

Process

Situation analysis

The available situation analysis compiles useful information about needs and the target group; the availability of policies, plans and legislation; organization of services; partners involved; human resources ; psychotropic medications; support and supervision system; monitoring and evaluation system and the current constraints for case management.

On the basis of this analysis, it was necessary to adapt to the local context and to plan the implementation at National level.

Adaptation and planning at National level

A two days' workshop for "adaptation and planning" took place in the EPI meeting room, Ministry of Health, Bangui (30 and 31 August 2016).

The main objective was to adapt the mhGAP to the local context and plan its implementation at the national level in collaboration with the partners involved.

The specific objectives were:

- Identify the priority conditions to be included in the program and complete the mhGAP adaptation guide for each condition.
- Plan the implementation of mhGAP at the national level for capacity building of health care providers and the management of mental disorders in health facilities.

The expected results were:

- Collaboration with relevant actors in the adaptation and planning process for the implementation of the mhGAP action program.
- Adaptation:
 - Priority conditions identified.
 - Consensus on technical issues.
 - Consideration of local terms to improve communication with users and caregivers.
 - Acceptability of the program in the local socio-cultural context.
 - Local ownership of mhGAP.
- Planning:
 - Health regions and target Districts identified.
 - Target Health Facilities for dissemination identified.
 - Target health personals for dissemination identified.
 - Resources available and necessary for the supervisions identified
 - Revision of Policies and Plans necessary for scaling up the program identified.

Methodology:

- Presentations.
- Group work.

Participants: 25 participants representing:

- Health technicians from relevant disciplines: psychiatry, neurology, pediatrics, social work, psychology.
- Policy and Strategy Officer, Ministry of Health.
- Representatives of the Directorate General of Public Health.
- Representatives of the General Directorate of Planning and Management of Hospitals.
- Representatives of the Directorate of Management of the Hospital-University Space.
- Representatives of the University (Health Sciences and Psychology).
- Representatives of national and international NGOs involved in the implementation of mhGAP program in the country.

Facilitators: Facilitation of the workshop was provided by the Coordinator of the National Mental Health and Addiction Control Program and two psychologist-clinicians from the CNHUB's Department of Psychiatry, supported by WHO.

Results Adaptation

During the workshop, several presentations were given by key partners in mental health and psychosocial support. The National coordinator presented the mhGAP situation analysis done by the consultant. At the end, six conditions were adopted in plenary session:

- Acute stress (STR),
- Post-Traumatic Stress Disorder (PTSD),
- Severe moderate depressive disorder (DEP),
- Psychosis (PSY),
- Harmful Alcohol and Drug Use (SUB),
- Epilepsy / Convulsive seizures (EPI).

Two groups were constituted:

- The first group worked on Acute Stress, Post Traumatic Stress Disorder, Substance Abuse + General Principles of Care (PGS).
 - The second group reflected on Psychosis and Depression + General Principles of Care (PGS).
- A plenary session followed with concrete proposals for the adaptation of the mhGAP.

The Adaptation Guide has been completed for each identified priority condition and is available.

Results planning

In working group, the following questions were discussed:

1. What are the priority health regions and Districts identified? Why?
2. What are the priority targets FOSA identified (Hospitals, CS, PS) for dissemination? Why?
3. Who are the target health personnel (doctors, general practitioners, state nurses, midwives ...) identified for training? Why?
4. Place the activities listed below in a 6-month time line.

The answers to the questions reported in plenary sessions were:

Question1: What priority health regions and Districts are identified?

Health Regions 7, 4, 1 and 2 are selected for the implementation of activities.

Why?

Health Regions 7, 4: Active conflict with Internally Displaced People and host population. Access is difficult due to security constraints.

Health Regions 1, 2: Conflict in the recent past, returnees and host population. Access is easier as security situation is stabilized.

Question 2: What are the priority targets FOSA identified (Hospitals, CS, PS) for dissemination?

The priority health facilities identified are the Hospitals (at Central, except CNHUB, Regional and District level).

Why?

Hospitals, in general, are accessible, functional and staffed with skilled health personnel (General Practitioners and Nurses IDE State Graduates) are present. The health centers of a sub-prefecture will be considered if they are functional and if there is at least one qualified health personnel.

Question 3: Who are the target health personnel (doctors, general practitioners, state nurses, midwives ...) identified for training?

