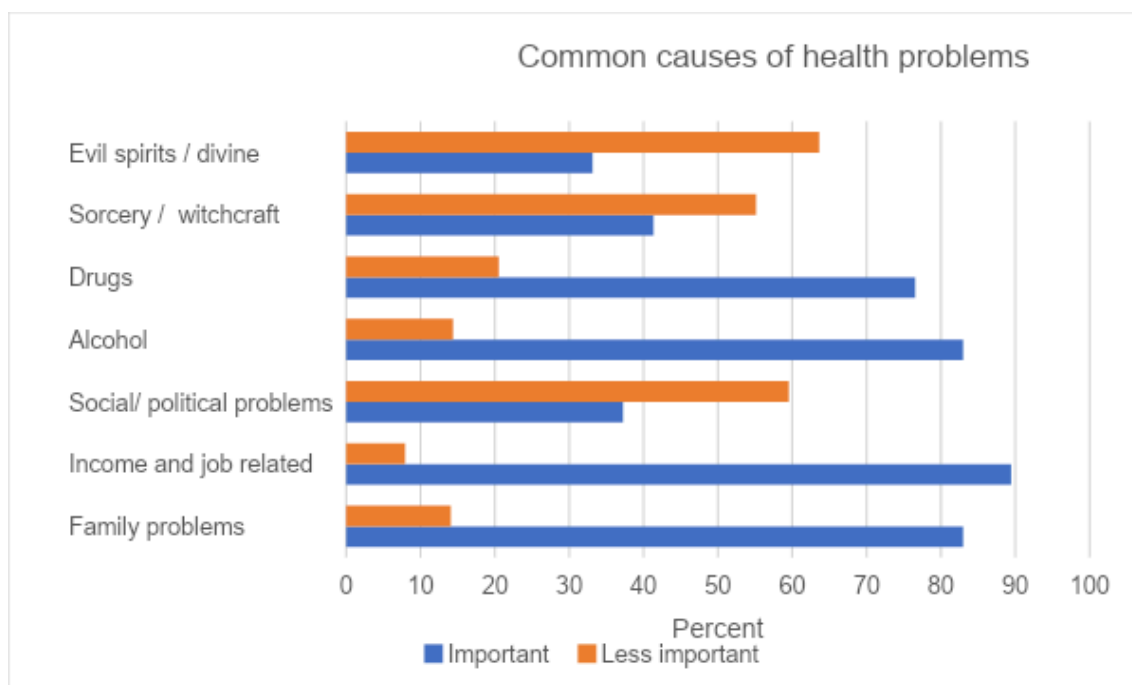


Figure 1: Perception of respondents on Causes of Mental Health

The Covid-19 pandemic has brought some cultural challenges. For instance, Covid-19 deaths are not handled following cultural and traditional procedures in which the remains lie in the communal home for a given mourning period, giving the grieved family time to mourn and find some closure. Instead, Covid-19 corpses were sent directly from the mortuary to the graveyard. Nevertheless, communal approaches proved vital in dealing with mental health problems during this Covid-19 pandemic. In Karonga District, for example, people have leveraged knowledge earned in dealing with other health problems such as HIV/Aids to fight mental health problems in their respective areas through traditional dances, which aim at relieving pressure and stress in the communities. As cultures are communitarian, the Karonga examples show that mental health issues are best approached from a community perspective rather than leaving it to individual members of the society.

On the effect of Covid-19 on the supply and demand of mental health services in Malawi, the study found that the provision of mental health services amidst the pandemic has put a strain on the already pressed and neglected health sector. Whilst awareness and demand for mental health services have increased, the supply side has not coped. Even though the demand has increased, few people can utilise these services. As shown in Table 2, the study found that 11% of the population sought mental health services before Covid-19, but only 5% of the individuals reported to have sought mental health services during and after Covid-19. Public facilities are the primary providers of mental health services. 64% of respondents sought mental health care from public facilities before Covid-19.

