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An Assessment of the Training Program on Mental Health for Community Health Workers in Kashmir, India

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Abstract

In recent years mental health has emerged as a major health threat in low income countries like India. In response, mental health care has been integrated into primary health care, in turn creating a rising demand for trained and skillful mental health professionals. This study was conducted in district Budgam (J&K), India with the aim of providing training to community health workers (CHWs) and measuring the change using pre- and post-training evaluations. The pre and

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post tests were undertaken, assessing changes in mental health literacy at three different points of time: pre-training, post-training, and three month follow-up. Mental health literacy was assessed using the interviewer-administered Mental Health Literacy Survey. The training intervention was a five-day course based on a facilitator's manual developed specifically for community health workers in India. A total of 25 community health workers from rural areas of Budgam District (mostly Integrated Child Development Service supervisors), Health Educators and Anganwadi Workers, were engaged for the study. Findings demonstrate that the training course improved participants' ability to recognize any mental health disorders. There was a clear distinction between the level of awareness pre- and post- training. The results were statistically significant on various domains Ability to recognize disorders (Pre-post P= 0.001), Knowledge of the professional help available (Pre-post p= 0.000), Attitudes that promote the recognition or appropriate help-seeking behavior (Pre-post p= 0.000) ($p<0.05$). Further follow up after three months was done. The mixed findings from this study, suggesting the training course has potential to improve some aspects of mental health literacy among the CHWs, including their understanding of various mental health problems.

Keywords: India, training program, mental health, community health workers.

Introduction

Mental health disorders are increasingly recognized as a major contributor to the global health burden, including low income countries (LICs), and are often co-morbid with communicable and non-communicable diseases**.** Nonetheless, mental health treatment remains a low priority in most LICs, and unmet needs for mental health treatment are pervasive (Armstrong *et al*., 2011**)**. It is estimated that up to 90% of persons with mental health issues in low and middle-income countries do not receive even basic mental health care **(**Patel, 2009**).** In India the scarcity of mental health professionals, and the minimal amount of training available for health professionals particularly in rural areas, has caused the mental health care to be out of the reach of most people **(**Kakuma *et al., 2011*).The World Health Organization (WHO) advocates for the integration of mental health care into primary health care (PHC) to address the global burden of disease **(**Mugisha *et al.,* 2017; Hossain *et al.,* 2021**).** In India, the National Mental Health Program also advocates the integration of mental health into PHC; however, the programme has not been highly successful, with only 24 of 600 districts currently covered by this program **(**Mathias *et al.,* 2014**).** People visiting PHCs with any physical illness along with mental disorders are frequently identified. For example, a Mumbai based survey found that 28% of patients aged 18 and above years attending a health center suffered from psychiatric problems **(**Armstrong *et al.,* 2011**).**

Literature review

There is overwhelming evidence that effective low-cost treatments, which may include psychological treatments and community-based rehabilitation by trained CHWs, can be put into place, and could be successfully delivered in primary health care settings **(**Ventevogel, 2014**).**The extant literature provides promising evidence that Community Health Workers (CHWs) may be an effective means of supporting mental health patients and communities. However, it is generally found that PHC staff lack the training and skills required to make an appropriate diagnosis and provide a reasonable standard of care to such people. Effective and durable training programs are required to develop the mental health skills of generalist PHC staff as well as community health workers **(**Naslund *et al.,* 2019**).**

CHWs generally refer to people selected, trained, and working as health aides in the communities from which they come, defined by WHO as follows: Community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers **(**Herman, 2011**).**

People living amidst the rages of conflict like Kashmir suffer from post-traumatic stress disorder **(**Amin and Khan, 2009**).** According to a 2015 study by Médecins Sans Frontières (MSF), nearly one in five people in Kashmir show symptoms of post-traumatic stress disorder. Srinagar-based Institute of Mental Health and Neurosciences (IMHANS). IMHANS provide the baseline prevalence estimates of psychological distress in all ten districts of the Kashmir Valley and estimates that probable depression, anxiety and PTSD in the Kashmir Valley were 41%, 26% and 19%, respectively **(**Housen *et al.,* 2017**).** An exponential rise in outpatient presentations for mental health issues in this region has been reported by IMHANS from an average of 100 per week in 1980 to between 200 and 300 per day in 2013 (32). The present study was conducted in one of the ten districts of Kashmir, Budgam. The selection of the study was primarily based on the finding of the study conducted by MSF in 2015 which revealed the need of the training programs at the community level where the sensitization of mental health is done along with the essential interventions which include the assistance of community health workers, accredited social health activists (ASHA), anganwadi (child care) workers and other motivated working groups. The grass root health workers can play a significant role in the referral services within the communities, these health workers function within the communities and have better knowledge about the community life and its members. The aim of the current study was to build the capacity of CHWs in the field of mental health, increasing their abilities to effectively respond to the mental health needs of their communities as well as to recognize and send appropriate referrals for more intensive mental health treatment when warranted.