For the diagnosis and the clinical management (mhGAP): GPs and States Nurses. The target Health Personnel identified for training are General Practitioners and State Nurse.

Why? GPs are allowed to independently diagnose and manage mental disorders. There is a restriction for States Nurses: mental health training and supervision.

For the detection and referral of people with mental disorders (mini-mhGAP): other health personnel and community workers.

Why? For each FOSA trained, it will be necessary to train other health and community cadres (Assistants, Midwife, Psychosocial Agents, Community Health Agents, Community Network, etc.) for the identification and referral of persons suffering from mental disorders.

Development of training materials

Based on international training material.

- French material from Guinea, mixed mhGAP-IG and HIG
- mhGAP HIG available only in English. New materials under development.

Provided to the Master trainers for presentation during the validation workshop.

mhGAP materials:

- MhGAP training modules, for clinical management:
 - 1. General Principle of Care
 - PPT-GIH
 - 2. Acute stress (STR)
 - Facilitator's Guide / Role-Playing
 - PPT GIH
 - 3. Post-Traumatic Stress Condition (PTSD)
 - Facilitator's Guide / Role-Playing
 - PPT GIH
 - Video

- 4. Moderate to severe depressive disorder (DEP)
 - Facilitator's Guide
 - PPT GIH
 - Role games
 - Video
 - PPT suicide
- 5. Psychosis (PSY)
 - Facilitator's Guide
 - PPT GIH
 - Video OK
 - Role games
- 6. Epilepsy (EPI)
 - Facilitator's Guide
 - PPT GIH
 - Video
 - Role games
- 7. Harmful Use of Alcohol and Drug (SUB)
 - Facilitator's Guide / Role-Playing
 - PPT GIH
 - Cannabis Video
- Evaluation
 - Pre / post test
 - Corrected Pre / Post test
 - End-of-course assessment
 - Standard report template
- Support and supervision - monitoring and evaluation
 - Counter-reference reference card - for FOSA
 - Maintenance file - patient file - for FOSA
 - Supervisory cards - for supervisor
 - Monthly report mhGAP - for FOSA
- "Mini mhGAP" training modules for the detection and referral of people suffering from mental disorders
 - Standard agenda 1 day
 - mhGAP Facilitator's Guide
 - PPT mini mhGAP
 - PDF Handbook

Selection of Master trainers

Master trainers have been selected based on their clinical expertise of one of the 6 identified priority conditions; and active participation in the adaptation and planning workshop.

3 Master trainers were National: Epilepsy, Psychosis, Harmful Alcohol and Drug Use.

3 Master trainers were International: Depression, Acute Stress, Post-Traumatic Stress Disorder.

A recommendation from the adaptation and planning workshop was taken into account, concerning the recruitment of 2 general practitioners to be mhGAP trainer / facilitators in mhGAP and made available to the Department of Psychiatry.

They were provided the drafted training materials for presentation during a validation workshop.

6 Master Trainers + 2 GPs newly recruited who participated to the Validation workshop are the mhGAP trainers and supervisors. 3 Master trainers (2 international and 1 national) will not be available for dissemination.

Training materials validation workshop

A 3 days' workshop took place at the AIDS Information and Documentation Center (CIDS), Bangui (13 to 15 September 2016).

The main objective was to validate at national level the training modules of the mhGAP and strengthen the capacities of the Master trainers in the facilitation of their respective module.

The specific objectives were:

- Provide a training module for each priority condition.
- Collect feedback from specialists and partners through the evaluation form.
- Validate the modules at the national level.

The expected results were:

- Validation: for each priority condition:
 - o Additional information collected to make the necessary modifications to the training modules.
 - o Facilitator's guide, power point presentation, video and role play available for each condition.
 - o National validation of each training module.

Methodology:

- Presentations.
- Group work.

Participants: 30 participants representing:

- Health technicians from relevant disciplines: psychiatry, neurology, pediatrics, social work, psychology.
- Policy and Strategy Officer, Ministry of Health.
- Representatives of the Directorate General of Public Health.
- Representatives of the General Directorate of Planning and Management of Hospitals
- Representatives of the Directorate of Management of the Hospital-University Space
- Representatives of the FACSS and the University Department of Psychology
- GPs previously trained in mental health.
- Representatives of the Ministry of Social Affairs.

- Representatives of national and international NGOs involved in the implementation of mhGAP programs in the country.

