A STUDY OF THE BENEFITS OF THE POLICE - SOCIAL WORKERS PARTNERSHIP ON MENTAL HEALTH CRISIS RESPONSE IN AREA 18

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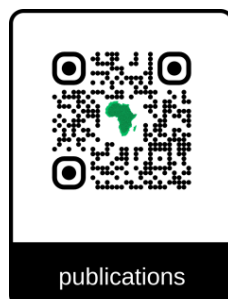
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ABSTRACT

This study explores the benefits of a partnership between police officers and social workers in responding to mental health crises in Area 18, Lilongwe, Malawi. The main research question is: What are the benefits of police–social worker's collaboration in mental health crisis response? The study investigates how this partnership affects response quality, support for individuals in crisis, and community trust in mental health services.

A review of the literature reveals that police are often the first responders to mental health emergencies but are rarely trained for such interventions, especially in low-resource settings like Malawi *(Parker et al, 2018, Livingston 2016)*. Evidence from high-income countries supports the effectiveness of integrated models like Crisis Intervention Teams (CIT) in improving outcomes and reducing arrests. However, there is limited research on such collaborations in Malawian contexts, where stigma, resource constraints, and institutional gaps pose significant challenges *(Shapiro et al,, 2015; Evey Palmer et al, 2023)*.

A qualitative research design was employed, using purposive sampling to select 25 participants, including police officers, social workers, caregivers, and community members. Data were collected through self-administered questionnaires and analyzed using thematic analysis *(Braun & Clarke, 2006)*.

The findings indicate that police officers are the default first responders but lack adequate training and resources, leading to a reliance on containment and transport rather than therapeutic intervention. Stakeholders across groups strongly supported the integration of social workers, anticipating benefits such as improved de-escalation, reduced use of force, better mental health referrals, and enhanced community trust. However, challenges such as funding shortages, lack of policy frameworks, professional culture clashes, and persistent stigma were identified.

The study concludes that a formalized police–social worker's partnership is both beneficial and necessary for improving mental health crisis response in Malawi. Recommendations include developing national policies, implementing joint training programs, launching pilot co-response teams, and conducting public awareness campaigns to reduce stigma.

INTRODUCTION

Mental health crises are becoming increasingly prevalent in many communities, posing serious challenges to public health and safety. To address these challenges, police social work partnerships have emerged as a promising model for managing mental health emergencies. These collaborative responses combine the authority and logistical capabilities of police with the clinical expertise of social workers, aiming to ensure a safer, more supportive, and recovery-oriented intervention for individuals in crisis *(Every-Palmer et al., 2023)*. This study will find out the benefits of such partnerships, specifically in Area 18, with a focus on Lingadzi Police Station's Community Policing Department in

Lilongwe, Malawi.

Background of the study

Mental health crises have become an increasingly influential issue worldwide, particularly in urban areas where resources for mental health care are often scarce. In Malawi, mental health is a growing concern, especially in densely populated areas such as Area 18 in Lilongwe. These areas face a major challenge due to the lack of access to specialized mental health services, which leaves individuals in distress vulnerable to inadequate intervention. Often, individuals experiencing mental health emergencies come into contact with law enforcement, who are typically the first responders *(Parker et al., 2018)*. However, police officers are infrequently trained to manage mental health crises, which can lead to ineffective or even harmful interventions, such as the criminalization of mental illness and excessive use of force *(Every-Palmer et al., 2023)*.

In Lingadzi Police Station, located in Lilongwe, officers in the Community Policing Department are frequently called to respond to situations involving individuals in mental health distress. However, despite their key role in the community, police officers are not equipped with the necessary training to address mental health emergencies correctly.

This lack of specialized training often results in increase rather than decrease, which could harm individuals in crisis and contribute to a cycle where individuals with mental health conditions are unnecessarily arrested, detained, or even hospitalized without receiving appropriate care *(Malawi 24, 2022)*. The current approach of relying on law enforcement without integrating mental health professionals results in missed opportunities for early intervention and continued marginalization of those with mental health conditions *(van den Brink et al., 2012)*.

Mental health services in Malawi are limited due to a shortage of trained professionals and resources. This gap in the mental health care system is particularly severe in urban areas like Area 18, where the high population density and lack of adequate social services create a situation where mental health crises are often addressed by police officers instead of mental health professionals *(WHO, 2018)*. Given that many individuals facing mental health challenges cannot access mental health care, the role of police officers becomes even more critical. However, without the necessary mental health support, officers are left unqualified to handle the complex needs of individuals in distress, which can lead to unnecessary imprisonment or hospitalization *(Parker et al., 2018)*.

