



Mental Health Training for Community-Based Maternity Care Workers in Nepal

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Green Tara Nepal
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Green Tara Trust



UKaid
from the Department for
International Development



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Mental Health in Nepal

- Women of reproductive age have highest rates of suicide & mental health problems.¹
- Suicide rates within this group has increased from 22/100,000 in 1998 to 28/100,000 in 2008.² Suicide is now one of leading causes of death for women of reproductive age.³

- 1) Subba SH, *et al.* Pattern and trend of deliberate self-harm in Western Nepal. *J Forensic Sci.* 2009; 54 (3): 704-707.
- 2) Pradhan A, *et al.* A review of the evidence: suicide among women in Nepal. Report by National Health Sector Support Program, DFID. Kathmandu, 2011.
- 3) Ho-Yen S, *et al.* Factors associated with depressive symptoms among postnatal women in Nepal. *Acta Obstet Gynecol.* 2007; 86: 291-297.

Why are so many Nepali women killing themselves? A review of key issues

Abstract

For decades the maternal mortality in Nepal was the lead cause of death among women, with serious improvements in the maternal mortality ratio in the twentieth century the second most common cause has become more prominent. Suicide is now one of the

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Editorial

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Mental health issues in pregnant women in Nepal

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Mental health & maternity care in rural Nepal

Two separate but related issues:

- Rural population has poor access to skilled birth attendants, midwifery not recognised in Nepal as separate profession from nursing.
- Mental illness is very stigmatised (not just in pregnancy & new mothers).

Auxiliary Nurse Midwives

- Key health care workers in for 90% of population who live in remote & rural areas.
- Maternity care is poor: 58% women have access to 'skilled providers' (NDHS 2016).
- Training of these maternity health workers falls short of international standard for midwifery (Bogren *et al.* 2013).

THET-funded capacity building

Aims:

- Build skills to recognise & discuss mental health issues in childbirth.
- Introduce mental health promotion for women of childbearing age.
- Design basic curriculum on maternal mental health.

Project brought experienced UK health staff e.g. NHS midwives, midwifery lecturers, mental health nurses, etc. as volunteer trainers.

Needs Assessment Jan 2016

Questionnaire in Nepali covered knowledge, training, community perspectives on mental health/illness.

Received ethical approval from NHRC



One-page questionnaire: 'yes/no' answers

Needs Assessment Jan 2016

Table 1: Pretest questionnaire results

Question:	Correct answer	Answered correctly
Mental illness is common - about one in five adults experience a mental disorder at some stage in their life.	Yes	46 (62%)
Mental illness cannot affect children or young people.	No	60 (81%)
People with mental illness often need help to recover.	Yes	73 (99%)
ANM can help to reduce stress level in pregnant women.	Yes	73 (99%)
Mental illness is the result of possession by evil spirits or karma.	No	71 (96%)
Mental illness can be caused by: stressful life events.	Yes	74 (100%)

Needs Assessment Jan 2016

Key findings 2016 needs assessment:

- There are some common gaps in ANM's knowledge of maternal mental health.
- ANMs had received little or no formal training on mental health issues, either during their basic training or at work.
- There is need for maternal/ perinatal mental health training to improve their knowledge for their daily practice.

Needs Assessment Jan 2016

Simkhada, B., Sharma, G., Pradhan, S., van Teijlingen, E., Ireland, J., Simkhada, P., Devkota, B. & the THET team. (2016) Needs assessment of mental health training for Auxiliary Nurse Midwives: a cross-sectional survey, *Journal of Manmohan Memorial Institute of Health Sciences* 2(1): 20-26. <http://www.nepjol.info/index.php/JMMIHS/article/view/15793/12738>



Original Article

Needs assessment of mental health training for Auxiliary Nurse Midwives: a cross-sectional survey

Abstract

Mental health in pregnant women and new mothers is increasingly recognised on the global health agenda. In Nepal

Bibha Simkhada¹, Geeta Sharma², Samridhi Pradhan³, Edwin van Teijlingen⁴, Jillian Ireland⁵, Padam Simkhada⁶, Bhimsen Devkota⁷ and the THET team.

Participants selection & training

- All ANMs working in all 23 Birthing Centres in Nawalparasi district were invited for training
- All ANMs working in district participated (74 in total most are ANMs and few nurses).



Training sessions

- Six session over one year (Jan.2016-Jan 2017)
- Different UK expert volunteers
- ANMs divided into three groups (one third trained each day over three day period)
- Started with need assessment
- Regular feedback from ANMs
- With Nepali translators & facilitators

Example of exercises

In groups of 3 discuss
(max 5 mins):

- What do mental health & mental illness mean to you?
- How are these words/ terms related?
 - Be prepared to give feedback to group.
 - Facilitator to note key issues on flip chart.



Example of exercise ‘What is Mental Health?’





Pre-post training comparison

In the sixth and final session we asked the same questions as in the initial needs assessment and we added seven follow-up questions.

