Symposium
Clinical Psychology Workforce Development - A Global Perspective

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Clinical Psychology Workforce Development - A Global Perspective

Competency Development Priorities in Palestine

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10% of the global population experience mental health problems

Only 1% of the global health workforce provides mental health care

have become aware of increased rates of mental disorders after emergencies, and the public, including politicians, have become concerned about mental health consequences after emergencies. This tends to provide unprecedented opportunities for development of mental health systems in the months and years after an emergency, and improvements in service organization can occur very rapidly in these contexts.

**Strengthening of human resources**

Human resources with adequate and appropriate training are necessary for scaling up all health interventions and especially for MNS conditions, since care for such conditions relies heavily on health personnel rather than on technology or equipment. Most countries with and middle incomes have few trained and available human resources, and often face distribution difficulties within countries or regions (e.g., too few staff in rural settings or too many staff in large institutional settings). The problem has been exaggerated by migration, where trained professionals go to richer countries. Moreover, competencies might be outdated or might not meet the population’s needs. The available personnel might be used appropriately and many might be unproductively demoralized. Infrastructure and facilities for continuing training of health workers in many low-income countries are lacking. Development and upgrading of human resources are the backbone of organizational capacity building and one of the primary challenges of scaling up.

The goal for human resources is simple but compels reach—to get the right workers with the right skills in the right place doing the right things.

For each intervention package, a specific category of health personnel should be identified to take responsibility for delivery of the interventions at each level of service delivery. For example, primary healthcare professionals can treat most cases of epilepsy, first-line antiepileptic medicines, whereas complex cases need to be referred to a specialist. Access to health services can be improved by involving multiple cadres of healthcare providers at various levels of the health system. Where doctors and nurses are in short supply, some of the priority interventions can be delivered by community health workers—after specific training and with the necessary supervision. For many priority conditions, delivery should include surveillance, monitoring, and evaluation to ensure that the interventions are effective.

**Strengthening of human resources**

Human resources with adequate and appropriate training are necessary for scaling up all health interventions, and especially for MNS conditions, since care for these conditions relies heavily on health personnel rather than on technology or equipment. Most countries with low and middle incomes have few trained and available human resources, and often face distribution difficulties within countries or regions (e.g., too few staff in rural settings or too many staff in large institutional settings). The problem has been exaggerated by migration, where trained professionals go to richer countries. Moreover, competencies might be outdated or might not meet the population’s needs. The available personnel might be used appropriately and many might be unproductively demoralized. Infrastructure and facilities for continuing training of health workers in many low-income countries are lacking. Development and upgrading of human resources are the backbone of organizational capacity building and one of the primary challenges of scaling up.
WHO mhGAP-IG

WHO mhGAP Guideline Update

Update of the Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance use Disorders
May 2015

World Health Organization

mhGAP Intervention Guide
for mental, neurological and substance use disorders
in non-specialized health settings

World Health Organization

mhGAP Intervention Guide
for mental, neurological and substance use disorders
in non-specialized health settings
Version 2.0
Implementation Challenges with the mhGAP IG v2.0

2.3 Offer and activate psychosocial support

- Offer support to the person
  - Explore reasons and ways to stay alive
  - Focus on the person's strengths by encouraging them to talk of how earlier problems have been resolved.
  - Consider problem-solving therapy to help people with acts of self-harm within the last year, if sufficient human resources are available. Go to Essential care and practice (ECP)

2.4 Carers support

- Inform carers and family members that asking about suicide will often help the person feel relieved, less anxious, and better understood.
- Carers and family members of people at risk of self-harm often experience severe stress. Provide emotional support to them if they need it.
- Inform carers that even though they may feel frustrated with the person, they should avoid hostility and severe criticism towards the vulnerable person at risk of self-harm/suicide.

2.5 Psychoeducation

- Key messages to the person and the carers
  - If one has thoughts of self-harm/suicide, seek help immediately from a trusted family member, friend or health care provider.
  - It is okay to talk about suicide. Talking about suicide does not provoke the act of suicide.
  - Suicides are preventable.
  - Having an episode of self-harm/suicide is an indicator of severe emotional distress. The person does not see an alternative or a solution. Therefore, it is important to get the person immediate support for emotional problems and stressors.
  - Means of self-harm (e.g., pesticides, firearms, medications) should be removed from the home.
  - The social network, including the family and relevant others, is important for provision of social support.