Facilitators: facilitation of the workshop will be provided by the Coordinator of the National Mental Health and Addictions Program and two psychologist-clinicians from the CNHUB's Department of Psychiatry, supported by WHO.

The content was a “facilitation trial” of the drafted module by the selected Master Trainer.

There is a pool of 5 mhGAP Trainers and facilitators (3 GPs, 2 Psychologist). 4 Trainers are necessary for dissemination (2 GP, 2 Psychologists), 2 Supervisors are needed for supervisions visits (1 GP, 1 Psychologist).

Dissemination: mhGAP and mini-mhGAP training

The duration of the workshop for diagnosis and clinical management is 4 days. See attached agenda.

The duration of the workshop for the detection and referral of people with mental disorders is 1 day. See attached agenda.

The main objective is to strengthen the capacities of Health Training to the management of mental, neurological and psychoactive disorders in humanitarian emergencies.

The specific objectives are:

- Train General Practitioners and State Graduate Nurses in the diagnosis and clinical management of mental, neurological and psychoactive disorders in humanitarian emergencies.
- Train other health and community personnel in the identification and referral of people with mental disorders.

The expected results are:

- mhGAP: general practitioners and nurses trained state graduates are able to evaluate and propose a basic treatment program for people suffering from acute stress (STR), post-traumatic stress disorder (PTSD), disorder Severe Depressive Disorder (DEP), Psychosis (psy), Harmful Alcohol and Drug Use (SUB), Epilepsy / Convulsive Seizures (PPE).
- Mini-mhGAP: other health and community workers are able to identify and refer a person with a mental, neurological and psychoactive substance disorder.

Methodology

- Presentations
- Role games
- Videos, case studies
- Group work

Participants:

- mhGAP (15 participants): General Practitioners and State Nurses in the selected Health Facilities.
- Mini-mhGAP (20 participants): other health and community workers: Nurses Assistants, midwife, midwife assistant, psychosocial agents, community health workers in the selected Health Facilities.

Facilitators: facilitation of the workshop was provided by the mhGAP trainers.

Agenda standard 4 jours

Dates et Heures	Intitulé des modules	Responsables
J1		
8H00 - 9H00	Enregistrement des participants	Coordination
9H00 - 9H15	Arrivée et installation des officiels	Protocole
9H15 - 9H45	Cérémonie officielle <ul style="list-style-type: none"> • Mot de Bienvenue • Discours d'ouverture • Présentation des participants 	Protocole
09H45 - 10H00	Retrait des officiels / Pause -Café	
10H00 - 10h15	Présentation des termes de référence de l'atelier	
10H00 - 10h30	Passation du Pré-test	
10h45 - 13h00	Introduction au mhGAP Principes généraux de soins (PGS)	
13H00 - 14H 00	Pause- Déjeuner	
14H00 - 15H00	Stress Aigu (STR)	

Dates et Heures	Intitulé des modules	Responsables
J2		
8H00 - 9H00	Arrivée des participants	Coordination
9H00 - 9H45	Dépression (DEP)	
09H45 - 10H00	Pause -Café	
10H00 - 13h00	Dépression (DEP)	
13H00 - 14H00	Pause- Déjeuner	
14H00 - 15H30	Etat de stress post traumatique (ESTP)	

Dates et Heures	Intitulé des modules	Responsables
J3		
8H00 - 9H00	Arrivée des participants	Coordination
9H00 - 9H45	Epilepsie (EPI)	
09H45 - 10H00	Pause -Café	
10H00 - 13h00	Epilepsie (EPI)	
13H00 - 14H00	Pause- Déjeuner	
14H00 - 15H30	Consommation nocive d'alcool et de drogues (SUB)	

Dates et Heures	Intitulé des modules	Responsables
J4		
8H00 - 9H00	Arrivée des participants	Coordination
9H00 - 9H45	Psychose (PSY)	
09H45 - 10H00	Pause -Café	

10H00 - 13h00	Psychose (PSY)	
13H00 - 14H00	Pause- Déjeuner	
14H00 - 15H00	Suivi et évaluation : feuille de collecte des données	
15H00 - 15H30	Passation du Post test	
15h30	Cérémonie de clôture officielle <ul style="list-style-type: none"> • Lecture du rapport final • Remise des attestations aux participants • Discours de clôture 	Coordination