Table 2: responses on mental health utilisation rates before and after Covid-19

ITEM/QUESTION	RESPONSE/ COUNT- n (%)
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	No	Yes		
Seek counselling before Covid-19	304 (89)	36 (11)		
Got counselling, treatment/medicine since Covid-19 started	309 (91)	18 (5)		
	1-2 times	3-4 times	5-10 times	>10 times
How many times one sought mental health services before Covid-19	20 (59)	9 (26)	1 (3)	4 (12)
How many times one sought mental health services after Covid-19	13 (72)	2 (11)	1 (6)	2(11)

However, the study also found that public mental health structures face numerous challenges, leading to inefficiency in implementing the services. These challenges include inadequate funding, a shortage of mental health worker experts such as psychiatric nurses and mental health counsellors, and inadequate infrastructure (the only public facility providing mental health services is the Zomba mental hospital). As indicated by one of the key informants;

"Covid-19 has revealed the need for more mental health providers given the demand for psychosocial services. Due to shortages of health workers, the few staff working in the mental health clinic were re-deployed to work in the isolation ward". Program Manager- St John of God

On effects of Covid-19 on the mental health of health workers, results of the study indicate a high prevalence of Covid-19 related depression (31.2%, n=109), anxiety (30.3%, n=109) and PTSD (24.8%, n=109) among frontline health workers (see Figure 2). In addition, based on a test for equality of proportions, the study reported significantly 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 compared to district hospitals.

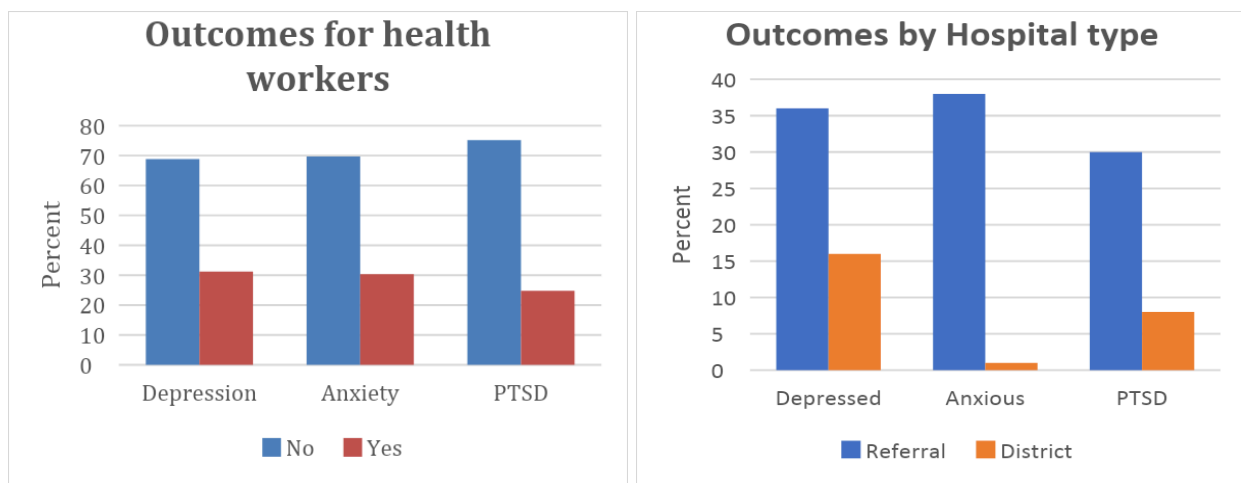


Figure 2: Depression, anxiety and PTSD outcomes for Health workers

Participants reported that health workers in the central hospitals were overwhelmed with work due to an increase in patient numbers and a reduction in the number of health workers. However, in a district hospital, Mangochi, respondents reported a general 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, during Covid-19, most patients came to the hospital seriously ill, and most of them required admission.

Further, frontline health workers in all four districts reported that they experienced depressive, anxiety and PTSD-related symptoms such as worry, helplessness, excessive sadness, stress, exhaustion, fear, thoughts of death, frequent change of mood, frequent crying, burnout, lack of sleep, hypersomnia and panic. These mental health effects were compounded by stigma, in which health workers were discriminated against, as highlighted by one of the clinicians:

"...our landlords started discriminating [against] us, they said that we will bring corona [virus] towards their lives, the interaction changed. There was a case whereby my association with my neighbours changed due to this pandemic. This affected me."