ECP Essential Care & Practice
MC Master Chart
DEP Depression
PSY Psychoses
EPI Epilepsy
CMH Child & Adolescent Mental & Behavioural Disorders
DEM Dementia
SUB Disorders due to Substance Use
SUI Self-harm/Suicide
OTH Other Significant Mental Health Complaints

Implementation of mhGAP-IG
Glossary
The Guidance and Training Center for the Child and Family
Building Mental Health Workforce Capacity: Walls, Barriers...& Bridges

- **Some Barriers**
  - Lack of human capital
  - Conflict, danger, & restriction of movement
  - Restricted educational options
  - Unregulated practice
  - Concern about academic colonialism

- **Some Bridges**
  - Co-production
  - Adapting curricula and competence standards
Current Applied Psychology Training Pathways

• BA in Psychology/Social Work
• License to practice – Ministry of Health
• Diverse employment contexts:
  – Schools
  – NGOs
  – United Nations Relief and Works Agency (UNRWA)
  – PA provided services (CMHTs, hospital)
• Post-graduate training options – limited masters and doctoral training options
Building Further Training Opportunities

• Developing curriculum parameters
• Understanding student learning style
• Navigating the academic governance landscape
• Rapid iteration testing and refinement of teaching materials
• Preparing for scale up
• Addressing resource issues
Participants

• 29 psychologists and social workers from across the West Bank
• Practicing in a variety of contexts – schools, NGO clinics, government funded clinics
• 18 women, 11 men
• Most with many years of clinical practice
Methods

- 190 HCPC Standards of Proficiency were translated into Arabic.
- Respondents were asked to rate each item according to:
  - Current **opportunity** to acquire and develop that competency
  - The perceived **relevance** of that competency to the Palestinian context
  - The perceived **importance** of developing that competency
- Summary scores were calculated for the 15 over-arching competency domains.
- Sub-specialty domains of clinical, counselling, educational, and health psychology competencies were analysed separately.
Perceived Relevance

Mean Relevance Rating

Practice Safety 3.90
Maintain Records 3.80
Work with others 3.70
Assure Quality of Practice 3.60
Maintain Safe Practice Environment 3.50
Communicate effectively 3.40
Maintain Fitness to Practice 3.30
Reflective Practice 3.20
Use Knowledge & Skills in Practice 3.10
Masters Key Concepts and Knowledge 3.00
Manage Confidentiality 2.90
Practise in a Non-discriminatory Manner 2.80
Practice Legally and Ethically 2.70
Exercise Professional Judgement 2.60
Applied Psychology Competencies for Palestine: Relevance

Top 3

• Be able to practise safely and effectively within their scope of practice
• Be able to practise in a non-discriminatory manner
• Be able to maintain fitness to practise

Bottom 3

• Be able to reflect on and review practice
• Be able to assure the quality of their practice
• Be able to draw on appropriate knowledge and skills to inform practice
Perceived Importance

Mean Importance Rating
Applied Psychology Competencies for Palestine: Importance

Top 3

• Be able to practise safely and effectively within their scope of practice
• Be able to maintain fitness to practise
• Be able to practise in a non-discriminatory manner

Bottom 3

• Be able to maintain records appropriately
• Be able to assure the quality of their practice
• Be able to draw on appropriate knowledge and skills to inform practice
Opportunity for Obtaining Skills and Knowledge

Mean Opportunity Rating

Practise in a Non-discriminatory Manner
Practice Safety
Manage Confidentiality
Practice Legally and Ethically
Maintain Safe Practice Environment
Exercise Professional Judgement
Work with others
Maintain Records
Maintain Fitness to Practice
Communicate effectively
Masters Key Concepts and Knowledge
Reflective Practice
Assure Quality of Practice
Use Knowledge & Skills in Practice
Applied Psychology Competencies for Palestine: **Opportunity**

**Top 3**

- Able to practise in a non-discriminatory manner
- Understand the importance of and be able to obtain informed consent
- Understand the importance of and be able to maintain confidentiality

**Bottom 3**

- Be able to reflect on and review practice
- Be able to assure the quality of their practice
- Be able to draw on appropriate knowledge and skills to inform practice
Applied Psychology Competencies for Palestine: **Opportunity**

**Top 3**

- Able to practise in a non-discriminatory manner
- Understand the importance of and be able to obtain informed consent
- Understand the importance of and be able to maintain confidentiality

**Bottom 3**

- Be able to reflect on and review practice
- Be able to assure the quality of their practice
- **Be able to draw on appropriate knowledge and skills to inform practice**
Sub-Specialty Competency Ratings

<table>
<thead>
<tr>
<th></th>
<th>Importance</th>
<th>Relevance</th>
<th>Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>3.80</td>
<td>3.20</td>
<td>3.00</td>
</tr>
<tr>
<td>Counselling</td>
<td>3.80</td>
<td>3.20</td>
<td>3.00</td>
</tr>
<tr>
<td>Educational</td>
<td>4.00</td>
<td>3.50</td>
<td>3.50</td>
</tr>
<tr>
<td>Health</td>
<td>3.00</td>
<td>3.00</td>
<td>3.00</td>
</tr>
</tbody>
</table>

