



REPUBLIC OF MALAWI
ZOMBA MENTAL HOSPITAL



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GENERAL POLICY

JUNE, 2025

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CHAPTER 4IMPLEMENTATION ARRANGEMENTS

4.1.Institutional Arrangements

FOREWORD

This policy takes into consideration the newly passed Mental Health Bill No 17 of 2025, which seeks to provide humane and dignified mental health care services to persons with a mental health condition. The passing of the bill effectively changes mental treatment from a medical-based approach to a human rights-based approach. In line with the Bill, this policy will serve to prohibit inhuman and degrading treatment of persons with mental illness; and obliges the hospital to provide an environment that safeguards the health and safety of persons with a mental health condition.

I, therefore, call upon fellow workers, clients and the general public to abide by the policy.

Raphael Piringu

Ag DIRECTOR GENERAL

ACKNOWLEDGEMENT

The policy is a result of concerted effort led and coordinated by the Nursing Department. We are indebted to members of staff of Zomba Mental Hospital (both technical and support personnel) whose contributions have made this policy possible. Much appreciation goes to the Acting Director General who approved this activity and therefore channelled resources towards development of the same.

The exercise went through a consultative process. All hospital staff participated in the consultations through scheduled meetings. This was done in order to solicit their views and therefore, support and commitment in the implementation of the policy.

This work, therefore, is a product of teamwork from all members of staff.

Emmanuel Mpoola, MPH

CHIEF NURSING OFFICER

LIST OF ACRONYMS

ZMH: Zomba Mental Hospital

CPD: Continuing Professional Development

OPD: Out Patient Department

1.INTRODUCTION

Zomba Mental Hospital, which is the only public tertiary mental hospital, was opened in 1953 and is located in Zomba District, Southern region of Malawi. It has a bed capacity of 400 and provides outpatient and inpatient services to both adults and children. As the only government-run specialist mental hospital, it serves as the referral hospital for all patients from across the country. The majority of the patients come from the southern region. The facility also serves clients from countries outside of Malawi, especially Mozambique.

The hospital has the following wards and departments: Outpatient department,1 acute female ward ,1 female rehabilitation ward ,2 acute male wards ,2 male rehabilitation wards, Infirmary ward ,1 paying ward for both male and female patients.

In addition to these wards, the hospital also offers the following services; substance rehabilitation, occupational therapy, antiretroviral therapy, family planning, forensic psychiatry.

1.1. POLICY PURPOSE

Zomba Mental Hospital has existed for over 70years but has not had a general policy document to guide service delivery. Often, clients have asked questions about existence of a policy on a particular issue (what does your policy say?). Many times, they have been referred to authorities to provide clarity even on issues that could have been explained at ward/departmental level e.g. visiting times, prayers et cetera. This lack of clarity has necessitated the development of this policy. It is expected that, when implemented, the policy will provide harmony in our approach to service provision. For the first time, staff will have a document they can refer to for guidance.

GUIDING PRINCIPLES

The guiding principles for this policy are:

- **Family Involvement:** Every encounter with the patient's family should be an opportunity to provide information to the family.
- **Community participation:** The community must be empowered with information on the care of a mentally ill person to ensure re-integration into the community.
- **Ubuntu:** The hospital shall emphasize compassion, empathy and humane treatment to all patients under its care.
- **Evidence based practice:** Only scientifically proven interventions shall be implemented.
- **Integrity:** Staff shall not solicit monetary gains from clients.
- **Quality:** Mainstreaming best practices based on evidence.
- **Professionalism:** Discharging duties in line with defined rules and expectations.
- **Stakeholder collaboration:** Networking with other institutions in order to harness support.

2.0 BROAD POLICY DIRECTIONS

2.1 VISION

The vision of Zomba Mental Hospital is to be a Centre of excellence in the provision of mental health services, accessible to all Malawians; men, women, boys and girls.

2.2 MISSION

To provide comprehensive and equitable mental health services for the wellbeing of all Malawians; men, women, boys and girls.

2.3 POLICY GOAL

To provide a framework for the provision of comprehensive and equitable mental health services at Zomba Mental Hospital.