On examining the effects of Covid-19 responses on mental health among adolescents, the study found that overall, 22%, 21% and 23% of the respondents were depressed, had anxiety and had PTSD (see Figure 3) due to Covid-19. However, there were no significant differences in depression, anxiety and PTSD between participants from cities and towns (all tests for equality of proportions $p > 0.05$).

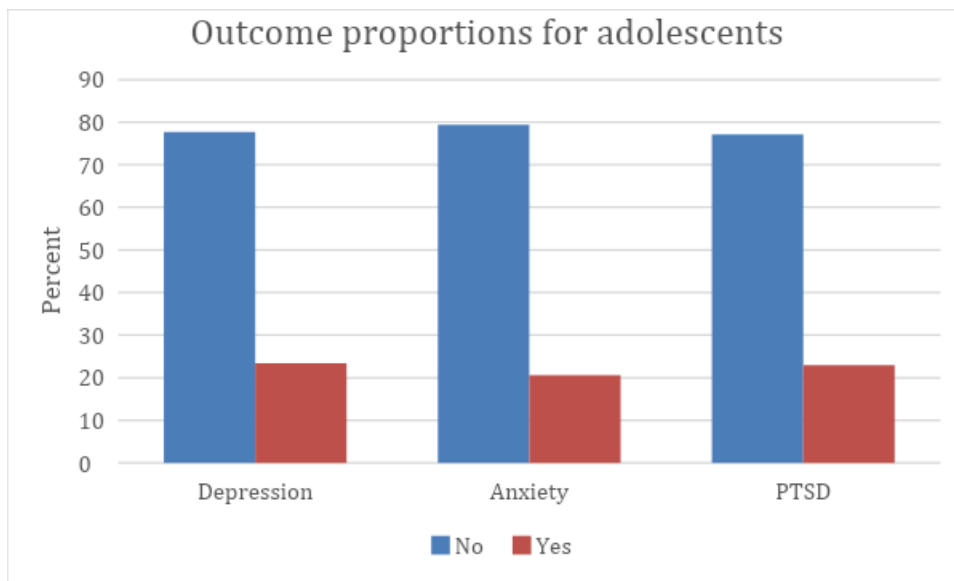


Figure 3: Depression, anxiety and PTSD outcomes for Adolescents

The study found that adolescents faced mental health problems due to disruption of academic life and social issues brought about by Covid-19. The adolescents reported persistent feelings of discomfort, fear, sadness, hopelessness, worry and uncertainty regarding the pandemic. Although participants believed that lack of accurate information regarding Covid-19, social media overload with Covid-19 news and the restrictions that came with the pandemic were the contributing factors to their feelings, they also admitted that their beliefs and thoughts regarding Covid-19 itself caused them significant discomfort, worry and panic since they did not know if they would survive once they contracted the virus. Both adolescents and carers of adolescents highlighted that Covid-19 had affected the academic life of most students. Students failed to concentrate like they used to, some girls dropped out of school due to pregnancies, and some had been informed that the world was coming to an end and hence lost interest in education. One of the adolescents said, *"As for me, while the schools were closed for seven months, I got pregnant, and I'm now having a baby, and I dropped out of school."*

Awareness Campaign Component

The project implemented awareness campaigns in the four districts: Lilongwe, Mangochi, Karonga, and Zomba. These awareness campaigns aimed to increase awareness of Covid-19 and its effects on mental health. In addition, they were conducted to raise mental health awareness and encourage mental health help-seeking behaviour.