Dates et Heures	Intitulé des modules	Responsables
J1		
8H00 - 8H45	Arrivée et enregistrement des participants	Coordination
8H45 - 9H45	Introduction	
09H45 - 10H00	Pause -Café	
10H00 - 12h00	Section 1 : Principes Généraux des Soins	
12h00 – 12H30	Section 2 : Détecter les problèmes de santé mentale et les troubles mentaux	
12H30 - 13H00	Section 3 : Références aux prestataires de soins formés au mhGAP.	
13H00 - 14H00	Pause- Déjeuner	
14H00 - 14H30	Section 4 : Suivi et soutien (PPT 62 à 77)	
14H30 - 15H00	Section 5 : Etablissement de liens aux ressources (PPT 77 à 81)	
15H00 – 15H300	Section 6 : Plaidoyer et Section 7 : Auto-soins (PPT 81 à 88) (PPT 88 à 100)	
15h30	Cérémonie de clôture technique	

Support and supervision

Health care workers who attended the mhGAP training workshop are non-specialized health workers working in health facilities that provide primary or secondary health care. Difficulties in integrating newly acquired mhGAP skills alone can be insurmountable. Trained staffs therefore need to be accompanied and supervised to use what they have learned in training in their clinical practice. This supervision is seen as a continuation of the training required to be able to develop competent mhGAP practitioners.

Support and supervision not only help trained personnel provide better mental health care (clinical supervision), but also support in the work environment associated with the implementation of the mhGAP (administrative and programmatic supervision).

Place, duration and dates of supervision

The supervision will take place in the selected District. During one supervision visit in one District, health facilities implementing the mhGAP will be visited, and a one-day case study workshop will be held.

The main objectives of support and supervision are:

- Improve the knowledge and skills of trained personnel so that they can assess and manage only people with MNS disorders;
- Assist local health institutions in the administrative and programmatic aspects of implementing the mhGAP.

The specific objectives are:

- Assist in the transfer of skills and knowledge from mhGAP training in the clinical setting;
- Ensure adequate mental health interventions in accordance with mhGAP and address areas for improvement;
- Identify and help to solve the problems encountered by trained personnel in dealing with complex cases;
- Ensure that the necessary administrative records and procedures (eg for referencing / counter-referencing and monitoring of MNS disorders) have been established and / or integrated into existing systems of local health facilities;
- Ensure that medicines, medical equipment and other support systems for the implementation of mhGAP are operational;
- Set an example and encourage respectful and non-critical behaviour and ethical treatment that promotes and protects the fundamental rights of individuals with NSD disorders.

Methodology:

- On-site supervision: Supervisors visit the facility. Advantages are :
 - o Face-to-face interviews provide better communication, improve the quality and type of supervisory activities, and help motivate trained staff.
 - o The supervisor can directly assess the performance of trained personnel.
 - o Trained staff can be actively supervised for complex cases.
 - o Condition, administrative procedures, equipment and supplies affecting the treatment of MNS disorders and the implementation of mhGAP may be inspected.
- Group supervision: a group of trained staff working in the same locality meet with supervisors on site. Advantages are :
 - o Gives trained personnel an opportunity to exchange and learn from each other
 - o Trained personnel benefit from the experience and solutions provided by other trainees and / or institutions. The supervisor's advice also helps prepare trainees for problems they may encounter in the future
 - o Group participation, peer support, and awareness of problems faced by other trainees may help increase motivation
 - o Can help establish a climate of collaboration and encouragement among trained staff.

MhGAP Supervisors: the mhGAP supervisors of mental health specialists from the CNHUB psychiatry department, mhGAP trainers. MhGAP supervisors have the following characteristics:

- clinical skills and experience in mental health and / or mental health management;
- Skills and experience in the administrative aspects of the management of mental disorders, including record-keeping, tracking and referencing / counter-referencing;
- Good facilitation and problem-solving skill

Monitoring and evaluation

Evaluations will be conducted using the WHO mhGAP monitoring and evaluation toolkit, contextualized for the CAR setting.

The mhGAP Monitoring and Evaluation Toolkit is intended to plan and conduct monitoring and evaluation activities for the mhGAP programme. The overall aim is to enable the use of monitoring and evaluation to support effective implementation of the mhGAP programme. Central African Republic selected and adapted indicators that are relevant to the particular context and employ the most appropriate methods for measuring these indicators, reflected in the Log Frame. The evaluation will be done by the Specialist in mental health, international consultant.