Methodology

The CHWs in the present study were Health Educators, ASHA workers, ICDS supervisors and Aanganwadi Workers, all hailing from the rural area of district Budgam and working under the office of Director of Health Kashmir, and Director of Social Welfare. The list of the CHWs was furnished from the office of the concerned health workers and the training participants were selected randomly from the list. A total of 25 participants were selected for the purpose of study.

The five day training program was conducted in the Department of Social Work University of Kashmir using the training manual entitled 'an introduction to mental health', Facilitator's Manual for Training Community Health Workers in India. The manual has been used by many institutions all over country to train the community health workers. The evidence of such training programs for community health workers in India was conducted in Bangalore rural district Karnataka (Armstrong *et al.,* 2011**).** (The training manual has been tested in India and has show successful results. The content of the manual helps to train the community health workers mainly in four segments, including: 1) Introduction to mental health and disorders; 2) Mental Health first aid; 3) Practice-based skills; and 4) Mental health promotion. The Trainers included experts from department of psychiatry, social and preventive medicine and social work. All the trainers included were well experienced in imparting training in the area of mental health. The facilitators were asked to follow certain tips or methods while keeping in view the objectives of the research and also the ethical standards like the acceptance and confidentiality of the participants. The identified ethical principles include: respect for participants, informed consent, specific permission required for audio or video recording, voluntary participation and no coercion, participant right to withdraw Prior to commencing the training, the facilitators carefully reviewed each session, and time planned for explained each session in mixed language. The manual was provided and followed by all experts. The training sessions were also evaluated where the participants were asked for feedback with suggestions to further improve the program. The training program included information about appropriate mental health intervention as well as role play activities. The objectives of the program were to ensure that participants would be able to recognise symptoms of mental disorders, respond appropriately to people experiencing symptoms of mental disorders, refer people experiencing possible mental disorders to appropriate services, support people with mental disorders and their families, and promote mental health within their communities.

To assess participants' changes in knowledge, we utilized the Mental Health Literacy Scale (MHLS), a 35-item questionnaire looking at the respondents' understanding of mental health. The first 15 items are scored on a 1-4 Likert scale and assess knowledge of various aspects related to mental health. Items 16-19 are scored on a 1-5 Likert type scale, and assess the information and access to various techniques for availing mental health services. Further the questions 20-28 assess

the ability to recognize the disorder and questions 29-35 assess the appropriate health seeking behaviour. We are how and whom to report about the mental health issues. It's were, how and whom to report about the mental health issues.

The questionnaire was given to all the participants at the start of the first day of the training program. Baseline data were also collected, including background details of the participants. However before distributing the questionnaire to the participants all the items mentioned in the questionnaires were explained to them in local language in order to have a full understanding of the scale. All the participants completed the full duration of the training and there were no drop outs.

At the end of each course, participants were again asked to complete the 35-question MHLS to assess post-training changes in knowledge.

Psychometric Properties of Mental Health Literacy Scale (MHLS)

Validity: the tool found valid through confirmatory factor analysis (CFA) in Iranian sample **(**Nejatian *et al., 2021*). In Taiwanese sample the scale demonstrated good content validity, internal consistency, and construct validity (factorial validity, convergent validity, discriminant validity, and known groups' validity) (Chao *et al.,* 2020**).** In Turkish sample the scale showed good validity (Krohne *et al., 2022*). Korhonen, Axelin, Grobler and Lahti (2019) concluded that the MHLS has sufficient validity in Low and Middle Income Countries context **(**Korhonen *et al., 2019***)**. MHLS showed good validity among US sample (Scollione and Holdan, 2020).