Mental health talk shows- Two awareness campaigns were conducted in the form of Mental Health Talk Shows. The first talk show was held on 19 March 2022 at Kamuzu University of Health Sciences (KUHeS)- Lilongwe Campus. The show took place from 2 to 4 pm, and three guest speakers were invited to the event; Dr Mphatso Udedi (Public Mental Health Specialist), Assistant Curative and Medical Rehabilitation Services- Ms Margret Tendai Mwale, Social worker/Alternative Justice Programme Officer at Irish Rule of Law International. And Ms Chilungamo B. M'manga, a psychology lecturer at Kamuzu University of Health Sciences. The second talk show occurred on 10 July 2022 in Zomba at the University of Malawi (UNIMA). The main speakers of the talk show were; Dr Olive Liwimbi-A Psychiatrist at Zomba Mental Hospital, Ms Limbika Maliwichi – a clinical psychologist and lecturer at UNIMA and Ms Chilungamo B. M'manga – a Developmental Psychologist and lecturer of Psychology at KUHeS.

In both talk shows, speakers were given 10 minutes of presentation followed by a question and answer session. The most active participants went away with free T-shirts or caps. The following topics were covered; Introduction to mental Health, Mental Disorders, risk factors of Mental disorders, ways of coping with mental health problems and service providers for mental health services.

The participants were very active and raised several issues. For instance, they wanted to understand the link between COVID-19 and the rise of mental health problems. They also asked questions like, how can an individual tell their friend they are having mental health problems? How can they help someone who is having a mental health problem?

What is the difference between being an introvert and withdrawing from others because you have a mental health problem? Why didn't the talk show explain more about severe mental disorders? Is it okay for people to call those with mental illness mad? To what extent should a person having mental health problems open up?



Poster of the UNIMA Talk Show. One of the participants recites a poem at KUHES Talk Show

Training and Community Engagements- The Mangochi awareness campaign was conducted differently. The campaign occurred on two days; the 29th and 30th of April, 2022. The first day consisted of mental health training for Health Surveillance Assistants (HSAs), where Ms Limbika Maliwichi and Ms Chilungamo B. M'manga facilitated the training and covered the following topics; Introduction to mental health, risk factors of mental health problems, how to identify people with mental health problems and misconceptions of mental health. The second awareness campaign was conducted in

the community, where community leaders, men, women, youths and children gathered together. Theatre for development was used to raise mental health awareness through their play. In the end, Ms Limbika Maliwich and Ms Chilungamo M'manga spoke as mental health experts to clarify other mental health issues addressed in the play. Theatre for development was employed to help the community relate to the day-to-day problems that occur in the community as addressed in their play.



TfD performers engaging the community in Mangochi



Project Investigator- Training of Health Surveillance Assistants in Mangochi

Variety Show- Another awareness campaign different from the rest was the one in Karonga at Maghemo Secondary School on 11 June 2022. The event was organised, so students were asked to prepare activities and compete with one another on the day. So they organised activities like poems, dances, songs, and drama. They were also taken through a quiz, and the students were awarded caps, t-shirts, calendars, notebooks, instruments, and pens as their rewards.



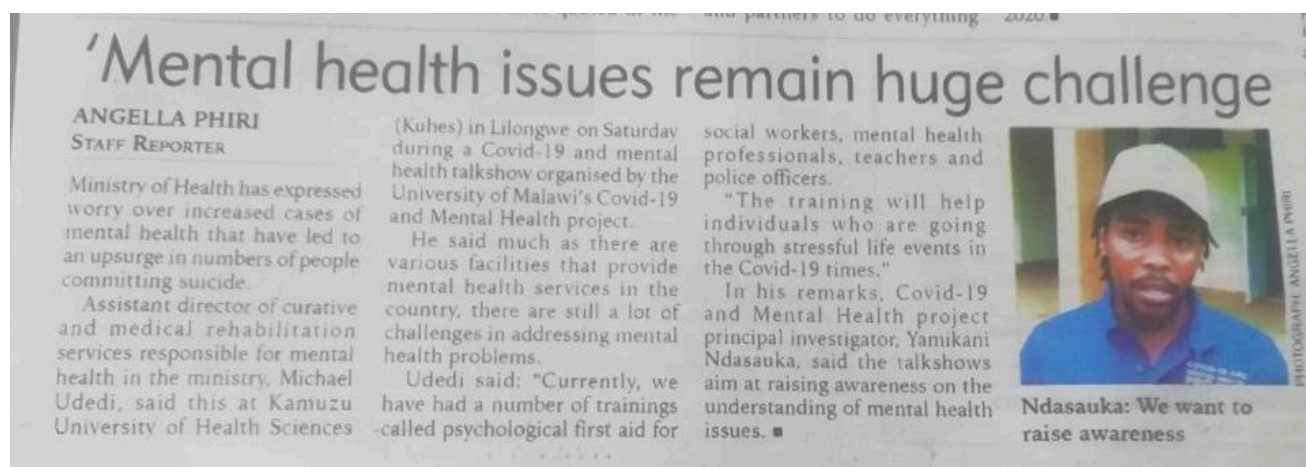
Students strike a pose after a variety show in Karonga

