Training Evaluation Report

IMC

Training Title:	Introduction to Mental Health for Community Health Volunteers
Training Date(s)/Duration:	29 Mar – 1 April 2016 12 - 15 April 2016 18 – 21 April 2016 25 – 28 April 2016
Training Location:	Gbarnga (Bong County) and Kakata (Margibi County)
Project Name/Code:	OFDA MATCO (2660)
Project Activity Related To:	Mental Health and Psychosocial Support
Training Facilitator(s) – Name/Position:	Harris Kollie – MHPSS Officer (Mental Health Clinician) Matthew K Nuah- MHPSS Officer Folo B S Siakor – MHPSS Officer Bendu Sheriff - MHPSS Officer Deddeh Flomo – MHPSS Officer Dr Lulu Bekana - Psychiatric Trainer Dr Caoimhe Nic a Bhaird – MHPSS Program Manager
Total Number of Participants:	118
Sub-Total Number of Participants by Gender	77 male 41 female

I.   TRAINING SUMMARY
Background
Mental illness accounts for four of the ten leading causes of disability worldwide. During humanitarian emergencies, the percentage of those suffering common mental disorders can double from 10 to 20 percent, while those with pre-existing and severe mental illnesses often have no access to care. In Liberia, crises such as armed conflict and the Ebola epidemic have increased the social and psychological burden on the population, increasing the risk of mental illness. One of the major challenges to mental health in resource-limited countries is the low number of health professionals with the expertise to identify and care for those suffering from mental health problems. International Medical Corps Liberia developed this curriculum based on mhGAP materials to empower Community Health Volunteers (GCHVs) to recognize people with mental health problems and refer them for appropriate care. The curriculum introduces common mental health problems such as depression, anxiety and psychosis, and equips participants with the skills to build trust with clients and support them in accessing specialist care.
List the outline/main sessions of the training.
Day 1: Introduction to Mental Health, Role of the GCHV, and Principles of care Day 2: Psychosis and Epilepsy Day 3: Depression and Suicide Day 4: Advocacy, Psychosocial Support, Patient Referral, and Linking with Community Resources (Curriculum available)

Identify the resources and materials used.
MHGAP Intervention Guide, the Carter Center Mental Health Beyond Facilities curriculum, PowerPoint presentations, flipcharts, markers, note pads and pens.
Describe how the training was adapted to fit the needs of the context and include participation from communities (e.g. pre-assessment, group discussions, informed by program).
A needs assessments was conducted with 48 GCHVs affiliated with two partner hospitals to identify knowledge gaps and training needs (Needs Assessment Report available separately).
Describe the profile and breakdown of participants (e.g. gender, location) and how they were identified.
Participants were identified in collaboration with government Mental Health Coordinators and GCHV Leaders in each county. The government of Liberia is currently developing a broad training curriculum for GCHVs based within 5km of a health facility, to be rolled out by 2017. To avoid duplication, only GCHVs that will be ineligible for this forthcoming training were invited to participate. 118 GCHVs participated. 77 were male and 41 were female. 58 were from Bong County and 60 were from Margibi County.
Describe the facilitation methodology.
Interactive lectures, demonstrations and role-plays.

II.   TRAINING OBSERVATIONS
Describe the main points of discussion, observations raised by participants, questions and problems identified, etc. during the training.
Issues of concern: • Coordination and communication mechanism between GCHVs and Mental Health Clinicians and Nurses • Limited availability of antipsychotic drugs at catchment facilities • There were multiple requests for follow-up and refresher trainings.
Describe the dynamics between facilitator/participants and between participants during the training.
Sessions were highly interactive, with facilitators endeavoring to create a cooperative, participatory, and supportive atmosphere. In the opening session, the facilitators led the participants in developing ground rules to establish shared expectations and a sense of ownership over the proceedings. These ground rules established a positive and respectful way of communicating during the sessions.
Describe any challenges in facilitation and how they were addressed.
Ideally, each topic would include at least two role plays, which facilitators believed would help keep participants engaged, however this was not possible due to limited time.

III.   TRAINING EVALUATION
Summarize the debrief by facilitators and program staff involved in organizing the training.
The training team met at the end of each day of training for a brief review of what went well and what

could be improved. For example, through this process, the team identified the need to introduce more participatory activities in the second half of each day, as participants appeared to lose concentration after the lunch break.

Provide the results of the participant pre and post questionnaire

Participants took a test at the beginning of the training and repeated it at the end of the training to provide an indication of the level of knowledge gained. The mean score on the pre-test was 42% and the mean score on the post-test was 88%, an increase of 46%,

Provide the results of the participant evaluation (include visual analytics as relevant).

Quantitative feedback

99% of participants rated the overall quality of the training as 'good' or 'excellent' (Fig 1.)