In countries like the United States and Canada, Crisis Intervention Teams (CIT) have successfully combined mental health professionals, such as social workers, with police officers to better manage mental health crises *(Every-Palmer et al., 2023)*. This collaboration reduces the number of arrests and ensures that individuals in crisis are referred to mental health services rather than being criminalized. These models have been shown to improve outcomes for individuals in crisis, reduce the stress on officers, and foster better relationships between law enforcement and the communities they serve *(Lamanna et al., 2018)*. However, such models are not yet common in Malawi, and there is limited research on the potential benefits of integrating social workers into police response teams in the country.

Despite the promising potential of such partnerships, the implementation of a collaborative model in Malawi faces several challenges. One of the major barriers is the shame surrounding mental health. In many African countries, including Malawi, mental illness is often misunderstood or associated with negative cultural beliefs, such as witchcraft or moral failing *(Parker et al., 2018)*. This shame can prevent individuals from seeking help and can affect how they are treated when they do interact with the police or other authorities. This makes it even more important for law enforcement officers to receive appropriate training in managing mental health crises, as their approach can have a significant impact on the well-being of the individuals involved.

At Lingadzi Police Station, there is recognition of the need for a more effective response to mental health crises, particularly within the Community Policing Department. This department plays an essential role in fostering better relations between the police and the community. The potential combination of social work professionals into this framework could create an opportunity to address mental health crises more effectively. By collaborating with social workers, officers could receive the support needed to assess and manage mental health crises in a way that ensures the safety and well-being of individuals while also preventing unnecessary involvement with the criminal justice system *(Malawi voice 24., 2021)*.

The need for this type of partnership is further emphasized by the fact that Malawi's mental health infrastructure remains underdeveloped. There are not enough mental health professionals to respond to the growing demand for services, and the existing services are often difficult to access due to financial and logistical constraints (WHO, 2018). As a result, individuals experiencing mental health crises often have nowhere to turn but to the police. Without a formal system to connect individuals to appropriate mental health services, police officers continue to be the first line of response, despite the fact that they lack the training or expertise to address mental health issues properly.

This research, therefore, seeks to examine the feasibility and potential benefits of combining social work professionals into the Community Policing Department at Lingadzi Police Station to manage mental health crises. By evaluating the experiences of officers and community members in Area 18, the study aims to contribute valuable insights into how collaborative partnerships between police and social workers can improve crisis intervention and mental health outcomes in Malawi.

Problem Statement

Malawi is experiencing a growing mental health crisis, particularly in urban areas such as Area 18, Lilongwe, where limited access to care, social marginalization and economic hardship contribute to rising psychological distress and suicide rates *(Crabb, Stewart, Kokota, et al., 2012; Mhango, 2022)*. Recent data indicates that mental health and substance use disorders are prevalent in approximately 12.85% of the population *(Times360 Malawi, 2023)*. Despite the increasing need, the country has only one public mental health hospital in zomba and fewer than ten mental health physicians for a population exceeding 20 million, resulting in a significant treatment gap *(PROMISE Study, 2023). (World Health Organization WHO 2022)*

In the absence of adequate mental health

services, police officers often act as first responders to mental health emergencies, though they generally lack the specialized training required for effective crisis intervention *(Every-Palmer, Kim, Cloutman, & Kuehl, 2023; Parker et al., 2018).* This lack of preparedness has sometimes led to inappropriate responses, worsening harm to individuals in distress. While international evidence demonstrates that collaborative models between police and social workers can improve outcomes in mental health crises *(Cooper, Compton, & Strode, 2023),* such partnerships in Malawi remain largely unstructured, insufficiently resourced, and unpredictable implemented.

Area 18 highlight these institutional shortcomings, characterized by uncoordinated service delivery and weak coordination between health and police services *(Mhango, 2022).* Stigma and limited mental health literacy further hinder timely support for individuals in crisis *(Crabb, Stewart, Kokota, et al., 2012; Scotland-Malawi Mental Health Education Project, 2021).* This study therefore seeks to examine the potential of formalized police-social worker partnerships to improve crisis response and mental health outcomes in this context.

Therefore, this study seeks to examine the potential of formalized police social – police social worker's partnership in improving crisis response and mental health outcomes in area 18, Lilongwe, Malawi.

