Improving access to suicide prevention services through the National Suicide Prevention Framework implementation: The community level evidence-based recommendations

To the Editor: Suicide is catastrophic, and has been reported as a leading cause of death globally, with ~800 000 deaths worldwide each year.[1-3] Although suicide deaths are preventable, they increase annually in all age groups, with the highest proportion among youths and in low- and middle-income countries.[1,4-6] Malawi is a landlocked country, with a population of ~19 million[7] and a gross domestic product (GDP) of USD7.67 billion in 2019,[8] making it one of the poorest countries in Africa. The country has insufficient mental health structures, with only one public mental hospital, Zomba Mental Hospital, and a few privately owned mental health facilities. These are mostly owned by St John of God (SJoG) Hospitaller Services, making them financially unattainable.[9,10] In 2017, Malawi reported a 10% suicidal prevalence among adults,[11] with suicide prevalence rising during the COVID-19 pandemic and reportedly higher than her neighbouring countries such as Zambia and South Africa.[10,12,13] Anecdotal reports show that in Malawi, suicide cases have more doubled in the past 5 years, which is higher than the global average, with more youths committing suicide than older persons.[9]

In 2021, amid rising cases of suicide in the country, SJOG Hospitaller Services, the mental health and tertiary academic institution in Malawi, proposed the need for the country to develop a National Suicide Prevention Framework in a parliamentary motion.[14] In response, the Malawi government developed the Suicide Prevention Framework, aimed at reducing suicidal behaviours by reducing factors that increase suicide risk and increasing factors that promote resilience, consequently reducing deaths by suicide.[15] However, due to the absence of mental health structures from community to national levels, implementation of this framework is problematic.[9,10,15] On a positive note, Malawi has strong community health structures where lay persons are voluntarily and effectively involved in health service delivery.[16] Lay persons have been shown to have greater mental health outcomes than skilled providers, critical evidence for resource-limited countries such as Malawi.[17,18] One of the critical steps to take in implementing the Malawi suicide prevention framework is to raise awareness around mental health and suicide, since reports indicate lack of awareness leading to stigma and discrimination, as mental health-related challenges are classified as madness.[9,19] The community health strategy provides a platform for community engagement and involvement in screening, management and referral.[15]

Therefore, in this communication, we advocate for the maximisation of existing community structures to raise awareness, screen, manage and refer those at risk of suicide and with suicidal ideations. In Table 1, we summarise the Malawi National Suicide Prevention Framework facilitators and barriers to implementation. In addition, we offer evidence-based recommendations for community-based implementation of the framework.

Conclusion

This article highlights the increase in suicide cases amid lack of mental health services, including suicide prevention strategies, in Malawi. The development of the Malawi National Suicide Prevention Framework in 2023 is a beacon of hope in promoting access to mental health and suicide prevention services in the country. Malawi has strengths in existence that provide an enabling environment for strategy implementation coupled with challenges. We therefore provide evidence-based recommendations to maximise the strengths and counteract the barriers to promote the national

Table 1. Summary of framework implementation facilitators, barriers and evidence-based recommendations

Facilitators	Recommendations for community-based implementation
Strong community structures [15,16]	Maximise the United Nations Children's Fund (UNICEF) children's corner clubs and in and out of school youth clubs that have been in existence in the communities for more than a decade.[20] On a positive note, community health workers have been shown to play a major role in building community knowledge, trust, gratitude and hope.[21] As a result, health surveillance assistants (HSAs) who are the Malawi community health workers and village health committees can be orientated and support the framework implementation roll-out through conducting community outreach programmes to raise awareness about suicide prevention, impart knowledge on risk factors and warning signs, and promote help-seeking behaviours.[16] In addition, establish community peer support groups or networks for individuals affected by suicide, providing a safe space for sharing experiences, offering emotional support, and promoting resilience and coping strategies.
Strong cultural and religious beliefs that discourage suicide[15]	Being cognisant of the negative impact that cultural and religious beliefs can have on underrating, condemning or stigmatising suicide and suicide ideations, the platforms can be meaningfully and positively utilised to prevent suicide. Suicide prevention interventions can be tailored to align with local cultural norms, beliefs and practices, ensuring relevance and acceptability within the local context.[22-24]
Strong personal relation and social connection that strengthens social support[15]	Malawi has been shown to have a strong sense of belonging, and personal and social connection that can be maximised as a social support structure in managing suicidal ideation conditions.[25] Establish community peer support groups or networks for individuals affected by suicide, providing a safe space for sharing experiences, offering emotional support, and promoting resilience and coping strategies.[26]
Barriers	
Only one referral government mental hospital coupled with private mental health services[10,27]	Establishment of suicidal ideation community-based screening and management innovations can help early identification and support of suicidal individuals and prevent suicide.[28-30] Develop community-based crisis intervention services, including hotlines, mobile crisis teams and walk-in centres to provide immediate support and intervention for individuals in crisis.
Lack of mental health awareness and stigma among the Malawi population, including youths[9,19]	Use school-based platforms to educate children about mental health[31] and other existing community-based structures through community health workers (HSAs), village health committees (VHCs) and other volunteers.[16]
Lack of trained mental health service providers, with only three psychiatrists nationally by 2020[32]	HSAs and VHCs can be provided training and support to identify individuals at risk of suicide, offer psychosocial support and facilitate referrals to mental health services.[33-35]

suicide prevention strategy implementation and improve access to mental health services.

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