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Mental Health in Malawi: Service Gaps, Community Care, Social Determinants and a Pathway to Integrated Mental Health Systems

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Abstract

Malawi faces a substantial mental health challenge within a health system characterized by constrained resources, a limited specialist workforce, geographic and socioeconomic inequalities and persistent barriers to accessing care. Mental health conditions interact with poverty, unemployment, education, family circumstances, gender, chronic disease, substance use, displacement and other social determinants. Yet mental health services have historically been concentrated in specialist and tertiary settings, creating a substantial treatment gap. This article reviews mental health in Malawi with particular attention to service organization, workforce, primary-care integration, community participation, stigma, vulnerable populations, social determinants and policy implementation. Evidence from Malawian studies indicates that integration of mental health into primary care is feasible when accompanied by contextualized training, supervision and referral mechanisms; an mhGAP-based intervention implemented in five southern Malawi districts demonstrated the feasibility of training district teams and developing community awareness and peer-support components (Atilola et al., 2020). A qualitative study of stakeholders during the COVID-19 period reported severe service availability constraints and described mental health provision as highly centralized, with very limited availability at lower levels of care (Makaula et al., 2024). WHO's 2024–2028 Country Cooperation Strategy for Malawi also identifies mental health treatment coverage as a health-system indicator and reports a baseline of 29 for the relevant treatment indicator from the 2022 national health-sector reporting system (WHO, 2025a). The review argues that Malawi's mental health response should move toward integrated, community-based, person-centred and rights-based care, supported by task-sharing, reliable medicines, supervision, referral networks, psychosocial interventions, peer support and stronger information systems. Mental health should also be addressed through education, employment, social protection, gender-responsive services and community development. The article proposes a strategic framework centered on governance and financing, primary-care integration, workforce development, community systems, essential medicines, prevention and promotion, rights protection, digital and information infrastructure, and monitoring and evaluation. The review concludes that strengthening mental health in Malawi requires sustained health-system investment combined with action on the social conditions that shape psychological well-being.

Keywords: Mental health; Malawi; mental health services; primary health care; community mental health; mhGAP; treatment gap; stigma; social determinants; health systems; psychosocial support

1. Introduction

Mental health is a core component of health and well-being, but access to appropriate services remains highly unequal globally. WHO's Mental Health Atlas 2024 reports persistent shortages in financial and human resources, particularly in lower-income countries, and emphasizes the need to transform mental health systems toward more accessible and effective services (WHO, 2025b). Malawi illustrates many of these challenges while also providing important examples of efforts to integrate mental health into primary and community care.

Malawi's health system must respond to mental health needs alongside infectious diseases, maternal and child health, noncommunicable diseases and other competing priorities. Mental health conditions may remain under-recognized when symptoms are interpreted through social, cultural or spiritual frameworks or when people face stigma and limited awareness of available treatment. Geographic distance, transport costs, shortages of specialized professionals and uneven service availability can further delay care.

The policy direction advocated by WHO increasingly emphasizes community-based, person-centred and rights-based care, integration into general health services, task-sharing, participation of people with lived experience and action on social determinants (WHO, 2025c). These principles are particularly relevant to Malawi because specialist services alone cannot provide population-level coverage in a resource-constrained setting.

2. Conceptual Framework

2.1 Mental health as a public-health and development issue

Mental health affects educational attainment, employment, household functioning, physical health and social participation. Conversely, poverty, food insecurity, unemployment, violence, housing conditions, social exclusion and limited access to education can increase psychological distress (WHO, 2025c). A health-system response must therefore extend beyond diagnosis and medication.

2.2 The treatment-gap perspective

The treatment gap refers broadly to the difference between the population needing mental health interventions and those who receive appropriate care. In Malawi, limited service availability and concentration of expertise create structural barriers. Expanding coverage requires task-sharing and integration rather than attempting to reproduce specialist-heavy models from high-income settings.

