Providing Mental Health Training for Community Health Workers

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Community health workers (CHWs) are a valuable resource in primary health care, providing home-based adherence and social support services to those in need. [1, 2] In the Western Cape, training programmes prepare CHWs to provide care for chronic diseases such as hypertension, diabetes, tuberculosis and HIV. The same, however, cannot be said for mental disorders. CHWs manage a range of common mental disorders in their daily work but have not been trained and appropriate standardized training is important.[3, 4]

With the guidance and assistance of Western Cape Department of Health, Dr. Peter Milligan and I, initially worked with Dr. Tracey Naledi and Ms. Tobeka Qukula to conceptualize a structured training manual to fill this gap. Based on previous mental health training developed by 'New Beginnings', conducted at Koinonia by Mrs. Lezel Molefe, I worked closely with Mrs Marinda Roelofse (Deputy Director: Mental Health and Substance abuse, Health programmes), to develop, finalize and pilot the new training manual. The manual was presented to the Khayelitsha and Mitchell's Plain health sub-structures for input and feedback. Suggestions were incorporated and the updated training programme was initially piloted with the CHWs working for not-for profit organisations (NPOs) in Khayelitsha, Mitchells Plain and Strand.[5]

We conducted 3-hour training sessions at the employing NPOs. The programme discusses culture, and how cultural constructs overlap with and relate to mental disorders. Specific mental disorders are covered: depression, bipolar mood disorder, anxiety disorders, psychotic disorders, suicide, aggression, and finally mental disorders affecting the elderly. Issues affecting people with intellectual disability are briefly discussed. We then discuss the range of mental health care role players, focussing on the role of CHWs and processes involved in psychiatric assessment and admission.

The training programme was well received, with CHWs expressing gratitude for and excitement at encountering mental health training content for the first time. Their enthusiasm was matched by the outcomes. In the field, CHWs are not expected to make diagnostic decisions independently. However the trained cohort demonstrated a significant improvement in knowledge and skill, with 63% improving in their ability to correctly identify a diagnosis when presented with a case vignette. We used validated measures to further assess knowledge, as well as to assess change in confidence in their ability to deliver mental health support, and attitudes towards mental illness. There was a significant improvement in all outcomes, with CHWs being more confident than at the start of training, and displaying an improvement in attitudes towards mental illness.

The structured training approach succeeded in improving the capability of these CHWs to provide support for mental health care users. Future work should focus on expanding the footprint of this training more widely amongst the CHW workforce. Indeed it would be of benefit for this training to be periodically repeated to maximize learning. It is crucial to incorporate plans to reliably evaluate and monitor the resulting impact on home-based mental health support, with a view to making the necessary modifications and policy adjustments to ensure that the value of these important cadres is fully realized. This evaluation plan must include an approach to measure the quality of mental health supervision received by CHWs, the service delivered, and the relationships with mental health service users receiving the support.

References

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