2.4 POLICY OBJECTIVES

- To facilitate delivery of quality mental health services to individuals, families and communities seeking services at Zomba Mental Hospital.
- To ensure a therapeutic environment for both patients and staff.

3.0 POLICY THEMES, POLICY PRIORITY AREAS AND POLICY STATEMENTS

3.1 POLICY THEMES

The policy themes are:

1. Service Provision
2. Quality Assurance
3. Communication
4. Safety and Security
5. Professionalism
6. Evidence Based Practice

3.1.1 SERVICE PROVISION

3.1.1.1 Policy Area 1: Admission at the Out-Patient Department

In order to conform to the Mental Treatment Act, admission of patients into the hospital needs to be done by the right personnel. Again, risk assessment needs to be done to detect and prevent potential harm to patients and staff.

Policy Statements

- Admissions shall be conducted 24 hours daily including weekends and public holidays.
- Admission shall be conducted by clinicians.
- All patients shall be searched properly for harmful objects before being sent to the ward.

3.1.1.2 Policy Area 2: Admission in the Ward

Policy Statements

- Patient shall be escorted to the ward by Zomba Mental Hospital staff.
- Patients shall be searched on admission and throughout their stay.
- Ward clinician shall review patient within 24 hours of admission.
- Guardian involvement shall be encouraged.

3.1.1.3 Policy Area 3: Discharge

In order to provide holistic care, the discharge team must comprise various cadres.

Policy Statement

- Patient shall be discharged by clinician in consultation with the multidisciplinary team.

3.1.1.4 Policy Area 4: Referral to Other Facilities

There have been some instances whereby patients in need of referral to other facilities for medical care are escorted by students alone. Should they be admitted, some of them are left without guardians, thereby subjecting them to neglect.

Policy statements

- Patient shall be referred immediately only if they need emergency care.
- Referred patient shall be accompanied by qualified personnel.

3.1.1.5 Policy Area 5: Pregnant Women and Baby

The hospital sometimes admits pregnant female patients and lactating mothers.

Policy Statements

- All pregnant women with serious mental health issues admitted shall have access/linkage to comprehensive antenatal care services.
- Lactating mothers shall be allowed to have one guardian.
- The hospital shall provide daily meals to the guardian.
- Breastfeeding babies (up to 2yrs) shall be monitored and supported accordingly throughout the mother's hospitalization.
- The baby shall have access/linkage to comprehensive MNCH/social welfare services.

3.1.1.6 Policy Area 6: Dispensing of Medications/Pharmacy

This policy serves to provide direction for accurate dispensing of medications to patients in compliance with regulatory requirements and best practices in pharmacy.

Policy Statements

- Drug dispensing shall be done by qualified pharmacy personnel or support staff under supervision.
- Ordering of medical supplies shall be done every Monday except public holidays.
- Drug refills shall not be done during weekends and public holidays.
- No drugs shall be dispensed without valid prescription.
- Verbal ordering of medication and medical supplies shall be allowed in emergency situations only. Documentation to follow as soon as possible.

3.1.1.7 Policy Area 7: Routine Ward Activities

In order to reduce boredom, the patients are encouraged to participate in ward activities. This will, in effect, reduce abscondment and promote recovery (therapeutic intervention).

Policy Statements

- Each ward shall have scheduled ward activities.
- Patients shall be encouraged to stay outside the wards during the day.
- Every ward shall have a patient register, updated 24hourly.

3.1.1.8 Policy Area 8: Drug Administration

This will put in check alleged malpractices whereby patients are given sedative drugs without supporting documentation.

Policy Statements

- Patient shall be given medication per clinician prescription.
- In case of an emergency, nurse shall administer medication per his/her prescription limit and shall document accordingly.

3.1.1.9 Policy Area 9: Visitors

The hospital recognizes the role of guardians/visitors in the continuum of care of a mentally ill patient. Therefore, it allows ample time for guardians/visitors to interact with the patient and the hospital staff. Visiting time is an opportunity for nurses/clinicians to provide psychoeducation and discuss the discharge plan with client and family.

