Healthy Ageing

Mainstreaming mhGAP

At Community Level

Two-day workshop on using the mhGAP framework on depression, communication skills and psychosomatic disorders.

Training Report

January 2021

SCHOOL
for Development and Impact

Background

Society of Community Health Oriented Operational Links (SCHOOL) is a registered not-for-profit organization working towards the attainment of SDG-3 'Good Health and Wellbeing'. SCHOOL's flagship initiative 'Healthy Ageing' reaches out to older population across India. Older persons residing in the slums are vulnerable and encounter myriad problems in their day-to-day life. A sustainable and tailored support system is essentially required to ease their lives. SCHOOL's 'Healthy Ageing' initiative implements the concept of 'Last Mile Connectivity', which focuses on comprehensive support services to the older persons that can be delivered through an integrated approach. This nurtures a psychosocial support system and various linkages to help the older persons remain both healthy and independent, so that they continue to live a life of ease within their own homes and communities. Healthy Ageing works with 5200 elderlies in 18 slums of Pune city.

mhGAP: an overview

Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries do not have access to the treatment they need. The World Health Organization (WHO) Mental Health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. The programme asserts that with proper care, psychosocial assistance and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives– even where resources are scarce.

The *priority conditions addressed by mhGAP* are: depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol, disorders due to use of illicit drugs, and mental disorders in children. The *mhGAP* package consists of interventions for prevention and management for each of these priority conditions, along with each of the priority age groups.

The need for mainstreaming mhGAP in 'Healthy Ageing' Pune Project

Mental health and well-being are as important in older age as at any other time of life. Older adults, those aged 60 or above, make important contributions to society as family members, volunteers and as active participants in the workforce. While most have good mental health, many older adults are at risk of developing mental disorders, neurological disorders or substance use problems as well as other health conditions such as diabetes, hearing loss, and osteoarthritis. Furthermore, as people age, they are more likely to experience several conditions at the same time.

Older persons may experience life stressors common to all people, but also stressors that are more common in later life, like a significant ongoing loss in capacities and a decline in functional ability. For example, older adults may experience reduced mobility, chronic pain, frailty or other health problems, for which they require some form of long-term care. In addition, older people are more likely to experience events such as bereavement, or a drop in socioeconomic status with retirement. The most common mental and neurological disorders in this age group are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Anxiety disorders affect 3.8% of the older population, substance use problems affect almost 1% and around a quarter of deaths from self-harm are among people aged 60 or above.[1]

The National Mental Health Survey, 2016, reported that the lifetime prevalence of mental morbidity in those above 60 years and above was 15.1% (14.9%-15.3%) [2] Mental illnesses in later life contribute to significant morbidity. Mental illness in late life could be due to long-standing psychiatric disorders with onset in early life or with late onset after the age of 60 years. Dube et al reported the prevalence of mental illnesses in the older persons to be 22.3% (3.3% schizophrenia, 2.4% manic-depressive psychosis, 8.5% organic psychosis, 3.8% hysteria, other 4.3%) while Nandi et al found it to be 33.3% (depression 24%, hysteria 3%, anxiety 5.5%) in rural India. Ramachandran et al found the prevalence as high as 35% (organic disorders 3.2% and functional disorders 31.8%). Tiwari et al reported even higher rates in the geriatric group (43.3%) as compared to 4.7% in the non-geriatric group. In the geriatric group, depression was the most common psychiatric disorder (21.3%), with the next most common ones being anxiety (20.9%) and organic disorders (8.1%). A community survey of geriatric psychiatric morbidity by Shahji et al reported prevalence ranging from 8.9 to 61.2 %.

---

[1] https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults
[2] National Mental Health Survey 2015-16; Table 16, Pg 93

Depressive disorders and other neurotic and stress related disorders within those aged 60 years and above show a lifetime prevalence of 6.93% (6.82- 5.77)[3] and 3.53% (3.45- 4.55),[4] respectively.

Furthermore, generalized anxiety prevailed at 0.47% (0.44- 0.50)[5] in the same age demographic. Depression (37.7%) was found to be the most common mental health problem followed by anxiety disorders (13.3%) and dementia (11.1%). Further, depression, anxiety, insomnia, somatization, and dementia were the commonly reported -mental health problems in older persons , especially institutionalized ones. Loneliness, isolation, neglect, and elder abuse were the major psychosocial issues identified. Poor social activities and interactions and poor utilisation of mental health services were also observed.