2.3 Community-based and recovery-oriented care

Community-based care emphasizes services close to where people live and combines clinical interventions with psychosocial, family, social and economic support. WHO's current policy guidance recommends community-based, rights-based, person-centred and recovery-oriented systems, with active participation of people with lived experience (WHO, 2025c; WHO, 2025d).

3. Methodology

This manuscript uses a narrative review and health-system policy synthesis. Sources include WHO publications, the WHO Country Cooperation Strategy for Malawi, peer-reviewed studies of mental health service delivery and mhGAP implementation in Malawi, and relevant health-system literature. The review prioritizes evidence on service availability, primary-care integration, workforce, community interventions, social determinants and policy reform. It does not present original fieldwork or claim new prevalence estimates. Where statistics are available, their reference year and source are identified.

4. Mental Health in the Malawian Health-System Context

Malawi's mental health system operates within a broader health system in which financial, workforce and infrastructure constraints affect service delivery. The WHO Country Cooperation Strategy 2024–2028 includes mental health treatment coverage among its monitoring indicators and records a baseline of 29 from the National Health Sector Report 2022 for the percentage of individuals receiving treatment for specified mental illnesses (WHO, 2025a). This indicator should not be interpreted as a direct prevalence estimate; rather, it is a health-system coverage measure.

Evidence from stakeholder research also suggests that service availability remains highly uneven. A 2024 study reported that stakeholders identified very limited availability of mental health services at lower levels of care and described substantial centralization of services (Makaula et al., 2024). Such centralization creates barriers for rural populations and for people who cannot afford repeated travel to specialist facilities.

System dimension	Current challenge	Implication for access	Strategic response
Governance	Mental health competes with multiple health priorities	Uneven implementation and accountability	Clear leadership, indicators and dedicated planning
Service organization	Specialist services concentrated in limited locations	Geographic and financial barriers	Primary-care integration and community outreach
Workforce	Limited specialist and trained personnel	Long waits and restricted coverage	Task-sharing, training, supervision and retention
Medicines	Potential availability and supply constraints	Interrupted treatment	Reliable essential-medicine systems
Information	Limited routine mental-health indicators	Weak planning and evaluation	Integrated information systems
Community support	Stigma and low awareness may delay help-seeking	Late presentation and social exclusion	Community education, peer support and psychosocial services
Referral	Weak links between levels can disrupt continuity	Fragmented care	Defined referral and back-referral pathways

5. Mental Health Service Integration and mhGAP

Integration into primary care is one of the most important strategies for reducing mental health treatment gaps in countries with limited specialist resources. Malawi has experience with the WHO Mental Health Gap Action Programme (mhGAP). A study of an mhGAP-based training and supervision package in five districts in southern Malawi found that contextualized training of district mental health teams was feasible and could be accompanied by community awareness events and peer-support groups (Atilola et al., 2020).

The implication is not that training alone solves the treatment gap. Effective integration requires supervision, referral pathways, medicines, clinical protocols, workload management, record systems and access to specialist consultation. WHO's updated 2025 mhGAP guideline provides evidence-based recommendations intended for non-specialist health workers at primary and secondary levels (WHO, 2025e).

6. Mental Health Workforce

A sustainable mental health system depends on an appropriately distributed multidisciplinary workforce. In resource-constrained settings, specialists such as psychiatrists, psychologists and psychiatric nurses cannot alone meet population needs. Task-sharing allows appropriately trained general health workers, community workers and other cadres to deliver selected evidence-based interventions within defined scopes of practice.

Training must be paired with supportive supervision. Without supervision, health workers may lack confidence in diagnosis, risk assessment, psychosocial interventions and referral. Workforce policy should also address retention, rural deployment, continuing professional development and staff well-being.

7. Community Mental Health and Psychosocial Support

Community-based approaches are especially important in Malawi because many people live outside major urban centres and may face transport and financial barriers. Community awareness can improve recognition of mental health conditions and reduce stigma, while peer-support groups can provide social connection and practical support. The Malawi mhGAP implementation study incorporated both elements, demonstrating their potential within district-level programming (Atilola et al., 2020).