RESEARCH OBJECTIVES

Main Objective

The main objective of this study is to assess

the benefits of a police and social worker partnership in mental health crisis response at the Community Policing Department, Lingadzi Police Station in Area 18, Lilongwe, Malawi. It seeks to improve timely and effective crisis interventions, reduce harm to individual in distress and strengthen coordination between police and social services. This research will contribute to improved mental health crisis management practices and provide evidence based recommendations for policy and practice in Malawi.

Specific Objectives

To achieve the main objectives of this research will purse the following specific objectives

- To assess the current role of police officers in responding to mental health crises in Area 18, Lilongwe.
- To examine the potential benefits of integrating social workers into the crisis response process at Lingadzi Police Station.
- To identify the challenges that may arise from establishing a police-social work partnership in mental health crisis response in Malawi.
- To explore the perceptions of police officers, social workers, and community members in Area 18 regarding the potential collaboration between police and social workers in mental health crisis intervention.

Research Questions

The research question guiding this study are

- What is the current role of police officers in responding to mental health

crises in Area 18, Lilongwe?

- What are the potential benefits of combining social workers into the crisis response process at Lingadzi Police Station?

- What are the challenges that might arise from implementing a police-social work partnership for mental health crisis response in Malawi?

- How do police officers, social workers, and community members in Area 18 perceive the potential collaboration between police and social workers in mental health crisis intervention?

Significance of the Study

This study is significant in several ways, particularly in addressing the growing need for effective mental health crisis intervention strategies within Malawi's urban communities. By exploring the potential benefits of a police-social worker's partnership, this research contributes to a broader understanding of how multidisciplinary collaboration can improve outcomes for individuals experiencing mental health emergencies.

Firstly, the study provides valuable insight for law enforcement agencies, especially the Community Policing Department at Lingadzi Police Station, by identifying practical approaches for improving how officers respond to mental health-related incidents. Police officers are often the first to encounter individuals in crisis, and without adequate mental health training or support, these encounters can increase. By highlighting the importance of combining social workers into police response teams, this research offers a

pathway for more supportive, effective, and reduces responses to crises, which could also reduce the workload and emotional burden on police personnel.

Secondly, the research holds importance for the social work profession in Malawi, where the role of social workers in emergency and public safety contexts remains underdeveloped. This study advocates for the expansion of the social work field into crisis response, showing how trained social workers can contribute meaningfully by conducting assessments, providing immediate psychosocial support, and linking individuals to long-term mental health care. It supports the argument for the professionalization and increased visibility of social workers in community safety and mental health systems.

Thirdly, the findings of this study will benefit mental health advocacy groups, policymakers, and government agencies by providing evidence-based recommendations for improving mental health systems in Malawi. The research could influence policy development by advocating for structural reforms that support police-social work collaboration, increase funding for mental health services, and develop crisis intervention training programs.

Finally, on an academic level, this study contributes to existing literature in the field of social work, mental health, and criminal justice in developing country contexts. There is limited research in Malawi focusing on interdisciplinary responses to mental health crises. Therefore, this study fills an important gap and may serve as a foundation for future research, program development, and cross-sector collaboration.

LITERATURE REVIEW

Mental health crises are a growing concern globally, and police are often the first responders, especially in public settings *(Watson et al., 2019)*. However, police officers frequently lack the necessary training to manage such cases effectively, sometimes resulting in escalated situations *(Livingston, 2016)*. To address this gap, partnerships between police and social workers have been developed, combining law enforcement authority with mental health expertise *(Brunette & Fairweather, 2021)*. These collaborative models have shown positive outcomes, including reduced arrests and improved access to care *(Shapiro et al., 2015)*. While evidence from high-income countries supports this approach, there is limited research on its application in low-resource settings like Malawi. This review explores the potential benefits and relevance of such partnerships in Area 18, Lilongwe, where mental health support is still underdeveloped *(Kapungwe et al., 2011)*.

Definition of terms

- **Mental Health Crisis**

A situation where an individual experiences intense mental distress, often involving symptoms such as confusion, suicidal thoughts, hallucinations, or violent behavior, requiring immediate intervention *(WHO, 2021)*.

- **Police-Social Worker Partnership**

A collaborative model where law enforcement officers and trained social workers jointly respond to incidents, particularly those involving vulnerable populations, to provide both safety and psychosocial support *(Shapiro et al., 2015)*.