Reliability: MHLS demonstrated good internal and test–retest reliability (O'Connor and Casey, 2015**).** In Chinese version of MHLS the overall Cronbach′s α and test-retest reliability of the measure was 0.80 and 0.64; and the Cronbach′s α of the measure′s three domains of knowledge, belief and resources was 0.76, 0.71 and 0.77, respectively, indicating a good reliability **(**Zhi-jun, Zhi-yan, and Ya-xin, 2021**).**

Cultural Reliability: Cultural reliability of MHLS was determined through discussion with different professionals/experts. In Kashmir context, the tool was declared culturally reliable by experts on the basis of the content of the tool.

Results and Discussion

There were 25 participants recruited for the study hailing from the adjoining areas of the district Budgam. Most of them were females (80%) in the age group ranging from 26-56. Almost (60%) of the participants were postgraduates. The category of the community health workers included health educator ASHA Supervisors, Anganwadi Workers, and NGO workers. Sixty percent (60%) of the participants had at least 5 years of experience f working at the community level in the health and social welfare department (Jammu & Kashmir, India).

Table 1. Profile of the respondents

Participants	N (%)
Age	
26-45	17 (68)
46-56	8 (32)
Gender	
Male	5 (20)
Female	20(80)
Education	
12th Higher Secondary	7 (28)
Graduate	3(12)
Postgraduate	15(60)
Profession	
Health Educator	9 (36)
ASHA	4 (16)
Supervisor	8 (32)
Child Care Worker	1 (4)
NGO Worker	3 (12)
Community Health Worker Experience	
5 Years	15 (60)
Up to 10 Years	4 (16)
Up to 15 Years	6 (24)

As previously described, the first section of the MLIS assesses the ability to recognize some mental disorders including social phobia, generalized anxiety disorder, personality disorders, dysthymia, agoraphobia, bipolar disorder, and substance use disorder.

Table 2. Pre-post mean score test

Paired Samples Statistics					
		Mean	N	Std. Deviation	P-value
Pair 1	Ability to recognize disorders (Pre)	25.2000	25	3.48807	0.001028
	Ability to recognize disorders (Post)	28.1600	25	3.50809	
Pair 2	Knowledge of risk factors and causes (Pre)	7.4800	25	2.20076	0.097881
	Knowledge of risk factors and causes (Post)	8.3600	25	1.70489	
Pair 3	Knowledge of self-treatment (Pre)	5.4800	25	1.26227	0.011721
	Knowledge of self-treatment (Pre)	6.2400	25	1.09087	
Pair 4	Knowledge of the professional help available (Pre)	6.6800	25	2.15484	0.000348
	Knowledge of the professional help available (Post)	4.7200	25	1.72047	
Pair 5	Knowledge of where to seek information (Pre)	10.6000	25	1.80278	0.110989
	Knowledge of where to seek information (Post)	11.3600	25	1.62993	
Pair 6	Attitudes that promote the recognition or appropriate help-seeking behavior (Pre)	29.6400	25	4.72476	0.000672
	Attitudes that promote the recognition or appropriate help-seeking behavior (Post)	34.1200	25	3.72290	

Ability to recognize disorders

The main reason of training is the enhancement of skills (usually learned skills) and uplifting those with a proper updation. However it also becomes imperative to understand the level of understanding among the trainees with respect to the basic knowledge regarding the mental illness. Furthermore there is also a need to understand the level of knowledge about the importance of reaching to the health workers with an attitude of acceptance and expression of the mental health issues. The training programmes were started after taking the feedback from the health workers regarding the knowledge and risk factors associated with mental health and the same was done post trainings. The analysis of the results revealed that there was a positive change in the overall recognition of the mental health disorders which included social phobia, generalized anxiety disorder, personality disorders, major depressive disorder, dysthymia, agoraphobia, bipolar disorder and drug dependence. The perceived mean value with respect to ability to recognize disorders pre training was ± 25.20 ± 28.1

Knowledge of risk factors and causes

One of the underlying reasons for training is understanding the level of knowledge regarding the readiness to socialize with the people with mental disorder. The results reveal that the trainings have been very much useful in creating an awareness and adding to the knowledge regarding the risks and causes that are usually associated with socializing with people having mental health disorders. The trainings included the issues associated with the socializing and being friendly with those who have been associated with mental illness. The perceived mean score in terms of the knowledge of risks and causes of mental health has improved, as the results show a change in the perceived mean score from 7.4± to 8.3.

