

CHWs and Mental Health:

Equipping community health workers with essential skills for addressing mental health and violence in the home

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Maternal psychosocial concerns serve as significant risk factors to healthy child development.¹ In their daily work, community health workers (CHWs) encounter families experiencing psychosocial issues. These include depression, anxiety and problems in the home, such as intimate partner violence (IPV). On the whole, CHW trainings don't include any comprehensive coverage of these areas. Research has found that CHWs can be trained in simple psychosocial interventions that are effective in reducing symptoms of maternal depression, anxiety and the distress related to IPV.² In turn, such interventions play a role in enhancing children's health and development.³ But should CHWs be trained to address these problems? Arguably, CHWs, with limited training, are not qualified to provide diagnosis or therapeutic interventions. They are often already overwhelmed with the scope and number of issues they must address in the household. Furthermore, many of the countries where CHWs have the most critical roles in providing basic health care, offer little or no mental health or social services that can support referrals or provide adequate backup and supervision. Yet the scope of problems related to perinatal mental health, violence and psychosocial support is too great to be ignored in low- to middle-income countries, especially in the most vulnerable populations.

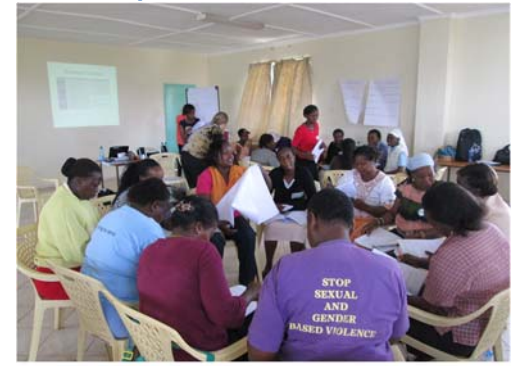
Perinatal mental health and gender-based violence (GBV): An endemic issue

Depression is the leading cause of global disability and the third leading contributor to the global disease burden, with more than 121 million people living under the burden of depression.⁴ Women, especially during the years of pregnancy and parenting, are particularly affected. World Health Organization (WHO) estimates that in developing countries, up to 15.6 per cent of women experience a mental disorder during pregnancy and 19.8 per cent of women experience postnatal depression after childbirth.⁵ These rates can be especially high in areas where cultural norms, stigma and expectations of women prevent them from seeking care and support when it is needed.

'I had lost hope even in terms of my business because it had failed and I did not think it could be revived. But when the CHW taught me the skills, I realised I could solve my own problems and my attitude towards life changed.'

—Client of World Vision CHW Problem Management Plus (PM+) programme in Kenya

Figure 1. CHWs in PM+ training by World Vision Kenya



¹ World Health Organization (WHO) (2012). Depression fact sheet. <http://www.who.int/mediacentre/factsheets/fs369/en/> (accessed 23 January 2015).

² *The Lancet* (2014). Perinatal mental health series. <http://www.thelancet.com/series/perinatal-mental-health> (accessed 15 February 2015).

³ UNICEF (2012). *Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How*. UNICEF: Geneva.

⁴ WHO (2012).

⁵ WHO (n.d.). 'Mental health'. http://www.who.int/mental_health/maternal-child/maternal_mental_health/en/.

Figure 2. CHWs practise providing psychosocial support during World Vision Kenya's PM+ training



A mother's stress hormones can rise during periods of depression and anxiety. For the pregnant woman, this has the potential to result in high blood pressure, preeclampsia and a difficult delivery, while the baby has an increased chance of having a low birth weight and being stunted.⁶ These infants are more likely to become apathetic or irritable and less able to gain their mother's attention in a positive way, creating a negative cycle leading to child neglect and underachievement in all areas of development.⁷ Mothers with depressive symptoms can be intrusive, forceful or withdrawn in their interactions and are less engaged with their children or responsive to their needs.⁸ As a result, their children can experience language and cognitive problems, insecure

attachments, social interactive difficulties, and behavioural problems, leading to long-term mental health issues, including increasing their own risk for developing mental illness.⁹

The health and development of millions of children globally are affected by the mental health of their parents, but mood disorders are not the only cause. Studies estimate that up to 28 per cent of women report physical abuse during pregnancy by an intimate partner, and the risk of IPV actually increases during the pregnancy and post-partum periods.¹⁰ Vulnerable mothers, such as adolescent girls, are up to seven times more likely to experience IPV from their spouses.¹¹ When considered together, global statistics on perinatal mental health issues and IPV show that the extent of women experiencing serious or acute psychosocial difficulties during and after pregnancy reflects an endemic problem.