Community mental health should not be reduced to awareness campaigns. Sustainable community systems require trained personnel, supervision, referral mechanisms, safeguarding procedures and links to social protection, education, employment and family services.

8. Stigma, Help-Seeking and Cultural Context

Stigma can influence whether people disclose psychological distress, seek professional care or remain engaged with treatment. Mental health services therefore need communication strategies that use locally meaningful language and engage trusted community structures without reinforcing harmful stereotypes.

Cultural and faith-based understandings of mental distress are important components of the social context in which people seek help. A pluralistic approach can engage community and faith leaders in referral and anti-stigma work while ensuring that people can access evidence-based, confidential and rights-respecting health services.

9. Social Determinants of Mental Health in Malawi

Mental health is closely connected with socioeconomic conditions. Poverty, unemployment, food insecurity, educational disadvantage, violence, disability and inadequate housing can increase exposure to chronic stress and reduce the capacity to seek care. WHO's current mental-health policy guidance explicitly calls for action on social and structural determinants, including education, employment, housing and social protection (WHO, 2025c).

For Malawi, this means that mental health policy should not be confined to the Ministry of Health. Education, labour, social protection, gender, justice, local government and community-development structures all have roles in prevention and recovery.

10. Vulnerable and Priority Populations

Population / setting	Relevant mental-health concerns	Service priorities
Children and adolescents	Emotional and behavioural difficulties; developmental needs; school stress	School-linked services, early identification, family support
Women and mothers	Perinatal mental health; gender-based violence; caregiving stress	Maternal services, screening, psychosocial support, referral
Men and boys	Help-seeking barriers; substance use and social pressures	Male-friendly services and prevention
People with disabilities	Social exclusion; access barriers; comorbidity	Accessible, inclusive mental-health services

People with substance-use disorders	Dependence, comorbidity and social harms	Integrated substance-use and mental-health care
Rural populations	Distance, transport costs and workforce shortages	Community outreach and primary-care integration
People affected by poverty	Chronic stress and barriers to treatment	Social protection and integrated psychosocial support
People with severe mental illness	Long-term treatment and social exclusion	Continuity of care, rehabilitation and community support

11. Mental Health of Children and Young People

Mental health conditions frequently emerge during childhood and adolescence, making early intervention important. WHO's 2024 guidance emphasizes that countries with constrained resources can still strengthen community-level services for children and young people through appropriate service design, standards and workforce development (WHO, 2024).

In Malawi, school and community platforms may provide practical opportunities for prevention, identification and referral. However, child and adolescent interventions must protect confidentiality, involve families appropriately and establish clear safeguarding mechanisms.

12. Gender, Maternal Mental Health and Family Well-Being

Gender affects exposure to mental-health risks and access to services. Women may experience psychological distress associated with pregnancy, childbirth, caregiving, gender-based violence and economic insecurity. Men may face social expectations that discourage emotional disclosure or help-seeking. Gender-responsive services should therefore avoid assuming that one model fits all groups.

Integrating mental-health support into antenatal, postnatal, reproductive health and primary-care services can help identify needs earlier, provided that screening is linked to accessible treatment and psychosocial support.

13. Substance Use and Mental Health

Alcohol and other substance-use disorders can coexist with depression, psychosis, trauma and other mental-health conditions. Treating these conditions separately can create fragmented care. The Malawi mhGAP implementation programme included alcohol and substance-use disorders among the conditions addressed through district-level training (Atilola et al., 2020).

An integrated approach should combine prevention, brief interventions, treatment, harm reduction where appropriate, family support and referral for severe or complex cases.