Knowledge of self treatment

There has always been a tendency of self treatment among the people, especially in this part of the world. The issue is no different with the people facing hmental health disorders. The training programmes have been very useful in understanding the pre and post understanding of self treatment. The results reveal that there has been a positive change in the understanding and approach towards self treatment. The perceived mean score shows a positive change in the approach towards the understanding of the risks associated with the self-treatment by the mental health disorder individuals. The score has changed from the perceived mean of ±5.4 to ±6.2

Knowledge of professional help available

The importance of being a professional health worker is the knowledge of professional help available and the importance of getting the professional help. The trainings have been very useful in understanding the ways and means of professional help seeking along with the importance of seeking help. The pre and post training assessments have shown an improvement in terms of the importance of expressing the disorder to a mental health professional and also the importance of being strong in being expressive about the problem. The perceived mean score has changes from ±6.6 to ±4.7. Since the questions involved in this domain were following a reverse order, so the decrease in the mean score implies the improvement.

Knowledge of where to seek information

The basic requirement for any training programme starts from the identification of exact target population which helps in gaining the accurate information from the correct source. Further the ways and means of reaching those sources is also important. The analysis part deals with the impact of trainings on the knowledge of

the trainees with respect to the sources from where the basic information regarding the mental illness is collected along with certain basic patterns in the behavior that could be a source of mental health disorder. The results depict a perceived mean score of ± 11.36 from the perceived mean score of ± 10.60 .This positive change of knowledge has been an indicator of the positive results brought forward with the help of trainings. Thus the trainings have been successful in determining the target population and also the basic elements that are a source of mental health disorder.

Appropriate help seeking behaviour

Although, the trainings have been very important in terms of bringing in a change in an individual. However, a right attitude and least hesitance to relate to such people and an appropriate behavior to maintain a relation with them has to be within the individual. As the attitude can be changed and molded, but a positive approach from the trainee and a will power to come forward is something that should come within from an individual. The training programmes involved some parameters where an approach was pre tested and trainings were given to bring in a positive approach within the trainers in order to enhance a positive attitude and build up a strong relationship with their patients. Further importance of confidentiality, the ways of approaching were also tested. The perceived mean score of attitude of seeking help has changed from ± 29.6 to ±34.1.

Conclusion

The present study was conducted in the district Budgam Jammu and Kashmir, India with the aim of evaluating changes in knowledge of Community Health Workers who participated in a mental health training program, using a pre- and post-test design. It's been observed while interacting with the CHW at the beginning of the training program that they have not attended much training programs in the area of the mental health. The findings of the present study indicate that there have been considerable improvements in the awareness regarding the mental disorders among the CHWS. The significant change can be observed in some of the domains of the MHLS like the GAD which reflects that mean value increased in the post-training assessment ($\bar{x}$=3.12, 3.60). The statistical analysis also shows a significant association (α=.005) with respect to pre-post comparisons. Thus, a significant increase about the awareness of generalized anxiety disorder is observable among respondents. Similarly a significant increase in the mean value of knowledge regarding the bipolar disorder ($\bar{x}$= 2.88, 3.88; α=.001) indicate that there has been a significant increase in the awareness level of participants after been trained. Awareness about drug dependency among the participants and it indicates a significant increase in the mean value ($\bar{x}$=2.96, 3.88; α= .001). Thus,

the above statistical values indicate that there has been a significant increase in the awareness level of participants after receiving training.

CBT among respondents, reveals an increase in the mean value of CBT ($\bar{x}$=3.20, 3.88) besides, it reflects a significant relation between variables (α=.010). Hence, there has been a significant increase in the awareness level of participants after receiving training. Which are the key areas to be understood and can help the CHWs at the community level to refer the inhabitants of the area to the desired places for treatment particularly in the places which are vulnerable to the natural and the manmade disasters like J&K were the present study was conducted the knowledge of such problems is of extreme importance. In some domains there has been increase in the numeric values although no significant. One of the important domains of the MLIS regarding the knowledge of the seeking information which is extremely important for the CHWs The findings in this domain highlights that there is a significant change in the understanding of the information regarding the mental health issues.

The proportion of the mental health problems among the people in Jammu and Kashmir has been high as reported by number of reports **(**Housen *et al., 2019***).** Many national level programs like the DMH are at the infancy stage and yet to expand its services to the people of the region.

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