



Health Sector Transition and Recovery Programme

120 Non-prescribers Trained on Psychosocial Support

TPO Payment Deliverable 4
Transcultural Psychosocial Organization



February 2016

This report is submitted in accordance with Transition and Recovery Programme (TRP) payment deliverable PD TPO 4: 120 non-prescribers (60 in each district) trained on psychosocial support.

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120 PRESCRIBERS (60 IN EACH DISTRICT) TRAINED ON MHGAP HIG

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LIST OF ACRONYMS

DFID	Department for International Development (UK Aid)
DHO	district health office
DoHS	Department of Health Services
DPHO	district public health office
GoN	Government of Nepal
MoHP	Ministry of Health and Population
NGO	Non-government organisation
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
PRIME	Program for Improving Mental Health Care
TPO	Transcultural Psychosocial Organization
mhGAP HIG	Mental Health GAP Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
GPC	General Principal of Care
PTSD	Post Traumatic Stress Disorder
CIDT	Community Informant Detection Tool
FCHV	Female Community Health Volunteer

1. BACKGROUND

1.1 Post-Earthquake Context

In Nepal the health system as a whole is fragile and there is a general paucity of mental health services. Moreover there is lack of mental health services especially in rural areas. Services that do exist tend to be concentrated in large cities and, on average, there are only 0.22 psychiatrists and 0.06 psychologists per 100,000 people (Luitel et al, 2015). However the need for mental health services is on the rise. In particular, the devastating earthquake of April 25, 2015 has had a profound effect on the psychosocial and mental health status of affected individuals, families, and communities in Nepal.

1.2 Resource Constraints

On the one hand, the need for mental health treatment is increasing while, on the other hand, the available resources are limited. For these reasons, the capacity building of health workers in earthquake affected districts is of prime importance. In the pathways of care system, people with psychiatric illness from the community travel to a nearby health post or primary health care centre (PHCCs) and follow the guidance of health workers there. These attending health workers tend to be medical officers, health assistants, community medical auxiliaries (CMAs) and auxiliary health workers (AHWs). Considering the situation in Nepal where the government cannot afford to appoint psychiatrists due to a general shortfall of personnel in district hospitals, addressing mental health issues through the training of local health workers is the best all round option.

1.3 The Use of Non-prescribers to Provide Psychosocial Support

Addressing resource shortfalls following the earthquake is a major area of concern and considerable challenge. In order to address psychosocial and mental health problems of people affected by the earthquakes, psychosocial support provided by **non-prescribers**, mainly staff nurses and auxiliary nurse midwives (ANMs), is of vital importance. These staff should have good communication skills and be able to lend emotional support and demonstrate basic relaxation techniques to people suffering with psychosocial issues. For these reasons, 127 non-prescribers (62 in Ramechhap and 65 in Dolakha district) received training on psychosocial support with the support of the DFID funded Health Sector Transition and Recovery Programme (TRP) under the Nepal Health Sector Support Programme (NHSSP).

2. OBJECTIVES

2.1 Purpose and Objectives of Training

The overall purpose of the training is to integrate mental health services into the primary health care setting. The specific objectives were:

- To build the capacity of non-prescribers to identify people who need psychosocial support in communities
- To build the capacity of non-prescribers to be able to provide psychosocial support including emotional support and counselling services
- To enable non-prescribers to provide psycho-education for people with psychosocial and mental health problems and their family members
- To enhance the non-prescribers' capacity to reduce the stigma associated with mental health issues.

3. METHODOLOGY

3.1 Preparation of training materials and reading materials

For training the non-prescribers, we adopted the training manual used in the Programme for Improving Mental Health Care (PRIME), a multinational research project being conducted in five low and middle income countries namely Ethiopia, India, Nepal, South Africa, and Uganda.

The training manual developed by PRIME had already been developed and endorsed by National the Health Training Centre (NHTC). This manual proposes five-days training on the integration of psychosocial and mental health in primary health care centres to non-prescriber level health workers. Likewise, the model has been replicated in post-earthquake setting in two other districts (Sindhuli and Gorkha) under a separate TPO Nepal project funded by International Medical Corps (IMC). The observations, feedback and discussions from these training sessions allowed some adaptations to be made and further revisions were made following discussion with NHSSP's consultant psychiatrists.

3.2 Selection of Health Workers

With the purpose of expanding mental health services in government health facilities, the project aims to train at least one non-prescriber health worker from each facility. Accordingly, discussions were held with the DHO and concerned focal persons in each district to select suitable health workers. The name list of participants was then finalised by the DHO team.