Information, Education and Communication Materials (IEC)- The mental health talk shows aim to raise mental health awareness and increase engagement with the general public on their mental health. Information Education and Communication (IEC) materials were used in all these campaigns. These are materials that were produced and distributed to the public for free. They included posters, caps, stickers, golf shirts, t-shirts and calendars. The IECs were meant to enhance peoples' understanding of the various messages on mental health.

Dissemination, Outputs and Outcomes

Dissemination of research findings involves careful planning, identifying target audiences, and deciding the most effective mode of communicating with the audiences. As a result, and considering that the Covid-19 and Mental Health project was being implemented during the Covid-19 pandemic, the results were disseminated through the following methods, as they are inclusive, diverse and broad in reach:

1. Website: www.mhmalawi.org. The website disseminates project outputs and is a one-stop information centre on mental health and related activities in Malawi.
2. Social media: Twitter handle @mhealthmalawi.
3. Three policy briefs in two newspapers– *The Nation* and *Malawi News*. The titles of the policy briefs are: Effect of Covid-19 on Mental Health of Adolescents in Malawi; Effect of Covid-19 on Mental Health of Healthcare Workers in Malawi; and Covid-19 and Provision and Utilisation of Mental Health Services in Malawi
4. One press release in two newspapers, *The Nation* and *Malawi News*.



The project received some media coverage

The project also disseminated two technical reports, the first research report and the final project report.

The project is in the process of producing four (4) journal articles and an edited book, as follows:

1. *Pandemics and Psychological in Africa, Edited Book (22 chapters), proposal submitted to Routledge Publishers.*
2. Journal paper titled *Mental Health is Just an Addendum: Covid-19 and Provision and Utilisation of Mental Health Services in Malawi* – submitted to Plos One.
3. *Covid-19, Depression and Anxiety among Adolescents in Malawi* – submitted to Frontiers in Psychiatry
4. *Covid-19, Depression and Anxiety among Healthcare Workers in Malawi* – submitted to Plos One
5. Journal paper titled *Umunthu, Covid-19 and Mental Health in Malawi* – under review by Heliyon.

In addition to the publications, investigators of the project have also attended and plan to attend conferences, as follows:

1. *Mental Illness as Abnormality: Assessing Knowledge and Attitudes Towards Mental Illness in Malawi*, Yamikani Ndasauka. Pan-African Psychology Congress, 28 to 30 March 2022
2. *Revisiting the Umunthu Philosophy in the Face of Covid-19 Measures in Malawi*. Jimmy Kainja. 4th Biennial Conference of the African Studies Association of Africa (ASAA) 11–16 April 2022.
3. *Mental Health is Just an Addendum: Covid-19 and Provision and Utilisation of Mental Health Services in Malawi*. Martina Mchenga. 7th Global Symposium on Health Systems Research (HSR 2022), October 31–November 4, 2022.
4. *Covid-19, Depression and Anxiety among Healthcare Workers in Malawi*. Limbika Maliwichi. 1st Kamuzu University of Health Sciences (KUHeS) Research Dissemination Conference, 17 – 18 November 2022.
5. *Mental Illness as Network Busy: Assessing Perceptions Towards Mental Illness in Malawi*, Yamikani Ndasauka. National Commission for Science and

Technology 4th National Research Dissemination Conference, 23 – 25 November 2022.