Training Sessions on 8th and 9th January 2021

The preparation phase entailed a duration of three weeks. Three weekly meetings were held to define the agenda, the topics, the session plan and the training materials that included presentations, hand-outs, role-plays and exercises pertaining to each session. The slides and hand-outs were translated into Marathi for the ease of understanding of the participants.

A two-day residential training was planned using the mhGAP framework for building the capacity of the programme staff of SCHOOL/ Healthy Ageing working at all levels.

The training was conducted at the training center managed by 'Sunworld For Seniors' at Khanapur village on the outskirts of Pune city.

Dr. Amit Nulkar, a psychiatrist with a special interest in community mental health and capacity building of health workers served as a trainer and facilitator for this entire training. Mrs. Seema Uplekar, who has been key in our journey with mhGAP as she has translated the entire document in Marathi, also contributed to our learning. The entire 'Healthy Ageing' Pune project team participated and benefitted from the training.

---

[3] National Mental Health Survey 2015-16; Table 23, Pg 105
[4] National Mental Health Survey 2015-16; Table 24, Pg 106
[5] National Mental Health Survey 2015-16; Table 26, Pg 108

SCHOOL
for Development and Impact

Day 1

Session 1: Introduction

Day 1 opened with an introduction to mental health and the mhGAP. After providing a brief overview and setting ground rules for the training, a detailed discussion was conducted on the importance of mental health while working with people, especially in the older persons, followed by the burden of mental illnesses in India and the treatment gap in terms of need and available and accessible services. The important role a health worker needs to play to bridge this gap was emphasized. Myths and facts about mental health problems and illnesses were discussed using 10 statements were had to be called true or false by the group followed by a discussion around each statement. Relevance to health workers day-to-day work was discussed.

Session 2: Communication Skills Training

The challenges or barriers and facilitators to effective communication were discussed in depth. Also, the session focused on ways to improve communication such as using summarizing, signposting, reflection, displaying empathy and active listening.

Dr. Amit Nulkar explaining what is effective communication prior to a group activity of Chinese Whispers.

Community officers received guidelines from Dr. Amit on performing role-plays demonstrating effective and ineffective communication. Group discussions were held after each role-play. Active listening skills were discussed and practiced by way of activities carried out in pairs.

The concept of empathy and its importance while working with people was discussed. Ways to display empathy verbally and non-verbally were demonstrated through role plays, mhGAP training material as well as case discussions of cases seen in the community by the programme staff. Role plays were used again to practice these skills followed by constructive feedback for improvement. The concept of open and closed questions was taught, and situations to use them appropriately was discussed through group discussions using case scenarios.

SCHOOL
for Development and Impact

Assessment of causes and management of angry or agitated persons was discussed using mhGAP material. Ways to deescalate angry or agitated persons was further demonstrated using a role-play enacted by Dr. Benazir and Dr. Amit, playing the roles of an agitated older person and a Community Officer, respectively.

> *"I always thought that only severe mental health issues are addressed and need treatment, but now I feel mental health issues are addressed earlier and need treatment even if major symptoms are not seen. If mental health issues that arise daily are identified earlier and help is given, major effects can be avoided."*
>
> - Anita Chougule

Another important aspect of the first day of training was Self-Care. Working on field as a health worker can be stressful and there are times when we need to be able to look after ourselves and be able to support our colleagues. Groups discussions elicited how we all know when we are stressed and what we do when we are stressed.

Helpful and unhelpful strategies were discussed. Ways to support colleagues when they are stressed were discussed. Common methods like mindfulness, breathing exercises, leisure and family time and so on were discussed. Additionally, 6 steps of problem solving were discussed using mhGAP material.

The session included various interactive methods of learning which were both thought-provoking and enjoyable for the facilitators as well as the attendees; it ended with a brief session on promotion of functioning in daily activities.

> *"Before we had very basic knowledge of mental health, we did not know ways of identifying mental health issue unless we saw severe effects. Now we can identify mental health issues and support people going through it. We enjoyed learning and learned a lot."*
>
> - Ashwini Thorat

> *"The training was too good, we learned how to identify mental health issues, we never had training on mental health before, and our understanding was mental illness is all about the people who are mentally retarded. Now we understand parts of mental illness like depression and its effects, we also learned good communication skills and will be using it more in the field."*
>
> - Priyanka Akhade

SCHOOL
for Development and Impact

Group 2 presenting their thoughts on what might be the obstacles in having effective communication.

Group discussion on Identification of Violence at home.

All attendees sharing their personals accounts of grief and bereavement in their lives.

Dr. Amit Nulkar explaining the importance of good listening before conducting a group activity called 'Chinese Whispers'.