Community health workers: A critical role

CHWs work with women and families on a daily basis. They hold a position of trust with those individuals and may be the first to become aware of a serious issue within a family. Furthermore, the families and communities that depend most heavily on CHWs in low- to middle-income contexts are in fact those most vulnerable to psychosocial risks. So, it is not a question of 'if' CHWs will work with families

Figure 3. CHWs being trained in PM+ by World Vision Kenya



'The CHWs deal with these kinds of issues every day of their work; it's just that at the moment, they don't know how to respond'.¹
—Kenya Ministry of Health representative during Psychological First Aid Training for Timed and Targeted Counselling, World Vision Kenya, 2014

'This training changes the way we think about health, and helps [CHWs] understand the social-emotional model of health and well-being.'
— Raymond Owusu, World Vision Ghana, Ghana National CHW Training of Trainers, 2016

⁶ WHO (2008). *Improving Maternal Mental Health*.

⁷ UNICEF (2012).

⁸ B. Nahar (2012). 'Effects of Food Supplementation and Psychosocial Stimulation on Growth and Development of Severely Malnourished Children: Intervention Studies in Bangladesh.' *Digital Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine* 786, p. 59, Uppsala.

⁹ Centre on the Developing Child at Harvard University (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. <http://developingchild.harvard.edu/wp-content/uploads/2015/05/The-Science-of-Resilience.pdf>.

¹⁰ WHO (2013). *Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines*.

¹¹ UNICEF (2014). *Hidden in Plain Sight: A statistical analysis of violence against children*.

experiencing depression, anxiety or IPV. Reports from the field show that CHWs are *already encountering these issues* on a regular basis, but often have no basic orientation on how to deal with families in these circumstances.

Figure 4. CHWs in Palestine simulate the psychological first aid (PFA) technique in a Timed and Targeted Counselling (ttC) training



During the Millennium Development Goals (MDG) era the global health community has prioritised ‘survival’ interventions by CHWs to be delivered in a one-size-fits-all manner. Now, as we move into the Sustainable Development Goal (SDG) era, it’s time that we start looking at a three-dimensional model of health, which considers the emotional, social and physical context of health service users. In so doing, we need to define some basic competencies for CHWs, such as detecting and responding appropriately to signs of perinatal mental health problems; basic counselling/communication skills; helping women and families access information, resources and services (including legal services); and assisting them to ensure safety for themselves and for their children. Arguably, serious cases of mental health issues,

IPV and other forms of violence do require specialist care, and CHWs may not have a high impact in the resolution and management of IPV. However, CHWs, given their high level of exposure, must have a basic set of supportive response skills that will enable them to respond appropriately to the crises they encounter.

Evidence on community-based interventions to support mental health

Gradually, evidence is emerging that shows that long-term benefits on a child’s health and development, as well as maternal mental health outcomes, can be provided by merging maternal and child health programs with positive parenting and psychosocial support in low- to middle-income settings. Research in Pakistan¹² revealed that when CHWs were trained to deliver a simple psychosocial intervention – including techniques of active listening, collaboration with the family, and guided problem solving – infants in the intervention group experienced fewer episodes of diarrhoea, were more likely to be immunised, and both parents spent more time playing with their child. In this same intervention group, rates of depression more than halved as compared with those receiving routine care. Women receiving the intervention had better overall social functioning, with effects being sustained after one year.¹³ Research in China, Jamaica, Pakistan, South Africa and Uganda suggests that depression in mothers can be affordably treated in developing

Psychological First Aid

According to Sphere (2011) and IASC (2007), psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support. PFA involves the following themes:

- providing practical care and support, which does not intrude
- assessing needs and concerns
- helping people to address basic needs
- listening to people but not pressuring them to talk
- comforting people and helping them to feel calm
- helping people connect to information, service and social support
- protecting people from further harm.

(Source: WHO, 2011)

¹² UNICEF (2012).

¹³ A. Rahman, A. Malik, S. Sikander, C. Roberts & F. Creed (2008). ‘Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial.’ *The Lancet*, 372(9642), pp. 902–9.

Figure 5. Palestinian CHWs learn calming techniques for supporting clients in distress



countries using interventions such as social support, group therapy or home visits delivered by lay community workers.¹⁴ CHWs caring for pregnant women can be taught to recognise signs of psychosocial distress and employ supportive listening techniques, provide education about stress reduction techniques, and make referrals to specialist support if required, and indeed, available.¹⁵ However, activities to support referral processes as well as ensuring adequate services need to be addressed alongside such initiatives.