15:00 – 16:30

42.B / (De-)Humanising Health? Responsibilisation and Racialised Space in Times of Corona

Room 10

Convenors: Caroline Meier zu Biesen (Global Health Lab, University of Leipzig, Germany), Marian Burchardt (Global Health Lab, University of Leipzig, Germany) and Nkululeko Nkomo (University of the Witwatersrand, South Africa)

(De-)humanising health? Responsibilisation and racialised space in times of Corona. Caroline Meier zu Biesen, University of Leipzig, Global Health Lab Can you hear me? An African international student's cry. Kombe Kapatamoyo, SIUC COVID-19 and resilience of women's Chamas – enhancing women's empowerment and human security. Caroline Shisubili Maingi, Strathmore University and Berita Mutinda Musau, Strathmore University/United States International University-Africa
COVID-19 et dilemmes moraux à différentes échelles administratives à Nairobi. Axelle Ebodé, Institut Français de Géopolitique
Revisiting the Umunthu philosophy in the face of COVID-19 measures in Malawi. Jimmy Kainja, University of Malawi
[About this panel](#)

Conference Programmes of Presented Paper

Outcomes

The project has achieved the three primary outcomes, as follows:

1. Increased engagement with critical stakeholders, including health practitioners, policymakers, lawmakers, academia, and government officials, on mental health issues and Covid-19.
2. Increased awareness of Covid-19 and its effects on the general population's mental health and specific populations measured in this study – adolescents and mental health workers.
3. Through awareness campaigns in different communities and schools, we have reached out to approximately 1000,000 people. We hope these people will be able to pay more attention to early signs of mental health problems, prevention and coping strategies. Additionally, they are better positioned to know when and where to seek mental health services in their communities.

Implementation Challenges and Risks

The project faced several risks and challenges when implementing project activities.

Covid-19 infection- we started data collection around when Covid-19 was at its peak. Unfortunately, this exposed the investigators and research assistants to the risk of getting infected. To mitigate this, we followed the recommended procedures of always

wearing masks and hand sanitisers and conducting the interviews in open spaces to ensure social distancing.

The stigma surrounding Covid-19- In Malawi, around the time when the Covid-19 vaccine was introduced and when it was announced that it is mandatory, in most areas, especially in the rural areas, there was a lot of conjured scepticism around Covid-19 vaccination due to a mix of religious conservatism, rumour mongering and entrenched cultural norms. Going to places with such misconceptions was a considerable risk of getting attacked. To mitigate this, we worked with community members such as health surveillance assistances who knew the communities well.

The stigma surrounding Mental health- Mental health topics are not usually discussed in Malawi. There is still some taboo and stigma surrounding such issues due to misinformation and misunderstanding. Given that we were going to make people talk about topics they usually are not open to discussing, we did face a risk of rejection. Working with health surveillance assistants that knew the community well mitigated this risk.

Budget creep- The risk of underestimating the time or availability of other external resources required to complete the project was high. This was made worse by the devaluation of the local currency, which caused costs to rise beyond the budget. Nevertheless, the project maintained prudent and sound financial controls. Further, four out of seven of the project's final year were on the ground. This made it easy to coordinate and organise activities for the project.

Scheduling issues- This was one of the challenges because some factors were beyond us, for example, the turnaround time to get ethics approval for the study. And even after getting it, in some areas, we still needed to present what the project was about and get authorisation to interview the stakeholders.

NRF Project Management

So far, the project funding has been timely, considering our living circumstances. In addition, the inception and progress workshops were beneficial, as they clarified several issues about project collaboration, management and reporting.

'Malawi has no mental health experts'

By Mandy Pondani

The government has decried lack of psychologists and psychiatrists in the country.

This comes at a time mental health issues are becoming a public health concern.

Recently, the *Pan African Medical Journal* indicated that Malawi had registered 128 cases of suicide in less than 20 months.