- **Crisis Intervention**

A short-term, immediate response designed to reduce the intensity of a person's emotional, mental, physical, and behavioral reactions to a crisis and restore stability *(Roberts, 2005)*.

- **First Responders**

Professionals, including police officers and emergency service providers, who are among the first to arrive and provide assistance at the scene of an emergency (Livingston, 2016).

- **Decrease**

Techniques used to reduce the intensity of a conflict or potentially violent situation, often involving communication, empathy, and non-threatening behavior (Watson et al., 2019).

- **Low-Resource Setting**

An environment with limited access to health services, funding, infrastructure, and trained personnel, common in many regions of sub-Saharan Africa, including parts of Malawi (Kapungwe et al., 2011).

RESEASRCH METHODOLOGY

Research Method

The study used a purely qualitative approach to capture the lived realities, attitudes, and contextual insights of stakeholders involved in or affected by mental health crisis response. This method was selected to provide a deep, detailed understanding of how a police–social worker partnership could function in Area 18. Data was collected exclusively through a self-administered qualitative questionnaire containing open-ended questions and close

ended questions.

Research Design

The study used a descriptive qualitative research design, which focuses on describing participants' experiences and perceptions in their natural context. This design was chosen because it allows the researcher to present the situation as it exists in the community, highlighting the benefits, challenges, and dynamics of police-social worker collaboration in mental health crisis response.

Research Settings

The research study was taken place in Area 18, which is suited in Lilongwe, Malawi.

Target Population

The study population consisted of police officers, community members, care givers and social workers who are actively involved in mental health crisis response within Area 18, Lilongwe. These individuals are frontline responders who regularly engage with people experiencing mental health emergencies, providing immediate assistance and support. The police officers in the study are those assigned to community policing and crisis intervention roles, while the social workers are those responsible for offering psychosocial support and connecting clients to relevant health and social services.

Both groups play vital roles in managing mental health crises, and their collaboration is essential for effective crisis response. Including these participants in the study provides valuable insights into the operational dynamics, challenges, and benefits of the police social work partnership in addressing mental health issues in the community. The diverse experiences of these professionals help to capture a comprehensive picture of the partnership's impact in Area 18.

Sampling Technique

Purposive sampling was used to select police officers and social workers involved in mental health crisis response in Area 18. This method ensured that participants with relevant experience were chosen to provide detailed information about the partnership.

Sample Size

The sample size for this study has been carefully selected to provide rich and meaningful data that can help in understanding the benefits of collaboration between police officers and social workers during mental health crisis response. A total of 25 participants will take part in the study. These will include 10 community members, 5 police officers, 5 social workers, and 5 caregivers or family members of individuals who have experienced mental health crises.

The 10 community members will be selected from Area 18 in Lilongwe. They will be individuals who have either observed or been directly involved in situations where police and social workers responded to a mental health crisis. Their views will help in understanding how the community perceives the effectiveness and impact of such interventions.

The 5 police officers will be those who have experience in dealing with mental health cases. Their insights are important in exploring the role of law enforcement in mental health crisis

situations, including their challenges, experiences, and level of collaboration with social workers.

The 5 social workers will be chosen based on their involvement in mental health or community support services. They will provide information on how social work contributes to mental health crisis response, especially in coordination with police officers.

Finally, 5 caregivers or family members of people who have experienced a mental health crisis will be included. These participants will help the study understand how families experience and evaluate the support provided by both police and social workers during such times.

The chosen sample size is small enough to allow in-depth data collection and analysis, yet diverse enough to capture a variety of perspectives. This balanced approach is intended to provide a clearer picture of how different groups view and experience the partnership between police and social workers in managing mental health crises in Area 18, Lilongwe.

Research Instrument

The study used only one research instrument a qualitative questionnaire. This questionnaire consisted entirely of open-ended and close ended questions designed to obtain detailed, reflective, and narrative responses.

The questionnaire was distributed in person (printed) and digitally (e.g., via WhatsApp), depending on participant preference and literacy, ensuring methodological consistency with a pure qualitative design using a single instrument

Data Analysis

All written responses were analyzed using thematic analysis *(Braun & Clarke, 2006)*. The process involved: Repeated reading to become familiar with the data, generating initial descriptive codes, grouping codes into potential themes, reviewing themes for internal coherence and relevance, defining and naming final themes, reporting findings with direct participant quotes

Analysis was conducted manually using Microsoft Word. No statistical software or quantitative analysis was used, as the study is purely qualitative.