Figure 1

95% of participants rated the teaching skills of the facilitators as 'good' or 'excellent' (Fig 2).
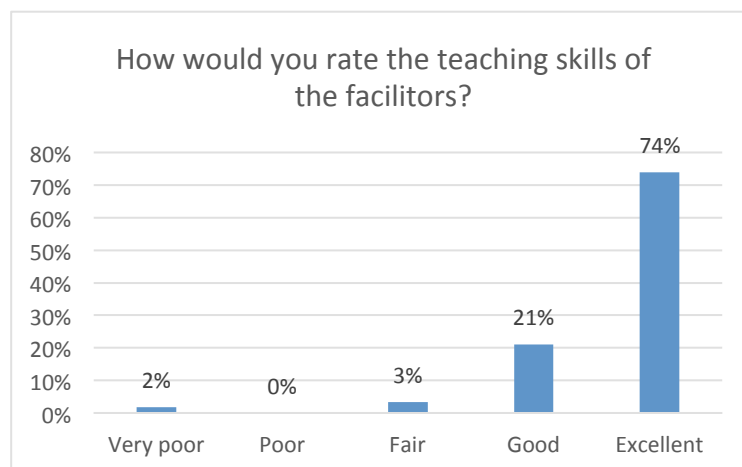

Figure 2

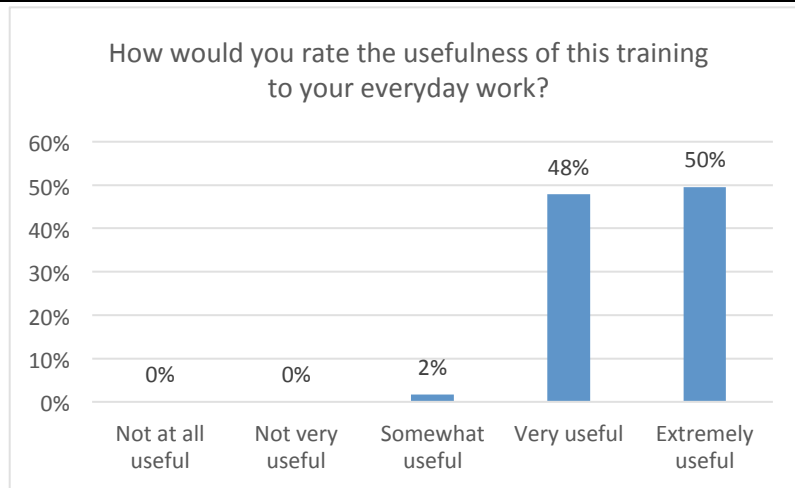98% reported that the training was 'very' or 'extremely' useful to their everyday work (Fig 3).

How would you rate the usefulness of this training to your everyday work?

Rating	Percentage
Not at all useful	0%
Not very useful	0%
Somewhat useful	2%
Very useful	48%
Extremely useful	50%

Figure 3

94% reported that the level of participation and interaction was 'good' or 'excellent' (Fig 4).

How would you rate the amount of student participation and interaction?

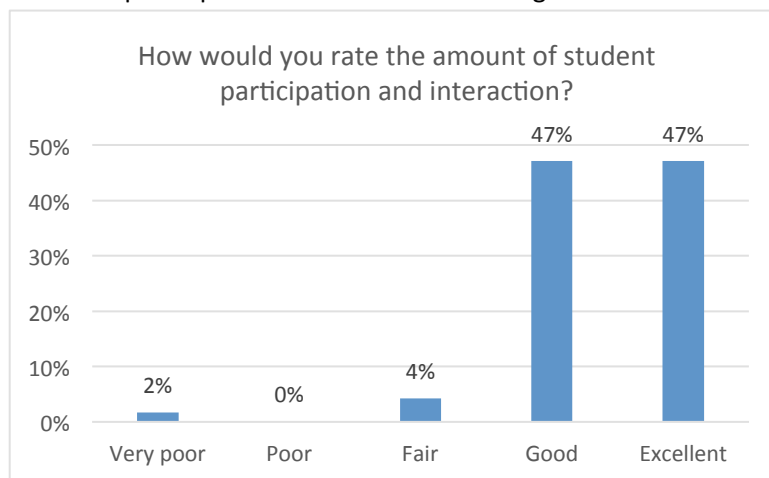| Rating	Percentage
Very poor	2%
Poor	0%
Fair	4%
Good	47%
Excellent	47%