Assistant Director of Curative and Medical Rehabilitation responsible for mental health in the Ministry of Health Micheal Udedi lamented the low number of experts in the area during a talk show which the University of Malawi (Unima) organised on Saturday.

Udedi said at the event, which was held at Kamuzu College of Health Sciences (Kuhes), that the country had two psychiatrists and zero clinical psychologists to cater for the population of about 20 million people.

"We have one government psychiatrist, the other one is with Kuhes. In terms of psychologists, government facilities have none. Those available are in private



NEED MENTAL HEALTH EXPERTS—Healthcare service facilities



BEMOANED COVID EFFECTS ON MENTAL HEALTH—Bandawe—File photos

a need to act on mental health-related problems before the situation got out of control.

"We have to address a number of problems. As at now, social media conspiracy [theories], traditional beliefs and lack of trained psychiatrists are limiting progress in dealing with mental health complications that are affecting most people, especially in the face of the Covid pandemic," Bandawe said.

He raised the sentiments just after St John of God College of Health Sciences Director Charles Masulani had bemoaned that, with a population of over 20 million-plus people, Malawi had not more than 100 trained psycho-social counsellors.

"The country has a very small healthcare workforce, particularly mental health experts. The Malawi Mental Health Policy has a pillar that focuses on capacity-building and development for staff working in mental health. You would appreciate that there are only less than five practising clinical psychologists and about three psychiatrists working in Malawi and very few counsellors," Masulani said.

practice. We wish we had more numbers to be able to manage mental health cases," he said.

He, however, said the government had invested in the training of mental health nurses and mental health clinical officers in almost all the districts of the country.

"Currently, we have seen cases of mental health rising and one of the causes is the Covid pandemic. Suicide cases are on the rise. We, as government, are committed to mitigating the impact of the situation and that is why we are providing psychological first aid training to social workers,

teachers and some social service providers who can reach out to people going through stressful life events," Udedi said.

Unima Associate Professor Yamikani Ndasauka, who is coordinating the Covid and Mental Health Project, said their research showed that healthcare workers had been mostly affected by the pandemic mentally followed by adolescents.

"Twenty three percent of healthcare workers showed signs of depression, anxiety and stress— being people that were handling patients directly—and you can recall that the second

wave of the pandemic had, at that time, hit hard," Ndasauka said.

Among adolescents, he said the closure of schools and loss of income among parents were some of the major causes of depression and mental breakdown.

Unima started implementing the Covid and Mental Health Project in June 2021.

Last year, Kuhes-based psychologist Chirwoza Bandawe claimed that the Covid pandemic had created a "second pandemic" in society, resulting in rising cases of stress, anxiety, depression and substance use.


He indicated that there was

Media Coverage of the Project



Project Investigators and Organisers Pose for a Photo after KUHES Talk Show

THE NATION
THURSDAY FEBRUARY 24, 2022



Press release

Covid-19 and Mental Health in Malawi Project

Background
 Covid-19 and Mental Health in Malawi is a two-year (2020-2022) research and dissemination project funded by Covid-19 Africa Rapid Grant Fund. The project is being implemented by researchers from the University of Malawi (UNIMA) and Kamuzu College of Health Science (KUHEs) in four districts of Blantyre, Mangochi, Ulongwe and Karonga.

The project aims to assess the effects of Coronavirus Disease (Covid-19) responses on some vulnerable populations mental health and shed light on the importance of mental health consideration. Covid-19 is an infectious disease caused by a strain of Coronavirus called Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). As of February 16, 2022, the World Health Organization (WHO) reported that worldwide 5.84 million people had died of the disease; there were 415 million confirmed cases, and 10.3 million vaccine doses have been administered. The effects of the Covid-19 pandemic are felt in all spheres of life, including mental health. Mental health or psychological well-being is an integral part of an individual's capacity to lead a fulfilling life, including forming and maintaining relationships, studying, working, or pursuing leisure interests. Disturbances to a person's mental well-being can adversely compromise this capacity and the choices made, leading to diminished functioning at the individual and social levels.