Ethical Considerations

This study will follow proper ethical guidelines to make sure all participants are treated with respect and protected from harm. Before taking part, all participants will be given clear information about the purpose of the study, what they will be asked to do, and any possible risks or benefits. They will have a chance to ask questions, and only those who agree to participate willingly will be included. Their consent will be recorded in writing.

The privacy of everyone taking part will be respected. Their names or any other personal details will not be shared. All the information collected will be kept safe and only the researcher will have access to it. No one will be able to identify who said what in the final report.

Before starting the research, the study was reviewed and approved by an ethics committee to make sure it meets proper standards. The researcher also asked for permission from

relevant authorities, such as the Malawi Police Service.

These steps helped make sure the study is fair, respectful, and responsible, and that the rights of all participants are protected.

RESULTS

Response Rate

A total of 25 questionnaires were distributed to purposively selected participants across the four stakeholder groups in Area 18, Lilongwe. All 25 questionnaires were fully completed and returned, yielding a perfect response rate of 100%. This exceptionally high rate of return can be attributed to the researcher's direct, in-person engagement for distribution and collection, the clear communication of the study's academic purpose, and the perceived relevance of the topic to the participants' professional and personal experiences. The complete retrieval of all instruments ensures the dataset is comprehensive and minimizes concerns related to non-response bias for this sample.

Demographic Profile of Respondents

The demographic characteristics of the 25 study participants are summarized in Tables 1 through 5 below. The sample was designed to capture a multi-stakeholder perspective and includes 10 community members, 5 caregivers, 5 police officers, and 5 social workers. The profile reveals a balanced distribution in terms of gender (52% female, 48% male) and a broad representation across age groups, with the largest cohort (44%) being between 31 and 50 years old. Most

respondents were married (64%), and educational attainment varied from primary to tertiary levels, with 40% holding a tertiary qualification. This diverse demographic composition strengthens the study by incorporating a wide range of viewpoints, lived experiences, and professional backgrounds relevant to mental health crisis response.

Age of the Respondents

The sample captured a broad spectrum of adult ages, ensuring perspectives across different life stages. The largest group (44%) falls within the 31-50 age range, representing the core working- age and often caregiving demographic. This group is likely to have direct experience with community issues and family responsibilities related to mental health. The significant representation of younger adults (32%) reflects the views of a more digitally connected and potentially more educated cohort, while the older group (24%) provides insights rooted in longer- term community experience and traditional perspectives.

Gender of the Respondents

The sample achieved a near-perfect gender balance (52% Female, 48% Male). This balance is crucial for the study, as perceptions of safety, trust in authorities, and caregiving roles can often be gendered. The inclusion of both male and female police officers and caregivers helps to avoid gender bias in professional and familial perspectives. Notably, all five social worker respondents were female, which may reflect the gendered nature of the social work profession in the

local context and could influence perceptions of collaboration with a male-dominated police force.

Marital Status of the Respondents

The majority of respondents (64%) were married, which is representative of the adult population in Malawi and suggests that most participants have experiences tied to family units and household- level decision-making during crises. The single respondents (24%) may provide views less influenced by immediate family caregiving pressures. The smaller divorced/widowed category (12%) offers valuable insights from individuals who may have faced unique challenges in accessing support systems.

Level of Education

The sample includes a wide range of educational backgrounds, enhancing the study's depth. The Tertiary educated group (40%) includes all professional social workers and some police officers, indicating that specialized roles require higher education. Their responses will be informed by formal professional training. The Secondary educated group (36%) represents a large portion of the general public and frontline responders; their views are critical for understanding practical, on- the-ground realities. The None/Primary group (24%) provides essential perspectives that might be closer to traditional beliefs and could highlight barriers related to literacy and access to information about mental health services.

DISCUSSION OF FINDINGS

The findings of this study align with and extend existing literature on police–social work partnerships in mental health crisis response. The current role of police in Area 18 as default first responders despite inadequate training and systemic support mirrors patterns observed in other low-resource settings *(Watson et al., 2019; Kapungwe et al., 2011).* The resulting reliance on containment and transport, rather than therapeutic intervention, underscores the risk of criminalization and inadequate care highlighted in prior studies *(Livingston, 2016; Every-Palmer et al., 2023).*

The strong consensus across stakeholder groups on the benefits of integrating social workers supports evidence from high-income countries where such models have improved outcomes and reduced arrests *(Shapiro et al., 2015; Lamanna et al., 2018).* The anticipated benefits including role complementarity, reduced use of force, improved referrals, and enhanced community trust provide a compelling rationale for piloting this model in Malawi.