Policy Statements

- Visiting hours are from 8 am to 4:00 pm; Monday to Sunday.
- Visitor who has brought cooked food shall taste it first in the presence of hospital staff.
- Visitors shall interact with their patient in the lounge or designated area.
- Visitors shall meet nurse first before meeting the patient.

3.2 Policy Area 10: Prayers

This policy area aims to harmonize the conduct of prayers by various prayer groups. The hospital recognizes prayer as an essential component in the healing process but should not be regarded as a way of exorcising evil spirits within the hospital premises.

Policy Statements

- Prayers in the ward shall be individualized and at a low tone.
- Permission to conduct prayers shall be sought from hospital authority.
- No physical touch shall be allowed while conducting prayers; except with permission from the patient.
- Special prayers shall be arranged by hospital staff with different denominations.

3.2.1 Policy Area 11: Meals

The purpose is to provide meals that meet patients' daily nutrition requirements; in a hygienic environment.

Policy Statements

- The hospital shall provide meals to patients and selected members of staff.
- The hospital attendants and nurses on duty shall supervise meal serving.

3.2.2 Policy Area 12: Patient Monitoring

The purpose is to accord every patient appropriate observation in order to achieve desired outcomes.

Policy Statement

- Vital signs shall be checked daily and documented.

3.2.3 Policy Area 13: Nutrition Assessment and Screening

In order to prevent and diagnose malnutrition at any early stage, the hospital has introduced a nutritional screening schedule. This comes as a result of a number of patients that were diagnosed with adult malnutrition in the recent past.

Policy Statement

- All patients shall undergo nutrition assessment and screening during hospital stay.

3.2.4 Policy Area 14: Handover

The handover policy for mental hospital typically includes guidelines for transferring patients care responsibilities between shifts or healthcare providers. It ensures continuity of care, updates on patient status, medication information, any incidents or notable behavior and any specific instruction or precautions as it is crucial to maintain the safety and wellbeing of patients in psychiatric facility.

Policy Statements

- Members of staff shall ensure that handover is given physically at all times, both within the ward, and from one ward to the other.
- No staff shall knock off before giving handover.
- Escort of patient from OPD to the ward shall be done by Nurse/clinician.
- The handover team shall consist of both technical and support staff.

3.2.5 Policy Area 15: Consent for Procedures

Consent for invasive procedures in a mental facility is somehow tricky. The patient may not be able to make an independent decision because of the illness.

Policy Statement

- Consent for Electro Convulsive Therapy (ECT) and other invasive procedures shall be given by the patient and/or hospital Director where patient is unable to do so.

3.3 SAFETY AND SECURITY

3.3.1 Policy Area 16: Incident handling

The incident reporting procedure shall be regarded as a method of ensuring that every incident is considered as a reflective learning situation, as such, a full analysis of the incident report should be made following each incident to facilitate this learning process.

Policy Statements

- Incident reporting shall be done within 24 hours.
- All incidents shall be reported.
- Incident audit shall be done within 7days.

3.3.2 Policy Area 17: Patients' Property

The use of client property room has not worked well. Patient clothes have been reported to be missing. Some guardians and clients have complained that their patient's money was misappropriated by staff.

Policy statements

- No patient excess property shall be kept by the hospital. In case the guardian is available, all items will be handed over to the guardian and items shall be noted and guardian should sign.
- Hospital shall not keep patient's money; in case patient brought cash and other valuable items such as phones; these shall be kept by the unit matron.
- Shopping on behalf of patient by hospital staff is not allowed.
- Vending in the wards is prohibited. Merchandise shall only be sold in designated areas.

3.3.3 Policy Area 18: Sexual Abuse

This policy area will serve as a deterrent to possible abuse from patient to patient; patient to staff and vice versa; staff to staff, patient to student and vice versa, staff to student.

Policy Statement

- Sexual abuse/harassment shall not be condoned.

3.3.4 Policy Area 19: Seclusion

Secluded patients sometimes overstay in the seclusion rooms. Some support staff have taken it upon themselves to lock patients in seclusion without prior consultation with the qualified staff. Seclusion has mistakenly been treated as a form of punishment. Seclusion should be the last option when he/she poses a danger to self /others. The goal is to provide a safe environment for both patients and others while minimizing the risk of harm. However, should be used with careful consideration of the patients' rights and dignity.