Pre-post training comparison

Question:	Correct answer	Pre-test correctly N=74	Post-test correctly N=69	Change = improve
Mental illness is common - about one in five adults experience a mental disorder at some stage in their life.	Yes	46 (62%)	58 (84%)	+22%
Mental illness cannot affect children or young people.	No	60 (81%)	65 (94%)	+13%

Pre-post training comparison

Question:	Correct answer	Pre-test correctly N=74	Post-test correctly N=69	Change = improve
You can tell by looking at a person whether they are experiencing a mental illness.	No	38 (51%)	45 (67%)	+16%
Mental disorders are always long-term conditions that can never be fully cured.	No	56 (75%)	63 (91%)	+16%

Pre-post training comparison

Question:	Correct answer	Pre-test correctly N=74	Post-test correctly N=69	Change + = improve
ANM can help to reduce stress level in pregnant women.	Yes	73 (99%)	69 (100%)	+1%
Mental illness is result of possession by evil spirits or karma.	No	71 (96%)	57 (83%)	-13%

Pre-post training comparison

	Correct answer	Pre-test correctly N=74	Post-test correctly N=69	Change + = improve
Mental illness can be caused by:				
stressful life events.	Yes	74 (100%)	62 (90%)	-10%
abuse	Yes	73 (99%)	63 (91%)	-6%
pregnancy & childbirth	Yes	37 (50%)	60 (87%)	+37%

Post training evaluation

In short, before-and-after evaluation:

Training has helped (nearly all) ANMs speak to family of pregnant women about mental health issues, their own family, colleagues at the health post, etc. and to speak about other issues with pregnant women (90%) AND 90% would advise other ANMs to attend training on mental health issues.

Post training evaluation

Questions:	Post-test N (%)
If there was an opportunity I would advise other ANMs to attend training on mental health issues	62 (90%)
My mental training (attending session with UK volunteers) has helped me be better communicate with pregnant women about mental health issues	67 (97%)
My mental training (attending session with UK volunteers) has helped me be better communicate with pregnant women about other issues (not mental health)	62 (90%)
My mental training with UK volunteers was waste of time & money.	21 (30%)
If necessary when you are stressed or worried can you get support from other ANMs or health post staff?	57 (83%)

Post training evaluation

Questions:

Post-test
N (%)

My mental training with UK volunteers has helped me better communicate with /speak to the family of pregnant women about mental health issues	68 (99%)
My mental training with UK volunteers has helped me better communicate with /speak to my own family	68 (99%)
My mental training with UK volunteers has helped me better communicate with /speak to senior people in the VDC, health post, district office	69 (100%)
If stressed at work I can seek help from colleagues & have support	68 (99%)

Post training evaluation

BUT,

despite all this positive learning
30% answered ‘yes’ to the
question:

“My mental training with UK volunteers
was a waste of time & money.”

We asked ANMs about their expectations from training

Expectations (अपेक्षा)

- Counselling Skills (MH & Pregnancy)
- Treatment of mental illness/problems
- learn & practice skills in community
- Manage & identify mental illnesses during & after pregnancy
- Causes of mental problems during pregnancy
- Types of mental stress/problems during pregnancy
- Prevention from m. problems
- Mental health education
- Support to pre & post-natal period

Expectations

मनोसिद्धि रोग रसंस्था धरा नर
 र संस्थाको लक्षण ज्ञानको साथै
 मानसिक स्वास्थ्यको बारेमा जानकारी
 लिने र समुदायमा अरुसँग मानसिक
 स्वास्थ्यको बारेमा जानकारी दिने

मनसिक रोगको लक्षण धरा
 पाउने र जो रोग लागेको जस्तो
 लागेमाथि जो जसो पुग सिकाउने

मानसिक रोग संस्थाको बारेमा
 जे जसो जानकारी पाउने
 जानकारी पनि जानकारीको साथै
 पाउने

मानसिक रोगको लक्षण धरा
 पाउने र जो रोग लागेको जस्तो
 लागेमाथि जो जसो पुग सिकाउने

To gain knowledge about mental
 health and identify client and
 provide proper counselling and
 manage accordingly.

Get knowledge about
 Mental Health and con-
 t. try to apply in work-
 ing place.

Learn about "Mental

Qualitative feedback expectations of training

They said they learnt:

- about mental health in community & be able to raise awareness on mental health
- best ways to do mental health counselling
- mental problems prenatal & postnatal period
- to be able to identify mental health complications around childbirth
- new things on taking care of new-born
- to practise things learnt in training

PhD student involvement

Our project is evaluated by Preeti Mahato as her on-going PhD research at Bournemouth University.

PhD supervised by:

Dr. Catherine Angell (Bournemouth University),

Prof. Padam Simkhada (based at Liverpool John Moores University) & Prof. Edwin van Teijlingen.



VOTE

Preeti Mahato, Postgraduate Researcher,
Faculty of Health and Social Sciences

Questions?

- Mahato, P.K., Regmi, P.R., *et al.* (2015) Birthing centre infrastructure in Nepal post 2015 earthquake. *Nepal J Epidemiology* 5(4): 518-519.
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