One of the two groups writing down their thoughts on good communication skills.

Group 1 writing down effective communication skills.

Group 2 writing down the obstacles in having an effective communication.

Glimpses of the Training

SCHOOL
for Development and Impact

Day 2

Session 1: Depression

Day 2 started with the depression module. The main symptoms of depression were discussed through a personal life story and group discussion. Various local descriptions of depression were discussed. Sometimes using these local words helps health workers to connect better with people and reduce stigma as words like depression can carry stigma.

Common presentations of depression in a person, especially in the older person were discussed.

The community officers were shown role-play videos of how to speak to and assess a person with possible depression. The difference between grief/ bereavement and depression was discussed using personal experiences, case scenarios as well as mhGAP material.

A couple of role-plays were enacted by the community officers under the guidance of Dr. Nulkar to depict different ways in which the officers can engage with a person suffering from depression.

"The training was too good! Before we could not differentiate between general people and people with mental health issues, we only knew the symptoms and what questions to ask to identify mental illnesses. Now just by general communication we can understand whether the person should be assessed for mental health illnesses, and if he or she is showing signs, they should be provided necessary support by our end or other higher facility."

- Chaitrali Khandale

General Health Questionnaire–12 (GHQ-12) a screening tool to screen for depression was introduced to the community officers. This tool consists of 12 questions that can be used to screen for depression if we suspect it in a particular person. The tool was translated in Marathi by Parivartan NGO which works in the field of mental health.

Assessment of suicidal risk was discussed using case scenarios and group discussion. Common questions one can ask for assessing for suicidal risk were elicited through group discussion.

SCHOOL
for Development and Impact

Role play was used to demonstrate how to ask these questions. Group activity was conducted to elicit questions to ask a person who may have suicidal risk.

Session 2 – Psychosomatic disorders/ other significant mental health complaints.

This session highlighted other significant mental health problems such as multiple physical complaints without any identifiable physical cause, stress/ anxiety, extreme stressors, violence, Post-Traumatic Stress Disorder and bereavement. mhGAP material, case discussions and examples from work were used to discuss these topics.

During the end of day 2, a small activity was conducted where everyone has to speak on what they felt on the residential training. The responses from the community officers were particularly positive and they felt ready to use their new knowledge and skills in their day to day work.

> *"Before this training, whenever I found my husband reacting in some bad manner I use to think that he is doing it purposely but now, I understand there might be some reason behind it. My husband has already gone through a mental health issue and has recovered due to proper treatment. Relating to my personal life, I knew mental health issues and importance of required treatment, but now we can identify if any person is going through mental health issue and help resolving it."*
>
> - Anupama Kadam

Outcomes of the training:
- The community officers were oriented on the community based mental health intervention.
- Screening and assessment of common mental health disorders such as depressive disorders and other neurotic and stress-related disorders.
- Improved communication skills
- Better understanding on assessing individuals that are at a risk of suicide or self-harm.

> *"I learned not to be biased to any person, every person has some or the other way of reacting in situations, they are going through. I even understood the importance of mental health when I started relating it with my personal life!"*
>
> - Shiriniwas Mohite

Next Steps:
1. Regular refreshers and trainings focused on the more complex concepts of psychology and mental health so as to empower the team to efficiently intervene in any and all potential cases.
2. Utilization of focused hand-outs on mhGAP.

SCHOOL
for Development and Impact

Annexure 1: Resource material used

- mhGAP PDF files for the Introduction to mhGAP, Essential Care & Practices, Depression, and Other Significant Mental Health Complaints modules.
- Excerpts of videos on Depression and Mania from the Bapu Trust archive. Marathi translation of the General Health Questionnaire-12 (GHQ-12) from Parivartan foundation.

Annexure 2: List of participants

1. Dr. Amit Nulkar
2. Ms. Seema Uplekar
3. Dr. Benazir Patil
4. Ms. Kalpana Kavadi
5. Ms. Anita Chougule
6. Mr. Shriniwas Mohite
7. Mr. Viraj Shelke
8. Mr. Roshan Patil
9. Ms. Chhaya Avghade
10. Ms. Chaitrali Khandale
11. Ms. Ashwini Thorat
12. Ms. Meenakshi Navale
13. Ms. Priyanka Akhade
14. Ms. Jyoti Jivane
15. Ms. Rajshri Salve
16. Ms. Shubhangi Dhole
17. Ms. Anupama Kadam
18. Ms. Archana Pawar
19. Ms. Shaila Malsure

SCHOOL
for Development and Impact