Policy Statements

- Seclusion shall not be used as a form of punishment.
- Clinician /nurse shall decide to seclude a patient.
- A seclusion register shall be kept and maintained in the ward.

3.3.5 Policy Area 20: Security Guards /Any Staff

There have been reports of security guards and/or staff beating patients; sneaking in illicit drugs for patients use; keeping patients' money; and making phone calls to guardians.

Policy statements

- Physical or verbal abuse of patients by security guards and staff shall not be condoned.
- Security guards and staff shall be oriented on aggression management.
- Security guards and staff shall not receive any gift from guardians in a form of food or money.
- Security guards and staff shall not make phone calls to patient relatives concerning patient condition or any business.
- Security guards and staff shall not connive with patients to sneak in illicit drugs.

3.3.6 Policy Area 21: Staff Assault

Both patients and staff get assaulted occasionally. Usually, only assaults directed at patients are pursued. It is imperative that staff assaults, too, get reported.

Policy Statements

- An incident report shall be written by the victim within 24 hours.
- Assaulted victims shall be advised to seek psychological support from the hospital's psychological support team.
- Assaulted staff shall seek compensation from the labour office.

3.3.7 Policy Area 22: Fire and Safety

The hospital is prone to fire accidents because it uses facilities that are powered by electricity. The nature of our patients poses an additional risk. There have been instances where a patient started a fire in a single room or sneaked in with a lighter or matches and was discovered either on admission or during impromptu checks.

Policy Statements

- All members of staff shall be trained in fire safety.
- The hospital shall conduct route emergency fire drills for all members of staff.
- The Hospital shall have a designated fire assembly point known and accessible to all members of staff.

3.4 QUALITY ASSURANCE

3.4.1 Policy Area 23: House Keeping

The hospital is a hub of infections because it keeps patients. This policy will foster provision of a clean environment for patients and staff and minimize the risk of exposure to potentially infectious microorganisms.

Policy Statements

- The hospital shall have an Infection Prevention and Control (IPC) committee in place.
- Mopping shall be done twice a day and whenever necessary.
- Fumigation shall be done on a quarterly basis.
- All hospital maids shall be trained in housekeeping in relation to Infection Prevention and Control standards.
- General Hospital scrubbing shall be done every Wednesday.

3.4.2 Policy Area 24: Grievance Handling

The hospital must establish a formal mechanism of receiving and handling clients' complaints.

Policy Statements

- All complaints and grievances regarding patient care shall be channeled through the office of hospital ombudsman.
- Staff complaints shall be channeled to the relevant Section Heads and/or Human Resource Office.

3.4.3 Policy Area 25: Risk Management

This policy area seeks to enhance security and safety of patients and staff at the workplace. Our patients are at great risk of harming themselves or others as a result of the illness and/or inadequate search and monitoring.

Policy Statements

- All patients shall be assessed for risk on admission and throughout hospitalization.
- Patients shall be subjected to impromptu searches on a daily basis.

3.4.5 Policy Area 26: Death /Incident audit

Deaths/assaults need to be audited within schedule in order to draw positive lessons that can be used to avoid similar occurrence.

Policy Statements

- All deaths shall be audited within 7 days.
- Incidents shall be audited within 7days.

3.5 COMMUNICATION/PATIENT INFORMATION

3.5.1 Policy Area 27: Privacy and Confidentiality

The objective of this is to guard against any breach of patient privacy and confidentiality.

Patients' information shall be kept private and confidential. Only those personnel involved in the care of the client shall have access to these records.

Policy Statements

- All Hospital Staff shall preserve, protect and maintain confidentiality of patient information. Unless otherwise specifically permitted under this policy.
- No confidential information shall be given over the phone.
- Taking photos of patients/ wards is prohibited unless prior permission is sought from hospital authorities.