14. COVID-19 and System Resilience

The COVID-19 pandemic exposed vulnerabilities in health systems worldwide. In Malawi, qualitative research with mental-health stakeholders identified constraints in service availability and described mental health as insufficiently prioritized within the health response (Makaula et al., 2024). The experience highlights the importance of continuity plans, decentralized services, workforce protection, community communication and flexible delivery mechanisms during crises.

15. Human Rights and Mental Health Law

Mental health care should protect autonomy, dignity, confidentiality, informed consent and freedom from discrimination. WHO's 2025 policy and law-reform guidance emphasizes a shift from institutional and coercive approaches toward rights-based, community-based and person-centred care, including supported decision-making and safeguards around involuntary interventions (WHO, 2025f).

For Malawi, rights-based reform should be accompanied by practical service alternatives. Legal safeguards are difficult to implement effectively if people have no access to community services, crisis support, rehabilitation or social care.

16. Financing and Resource Allocation

Financing determines whether mental-health policy becomes operational. WHO's Mental Health Atlas 2024 identifies persistent global shortages in mental-health financial and human resources, particularly in lower-income settings (WHO, 2025b). Malawi therefore requires financing strategies that protect essential mental-health functions while making efficient use of existing primary-care infrastructure.

Investment priorities should include training and supervision, essential medicines, community outreach, psychosocial interventions, referral systems, information technology and specialist consultation. Financing should also support prevention and promotion rather than focusing only on inpatient treatment.

17. Digital Mental Health and Health Information Systems

Digital tools can support supervision, clinical decision support, training, appointment systems, teleconsultation and mental-health information management. However, digital interventions should complement rather than replace essential face-to-face services. Connectivity, device access, digital literacy, privacy and cybersecurity must be considered.

Routine mental-health indicators should be integrated into health information systems. Reliable data on service utilization, treatment continuity, workforce, medicines, referrals and outcomes would strengthen planning and accountability.

18. Strategic Framework for Strengthening Mental Health in Malawi

Strategic pillar	Priority actions	Illustrative indicators
Governance and financing	Define leadership, budgets, accountability and cross-sector coordination	Budget allocation; implementation milestones; district coverage
Primary-care integration	Embed evidence-based mental-health care in primary and district services	Facilities offering services; trained workers; referrals
Workforce development	Task-sharing, competency-based training, supervision and retention	Workers trained; supervision contacts; rural distribution
Community systems	Awareness, peer support, outreach and family interventions	Community programmes; peer groups; referral completion
Essential medicines	Strengthen forecasting, procurement and continuity	Stock-out frequency; treatment continuity
Children and youth	School/community identification and referral	Schools linked to services; youth referrals
Rights and quality	Confidentiality, consent, anti-discrimination and safeguards	Complaints resolved; rights indicators; quality audits
Social determinants	Link mental health to social protection, education and employment	Cross-sector programmes; social referrals
Information systems	Routine indicators and outcome	Completeness and timeliness of reporting

	monitoring	
Crisis resilience	Continuity plans and psychosocial response during emergencies	Preparedness plans; service continuity

19. Discussion

The evidence suggests that Malawi's central mental-health challenge is not simply a shortage of psychiatric specialists. It is a system-design problem involving service distribution, workforce capacity, financing, information, community support and social determinants. Specialist services remain necessary for complex conditions, but population coverage requires a broader network of primary and community services.

Malawi's experience with mhGAP provides a practical foundation. The five-district implementation study demonstrated that contextualized training and supervision can be introduced within existing systems and that community awareness and peer-support components can be incorporated (Atilola et al., 2020). The next challenge is institutionalization: training must become part of routine workforce development, supervision must be sustained, and referral pathways must function consistently.

The second major issue is the relationship between mental health and socioeconomic development. A narrowly clinical approach may treat symptoms without addressing the circumstances that sustain distress. Integrated approaches involving social protection, education, employment, gender services and community development are therefore essential. This aligns with WHO's 2025 guidance, which places social and structural determinants alongside health-sector reforms (WHO, 2025c).