Figure 4

99% reported that the training had improved their confidence in responding to mental health problems in their communities, however 84% rated the content as too easy, suggesting that more complex material could be introduced in future trainings (Fig 5 & Fig 6).
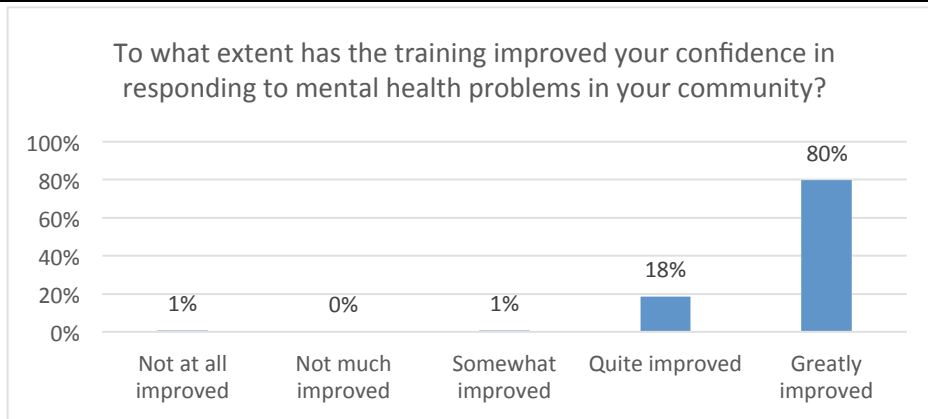
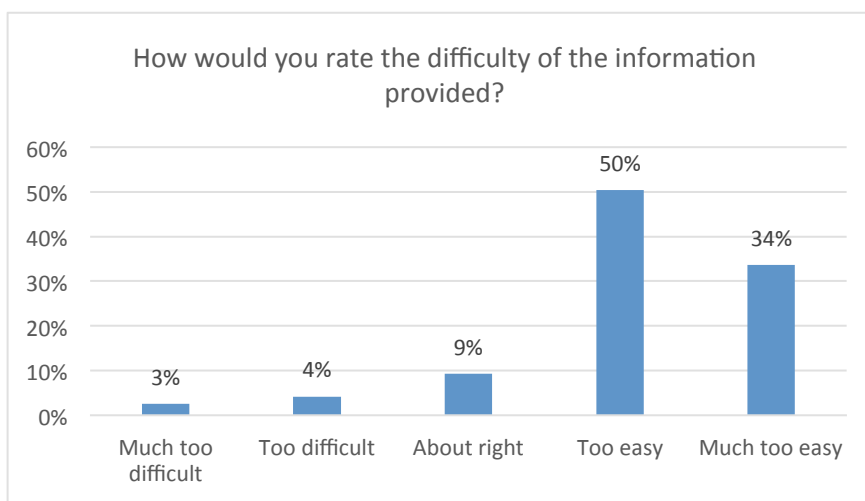**To what extent has the training improved your confidence in responding to mental health problems in your community?**

Not at all improved: 1%
Not much improved: 0%
Somewhat improved: 1%
Quite improved: 18%
Greatly improved: 80%

Figure 5

How would you rate the difficulty of the information provided?

Much too difficult: 3%
Too difficult: 4%
About right: 9%
Too easy: 50%
Much too easy: 34%

Figure 6

Qualitative feedback

The written qualitative feedback was very positive, with participants reporting that they found the training useful, interesting and enjoyable. The sections on advocacy and referral were highlighted as particularly useful, and many made general comments about the training providing them with the skills to 'take care of' and 'deal with' people with mental health problems. Two participants indicated that they found the section on psychosis difficult to understand, and one wrote that s/he did not fully understand the concept of 'psychosocial support'.

Participants were asked to suggest possible improvements to the training. Of those that responded to this question, more than half requested follow-up trainings. Several also reported that there was a need to expand the training to community and religious leaders. There was also a practical suggestion that the font of the handouts be enlarged to increase ease of reading.

Based on the above, analyze the training evaluation results.
Participant feedback indicated high levels of satisfaction overall, with respondents reporting that the training was of high quality and relevance to their work. However, the findings highlighted the potential to include more complex material as many reported that they found the course too easy.

Describe good practices that were effective during the training.

- Effective team work among facilitators in terms of coordination and division of labor
- Active participation and engagement of attendees
- The materials were appropriate in terms of their relevance to the participants' work

Describe areas of improvement and suggestions for the next training.

- It may be appropriate to include more complex material, e.g. dual diagnosis, more detail on counseling techniques, legal and ethical issues etc.

Did the training meet objectives? Why or why not?

Yes. All topics were successfully covered and there was evidence of substantially improved understanding of mental health and illness among participants.

What were the outcomes and impact of the training?

- Both the qualitative and quantitative feedback indicated substantial improvements in participants' understanding of common mental illnesses, and in their ability to care for and refer those experiencing mental health problems. Participants were provided with information leaflets on six priority mental health conditions for use in their work and distribution within their communities.

The training curriculum and materials are available as separate files.