World Vision’s approach: Equipping CHWs with basic skills

To address these issues, World Vision has included training on perinatal mental health and IPV within its maternal and child health CHW curriculum, Timed and Targeted Counselling (ttC).¹⁶ We’ve adapted, with permission, the WHO model of psychological first aid (PFA)¹⁷ for use in non-emergency settings, applying the ‘look-listen-link’ action principles to supporting a client in difficult circumstances. ttC teaches about signs and symptoms of distress/mental health problems, referring for specialised support, and promoting family and social support for mental health and well-being during the pregnancy and post-partum period. It also looks at how to help individuals and families identify positive coping strategies such as stress reduction techniques, exercise, sleep and social support, all of which have proven benefits in reducing symptoms of depression and anxiety. Whilst this doesn’t constitute a therapeutic intervention, it focuses on compassionate care, supportive listening, and connecting clients to support systems and coping strategies accessible to them. Since releasing ttC-2 in 2015, World Vision has trained health teams in 10 countries. Following the multi-country training in 2015, the materials have been included as part of the Kenya Ministry of Health national curriculum revision. In addition, the new Ghana National CHW programme, supported by World Vision and One Million CHW Campaign includes the methodology

‘Through the training, my relationship with the family is improving. Before, the children would come and find me lying on the couch looking sad and it would also make them sad. But nowadays, they often find me happy and feel good too.’

— **CHW trainee following a three-day training in mental health using the PM+ model with World Vision Kenya**

‘At least 20 per cent of the Palestinian population experiences mental health problems. We started training CHWs in PFA and mental health support so they can now screen for maternal depression, counsel, support, and refer through enhanced ttC. It was the CHWs that asked us for this training, as they were supporting mothers in distress so often and sharing stories, so we know this is really important for their work.’

— **Hana Rabadi, World Vision Jerusalem West Bank and Gaza**

¹⁴ P. Surkan, C. Kennedy, K. Hurley & M. Black (2011). ‘Maternal depression and early childhood growth in developing countries: systematic review and meta-analysis’. *Bulletin World Health Organization*, pp. 607–15.

¹⁵ WHO (2008).

¹⁶ World Vision International (2015). *Timed and Targeted Counselling for Health and Nutrition 2nd Edition: A Comprehensive Training Course for Community Health Workers*. <http://www.wvi.org/health/ttc-2nd-edition-english>.

¹⁷ WHO, War Trauma Foundation and World Vision International (2011). *Psychological first aid: Guide for field workers*. http://www.who.int/mental_health/publications/guide_field_workers/en/.

as part of pre-service training. The method is currently being field tested and adapted for use in several fragile contexts including Sudan and South Sudan.

A more comprehensive mental health and psychosocial support model, Problem Management Plus (PM+),¹⁸ trialled in several low- to middle-income country settings, was field tested by World Vision Kenya with CHWs from urban/peri-urban slum settings. PM+ serves as an *in-service* specialised training for CHWs over three to four days, and is more suited to CHWs operating at a higher level, or working in more challenging conditions.

In Jerusalem, West Bank and Gaza, our health team has successfully trained and deployed 160 CHWs across the region over the period 2011-2015. In March 2016, CHWs completed a three-day in-service training in mental health and psychological first aid, in which they were trained to detect and refer mental health problems and apply the PFA technique to situations common in this challenging setting.¹⁹ In Sierra Leone during the Ebola crisis, World Vision Sierra Leone ran PFA training, which emerged as an important skill for Ebola contact tracing and burial teams alike, many of which included CHWs. Early responses to these trainings have been highly rated by participants and by government representatives alike. Many participants reported that the training has proved useful not only in supporting their clients but also in managing their own difficulties and those of their families. These models and tools represent a first step, not only in integrating mental health and supportive care across our maternal health programmes, but also in developing and testing specialised models for CHWs working in the most challenging circumstances.

If you would like to hear more about integrating mental health in CHW training in World Vision programmes, contact: health@wvi.org

¹⁸ K.S. Dawson, R.A Bryant, M. Harper, A.K. Tay, A. Rahman, A. Schafer & M. van Ommeren (2015). 'Problem Management Plus (PM+): a WHO transdiagnostic psychological intervention for common mental health problems'. *World Psychiatry* 14:3, pp. 354–6.

¹⁹ World Vision International (n.d.). 'Health & Nutrition: Community Health Workers in Jerusalem, West Bank & Gaza' <http://www.wvi.org/health/jerusalem-west-bank-gaza-stories-field>.