20. Recommendations

1. Strengthen national and district mental-health governance with measurable implementation targets and dedicated accountability mechanisms.

2. Expand mental-health integration across primary and district health services using contextualized mhGAP approaches.

3. Develop a sustainable workforce strategy covering task-sharing, competency-based training, supervision, specialist support and rural retention.

4. Ensure reliable availability of essential psychotropic medicines and strengthen procurement and supply-chain monitoring.

5. Build community mental-health networks incorporating outreach, peer support, family interventions and clear referral pathways.

6. Integrate mental-health promotion and early identification into schools and youth services, with appropriate safeguarding.

7. Integrate mental-health care into maternal, reproductive and other routine health services where clinically appropriate.

8. Develop gender-responsive services that address violence, caregiving pressures, men's help-seeking barriers and other gender-related determinants.

9. Strengthen coordinated responses to substance-use disorders and co-occurring mental-health conditions.

10. Embed human-rights safeguards, informed consent, confidentiality, supported decision-making and anti-discrimination principles in mental-health services.

21. Limitations

This is a narrative review and policy synthesis rather than a systematic review, meta-analysis or original empirical study. Available Malawian evidence is heterogeneous in design, location and period, and national mental-health indicators may not capture unmet need or informal care. Some service-capacity estimates derive from specific studies or stakeholder reports and should not be generalized beyond their defined populations. Future research should strengthen population-based prevalence estimates, service-readiness assessments, longitudinal outcome measurement and economic evaluation of decentralized mental-health interventions.

22. Conclusion

Malawi faces a substantial mental-health challenge shaped by limited specialist capacity, centralized services, social determinants, stigma and unequal access. At the same time, evidence from mhGAP implementation demonstrates that decentralized and task-shared approaches are feasible when training, supervision, community engagement and referral systems are incorporated.

The strategic direction should be toward an integrated mental-health system in which primary-care workers, specialists, community structures, peer supporters and social-sector services work as a coordinated network. Such a system should be person-centred, recovery-oriented and rights-based, with attention to children and young people, women and men, people with disabilities, rural populations and people affected by substance use and poverty. Strengthening mental health in Malawi is therefore both a health-system priority and a broader development objective.

References

Atilola, O., et al. (2020). Implementing an mhGAP-based training and supervision package to improve healthcare workers' competencies and access to mental health care in Malawi. International Journal of Mental Health Systems, 14, 21.

Makaula, P., et al. (2024). Mental health is just an Addendum: Assessing stakeholder's perceptions on COVID-19 and mental health services provision in Malawi. BMC Health Services Research.

World Health Organization (WHO). (2024). Mental health of children and young people: Service guidance. WHO.

World Health Organization (WHO). (2025a). Country Cooperation Strategy 2024–2028: Malawi. WHO Regional Office for Africa.

World Health Organization (WHO). (2025b). Mental Health Atlas 2024. WHO.

World Health Organization (WHO). (2025c). Guidance on mental health policy and strategic action plans: Module 1—Introduction, purpose and use of the guidance. WHO.

World Health Organization (WHO). (2025d). Guidance on mental health policy and strategic action plans: Module 2—Key reform areas, directives, strategies and actions. WHO.

World Health Organization (WHO). (2025e). Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders: Executive summary. WHO.

World Health Organization (WHO). (2025f). WHO blueprint for mental health policy and law reform. WHO.

World Health Organization (WHO). (2025g). Guidance on mental health policy and strategic action plans: Module 3—Process for developing, implementing and evaluating mental health policy and strategic action plans. WHO.

World Health Organization & Office of the United Nations High Commissioner for Human Rights. (2023). Mental health, human rights and legislation: Guidance and practice. WHO.

Ministry of Health, Malawi. (2022). National Health Sector Strategic Plan III 2023–2030. Government of Malawi.

Government of Malawi. (2020). Malawi Growth and Development Strategy III: 2017–2022. Government of Malawi.