Mental health is already a neglected sector of the health system in Malawi. Considering that Covid-19 has overwhelmed public health systems and has challenged Malawi's resource purse, it is imperative to pay attention to the neglected sector of the health service system and assess the impact that Covid-19 has had on such a system.

What has been done so far?
 So far, the project has conducted three studies on (1) perceptions of mental health, (2) utilization and provision of mental health services and (3) effects of Covid-19 pandemic on adolescents' and health workers' psychological well-being. Study (1) found a massive influence from culture and religion on people's perceptions of mental health in Malawi. Likewise, it is commonly believed that mental health problems can also best be addressed through the same means. In addition, study (2) found that the Covid-19 pandemic has strained the mental health care system. The supply side has not coped while awareness and demand for mental health services have increased due to Covid-19. Study (3) found that 22%, 21% and 23% of adolescents were depressed, had anxiety and had post-traumatic stress disorders (PTSD), respectively, due to Covid-19. Further, 31.2%, 30.3%, and 24.8% of health workers had depression, anxiety and PTSD, respectively, due to Covid-19.

What is being done now?
 The project is now implementing an awareness campaign on the importance of mental health and consideration of mental health in public policy and health strategy. The project will host public lectures and debates, hold community engagement sessions, hold policy engagement sessions, publish policy briefs, establish an open website (a source of information on mental health in Malawi), and establish interactive social media platforms.

Outcomes
 We hope that by the end of the project, we would have (1) enhanced research on mental health in Malawi; (2) increased engagement with stakeholders (health practitioners, policymakers, lawmakers, academia, and government officials) on mental health; (3) increased engagement with the general public on their mental health.

Signed
Yamikani Ndasauka, PhD,
 Principal Investigator and Associate Professor, UNIMA



TIPPED—Some of the participants during the talk show

Unima tips students on mental health

By Jarson Malowa

A first year student at University of Malawi (Unima), Daniel Chimatiro, has hailed the University for raising awareness on mental health issues.

Unima officials recently took a mental health talk show to first year students in the Great Hall as one way of enlightening them on factors that lead to stress in their new endeavours.

"We will raise awareness with our fellow students through peer groups. This type of programme has been so impactful because it will help us develop attitudes towards education despite obstacles in our daily endeavours," said Chimatiro, who is studying Bachelor of Arts in Psychology at Unima.

In her presentation, Limbika Maliwichi, a Senior Lecturer in Psychology at Unima, listed down factors that can bring down students.


"For example students here on campus face financial problems, relationships disputes, examinations fever and how to relate to their friends or lecturers may also be a problem," she said.

In his remarks, Unima's Principal Investigator for Covid-19 and Mental Health Project, Yamikani Ndasauka, said Malawi needs to put an extra gear in the fight against mental health.

"There is little funding towards mental health. For example in Karonga we noted that they receive K80, 000 monthly towards the fight against mental health," he said.

Lately, students have been committing suicide due to disagreements with friends, relationship disputes and poverty related issues, a development that a mental health expert, Harry Kawiya, attributed to depression.

Media Coverage



UNIVERSITY OF MALAWI
COVID-19 AND MENTAL HEALTH PROJECT

Presents
**MULI NDI NKHAWA?
SPEAK OUT
V-SHOW**



QUIZ

- What is mental health?
- What are the signs and symptoms of mental health problems?
- What are the treatments for mental health?

PRIZES

- Caps and T-shirts
- Calendars
- Mathematical instruments
- Set of pens and Notebooks.


11 JUNE 2022

• Songs • Poems • Quiz • Dance • Drama


1:30pm to 4.00pm **Maghemo CDSS Hall**

Poster of variety show in Karonga


**MENTAL HEALTH
TALK SHOW**



Margret Tendai Mwale
Social Worker



Dr. Michael Mphatso Usedi
Public Mental Health Specialist



Chilungamo B. M'manga
Psychologist and Lecturer

Saturday, 19th March, 2022 | 2PM - 4PM

📍 KUHes - Lilongwe, Lecture Theatre

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Poster of Talk show at KUHES