The DHOs played a central role in both selecting the training participants, communicating with them and deciding on the training venue. Regular supervision and monitoring of the training was provided by the district public health office (DPHO)/DHO and concerned focal persons. The DHO also helped arrange logistics for health workers and regularizing government norms. Each training session had a maximum of 25 participants.

In Dolakha district from a total of 55 health facilities, 65 non-prescribers from 51 health facilities were trained. In Ramechhap of 58 health facilities, 62 non prescribers from 43 health facilities received training on psychosocial support.

The reasons for health workers from some health facilities not being able to receive training were the unavailability of health workers, other training running simultaneously, no posting of non-prescriber health workers in the facility. The non-prescribers trained are staff nurses and auxiliary nurse and midwife (ANM).

3.3 Training Content

The training was conducted for five-days by clinical supervisors and counselors. The detailed content is provided in annexure 1. In addition to the clinical component, the health workers were trained on coordinating with partner organizations including Handicap International (HI), Spinal Injury and

Rehabilitation Centre (SIRC) working in earthquake affected areas for the management of referral cases.

3.4 Methods and Techniques Used in Training

Different methods and techniques were employed in the training. The lecture method accompanied by a powerpoint presentation was used to orient the participants about mental illness, its types and management. Discussions were facilitated to understand the participants' opinion and their level of understanding. Similarly, several group work assignments were assigned to the groups to enhance their practical learning. Additionally, role plays and video clips were shown focusing on specific disorders and components of the training. The role play was key in teaching interviewing skills while the video helped participants learn how to take medical histories and display the skills and body language to be maintained during the session. Other modalities such as playing games, mini assessments and brain storming were also used.

4. ASSESSMENT OF TRAINING OUTCOMES

4.1 Pre- and Post Tests

A pre-test was carried out before each training session wherein questionnaires were used to assess participants' knowledge of mental health and psychosocial issues, their attitudes and perceptions with people having mental illness and their expectation from the training.

After completion of the training, the same questionnaire was used to assess the changes in knowledge, attitudes and perceptions of participants due to training. In addition to this, we also assessed therapeutic competencies of the participants by using the ENACT (Enhancing Assessment of Common Therapeutic factors) rating scale, where the health workers perform role plays of service providers and the trainers rated the participants' cognitive ability and communication skills based on their observations. Results of pre- and post training assessments are currently being entered into a database and will be available in March.

This tool can be used for multiple applications including training evaluations and supervision; selecting trainers, supervisors, and research supervisors; and monitoring common factors in interventions to compare with patient outcomes.

Ongoing assessments will involve phone calls received by the clinical supervisor and counsellors, monthly supervision carried out by the clinical supervisor, cases assessed and managed as per the OPD registered number of cases referred for specialized care.



Non-prescriber Training Session

5. PLANS FOR REFRESHER TRAINING

Refresher training will take place within the six months of the initial training. The content for the refresher training will be developed in the light of several supervision visits so that topics that non-prescribers are not so confident with can be addressed. Non-prescribers will be encouraged to participate in discussions on the cases they have managed. Case demonstrations will also be used as a key tool during refresher training.

Apart from this, participants will also be trained to work in coordination with the Psychosocial Counsellors and Community Psychosocial Workers from TPO Nepal.

6. PLANNED TASKS VS. ACHIEVEMENTS

Planned	Achieved
Developed training material and reading materials	Done
Consultation with Nepali mental health experts to contextualize the content	Done
Finalize content on psychosocial support for use in Nepal	Done
Preparation of training materials and reading materials	Done
120 non-prescribers received training on psychosocial support	127 trained

7. LIST OF REFERENCES

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Annex 1: Training Content for 5 Days

Day 1: Expectation collection, Pre-Test, Introduction of mhGAP course,

Introduction of Mental health, mental health problems

Day 2: Focused mental health problems (Depressive Disorder, Epilepsy, Anxiety, Post

Traumatic Stress Disorder, Psychosis, Harmful use of alcohol and drugs and Suicide)

Stigma and discrimination

Day 3: Psychosocial concept, Psychosocial problem: causes and consequences,

Basic Communication Skill: Verbal and nonverbal

Day 4: Contd. Communication skill, Barrier of communication, Psycho education

Stress and stress management

Day 5: How to support in emotional problem, Problem Solving techniques, Psychosomatic

Complaint management, referral systems, post-test, ENACT