However, the identified challenges are substantial and deeply rooted. Resource constraints, institutional silos, and the absence of a policy framework reflect broader systemic issues in Malawi's mental health and public safety sectors. The potential clash between police and social work cultures underscores the need for joint training and clear protocols, as noted in the literature *(Brunette & Fairweather, 2021).* Persistent stigma and low public awareness further highlight the importance of community engagement and education campaigns *(Pinfold et al., 2015).*

The divergent perceptions among stakeholders offer valuable insights for implementation. Police officers' self-assessed lack of readiness points to the need for foundational investments

in training and resources. Social workers' cautious optimism emphasizes the importance of designing partnerships that ensure professional equity and respect. Community support, tempered by pragmatic concerns, suggests a receptive environment for a carefully planned and piloted intervention.

CONCLUSION AND RECOMMENDATION

This final chapter synthesizes the key findings of the study, which aimed to assess the benefits of a police–social worker partnership in mental health crisis response in Area 18, Lilongwe, Malawi. The research was guided by four specific objectives: to assess the current role of police, examine the potential benefits of integration, identify implementation challenges, and explore stakeholder perceptions. Drawing from qualitative data collected via questionnaires from 25 purposively selected stakeholders, community members, caregivers, police officers, and social workers—this study provides a grounded understanding of the existing crisis response gap and the collective vision for a more collaborative model. This chapter presents a concise summary of the principal research findings, derives practical and policy-oriented recommendations, suggests avenues for future scholarly inquiry, and offers a final conclusion on the feasibility and necessity of the proposed partnership.

Recommendations of the Study

Based on the findings, I would recommend the following actionable recommendations are proposed and implemented. For policymakers and government bodies, including the Ministry of Homeland Security, Ministry of

Health, and Ministry of Gender, it is essential to develop a national policy framework that mandates and guides police–social work co-response to mental health crises. This should involve drafting a formal Memorandum of Understanding and Standard Operating Procedures that clarify roles, command structures, and information-sharing protocols. Additionally, dedicated funding must be allocated within relevant ministries to pilot and sustain co-response teams, covering costs for personnel, joint training, and dedicated transportation. Without such policy and financial backing, the partnership risks remaining an ad-hoc initiative rather than an integrated component of public safety and health systems.

For the Malawi Police Service and Social Welfare Departments, I would want the implementation of mandatory joint training programs is critical. These programs should be co-designed and delivered as certified Crisis Intervention Team training, focusing on mental health awareness, de- escalation techniques, trauma-informed care, and interdisciplinary teamwork. Furthermore, training should not be limited to specialized units; all police officers, regardless of department, should receive mental health response training, as crises can occur in any context. Introducing a dedicated module in police training institutions would ensure that recruits are equipped with foundational skills in mental health crisis intervention before they are deployed. Such investments in human capital are necessary to bridge the current gap in preparedness and foster a culture of collaboration.

For mental health advocates and civil society organizations, leading public awareness campaigns is a vital step toward reducing stigma and educating the community about

mental health and the role of police–social work partnerships. These campaigns should frame the co-response model as a helpful resource rather than a punitive measure, thereby encouraging community utilization and cooperation. Additionally, civil society should act as independent monitors of pilot programs, documenting outcomes and challenges to advocate for evidence-based scaling and continued government investment. Their role in holding institutions accountable and amplifying the voices of service users will be crucial for the sustainable and equitable implementation of the partnership.

Conclusion

This study concludes that a partnership between police officers and social workers for mental health crisis response in Area 18, Lilongwe, is not only beneficial but necessary. The current system places an unfair burden on law enforcement to manage health emergencies, leading to suboptimal outcomes for vulnerable individuals and straining police-community relations. While the path to implementation is fraught with significant challenges primarily systemic and resource-based the strong foundational support from all stakeholder groups provides a compelling mandate for change. The envisioned partnership represents a paradigm shift towards a more humane, effective, and integrated model of public safety and health. By adopting a structured, phased approach that begins with policy development, joint training, and a carefully monitored pilot, Malawi can transform its response to mental health crises, better protect the rights and dignity of its citizens, and build a more resilient and compassionate community.

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