3.5.2 Policy Area 28: Official Communication

Zomba Mental Hospital depends on the ability of its members to communicate efficiently and effectively with each other, the clients and their relatives, volunteers, professionals and others agencies in the health care system.

Policy Statements

- Hospital shall communicate with guardians through the hospital switchboard and vice versa.
- The hospital spokesperson shall be the official mouthpiece of the hospital.
- Patients are not allowed to have access to a phone throughout hospitalization.

3.5.3 Policy Area 29: Filing/Documentation

Care of Clients' files is essential for continuity of patient care. Legally, we are expected to maintain the Registers of Involuntary and Voluntary Clients. The Individual files of the Clients are strictly confidential and must be kept in a safe place.

Policy Statements

- No file shall be given to guardians when client is referred to continue with treatment at another facility.
- After discharge the file shall be taken to the records office for safe keeping.

3.6 PROFESSIONALISM

3.6.1 Policy Area 30: Punctuality

Members of staff are expected to always display desirable behaviours as provided for in the Malawi Public Service Regulations (MPSR) and other relevant documents.

Policy Statement

- Day shift staff shall report for duties at 7:25am and knock off at 4:30pm while night shift staff shall report for duties at 4:25pm and knock off at 7:30am.

3.6.2 Policy Area 31: Students

Students are expected to abide by the policies of the hospital and are briefed on the first day of the allocation.

Policy Statements

- Students shall report for duties at 7:25am and knock off at 4:30pm and/or as advised by the training institution.
- Students shall abide by professional code of conduct at all times.
- Students shall not use phones during clinical hours. If found, shall be confiscated and returned at the end of the allocation.

3.6.3 Policy Area 32: Bogus Practitioners

Impersonating a doctor or nurse in Malawian hospitals is not new. A number of people have been apprehended by law enforcers on the same. This policy area serves to guard against such incidents.

Policy Statement

- Staff shall always wear name tags or identification cards whilst on duty.

3.6.4 Policy Area 33: Herbal/Traditional medicine

The issue of patients taking medications concurrently with herbal/traditional mixture is very common. Some patients have been found with the concoction; others have openly accepted to be using it whilst in the hospital.

Policy Statement

- Use of herbal/traditional medicine in the hospital is not allowed.

3.6.5 Policy Area 34: Abscondment

Patients have continued to abscond despite some notable interventions to curb the practice. It is reported that some jump over the fence while others literally walk through the gates.

Policy Statement

- Abscondment shall be reported to relevant authorities and guardian within 24 hours and a search shall commence immediately.

3.7 EVIDENCE BASED PRACTICE

3.7.1 Policy Area 35: Research

This is aimed at developing capacity and interest of hospital staff to conduct operational/implementation mental health research in order to generate evidence and showcase our best practices.

Policy Statement

- The hospital shall conduct at least one operational research in a year.

4.0 IMPLEMENTATION ARRANGEMENTS

The key stakeholders that will be involved in implementing the policy include: hospital management and staff, training institutions, the police, other health facilities, and the community.

4.1 Institutional Arrangements

Role of Hospital Management

- Provide financial support for implementation of the policy.
- Provide supportive supervision.
- Provide conducive environment for patients, staff and other mental health users.

Role of Staff

- Sensitize the patients, families and communities on the policy.

Role of Patients

- Collaborate with staff in all aspects regarding their needs.

Role of Training Institutions

- To incorporate the policies into their orientation package.

Role of Partners

- To support with resources for care provision.

Role of the Police

- To assist with the search for absconded patients.

Role of the Community

- To support re-integration of patients into the community.
- Advocate for the rights of people with mental illness.

4.2 Implementation Plan

The policy shall be disseminated to all staff through CPD sessions, General Staff meetings and in-service training sessions. It shall be disseminated to training institutions through preclinical meetings. Other institutions shall be given a copy of the policy.

4.3 Monitoring and Evaluation

The policy shall be monitored and evaluated through staff satisfaction surveys, patient satisfaction surveys analyzed through data collected from exit interviews, and suggestion boxes.

Additional information shall come from operational research, supportive supervision by management team and annual review meetings.

5.4 Policy Review

The policy shall be reviewed periodically as and when necessary.