Mean
Differences in Sub-Specialty Ratings

Importance

• Mauchly’s test indicated that the assumption of sphericity had been violated ($\chi^2(5) = 11.41, p = .0005$), therefore Greenhouse–Geisser corrected tests are reported ($\epsilon = .617$). The results show that there was a main effect for the perceived importance of different types of specific psychological knowledge and skills needed in the Palestinian context, $F(3.01, 11.19) = 9.45, p = .0001$) but post hoc tests suggest that this is due to a lower perceived relevance of Health Psychology sub-speciality knowledge.

Opportunity

• Mauchly’s test indicated that the assumption of sphericity had been violated, $\chi^2(5) = 23.23, p = .001$, therefore Greenhouse–Geisser corrected tests are reported ($\epsilon = .75$). The results show that the opportunity to acquire subspeciality skills differed for health psych $F(2.265, 63.84) = 9.47, p = .0001$).

Relevance

• Mauchly’s test indicated that the assumption of sphericity had been violated, $\chi^2(5) = 33.233, p = .0001$, therefore Greenhouse–Geisser corrected tests are reported ($\epsilon = .59$). The results show that the relevance to acquire subspeciality skills mainly differed for health psychology and educational psychology $F(1.77, 49.86) = 5.86, p = .0001$).
Preliminary Interpretations & Conclusions

• There are considerable constraints on practice arising from lack of access to key knowledge and skills training

• Many competencies from the UK context are recognizable and potentially valued in Palestine

• There is less of a clear emphasis on psychological sub-specialties (possibly arising from fragmented context of practice)
Current Internship Structure

Module 1: Cross cutting skills
Common principles in different specializations
Introduce trainees to essential practices such as ethics, clinical reasoning, working within a multidisciplinary team (Speech therapy, Occupational therapy...)

Module 2: Assessment
Assessment and diagnosis

Module 3: Intervention
Therapy and knowledge of different approaches
Those two modules are applied for both Educational (working in schools) and Clinical (Psychotherapy and working in clinics)

Module 4: Research
Critical thinking
Introduce trainees to articles appraisals and scientific research methods
Ongoing Work

• Rapid cycle iteration and refinement of training processes
• Local feedback on curriculum content and learning strategies
• Establishment of government endorsement
• Partnerships with universities
Conclusions

- Specific applied psychology sub-specialties may not translate meaningfully to LMIC/fragmented resource contexts
- Rational development of training curriculum content needs to include methods for prioritizing learning needs
- Think in whole systems but act at a local level
Guidance and Training Center for the Child and Family

مرکز الإرشاد والتدريب للطفل والأسرة
From the heart of Midlothian to the warm heart of Africa

Angus MacBeth
University of Edinburgh
NHS Grampian

AAMMH
African Alliance for Maternal Mental Health
Outline

• Why is global mental health relevant?

• The Scotland-Malawi experience

• Next steps

• Why is global mental health relevant to GTiCP?
Why is global mental health relevant?
1. Integrate core packages of mental health services into routine primary health care

2. Reduce the cost and improve the supply of effective psychotropic drugs for mental, neurological, and substance use disorders

3. Train health professionals in low-income and middle-income countries to provide evidence-based care for children with mental, neurological, and substance use disorders

4. Provide adequate community-based care and rehabilitation for people with chronic mental illness

5. Strengthen the mental health component in the training of all health-care professionals to create an equitable distribution of mental health providers

Figure 9: Protective factors and risk factors in the early life course

1. Integrate core packages of mental health services into routine primary health care

2. Reduce the cost and improve the supply of effective psychotropic drugs for mental, neurological, and substance use disorders

3. Train health professionals in low-income and middle-income countries to provide evidence-based care for children with mental, neurological, and substance use disorders

4. Provide adequate community-based care and rehabilitation for people with chronic mental illness

5. Strengthen the mental health component in the training of all healthcare professionals to create an equitable distribution of mental health providers

The Scotland-Malawi experience

GTiCP Global Mental Health Symposium
- Population 18 million
- 650,000 births per year
- Human Development index = 173/188
18 million population
4x Psychiatrists
3x Applied Psychologists
Current relevant initiatives

- Scotland Malawi Mental Health Education Project
  - Since 2006 – psychiatry development and primary care mental health implementation.

- MRC Confidence in Mental Health Grant (UoE)

- African Alliance for Maternal Mental Health (www.aammh.org)

- Scotland Malawi Partnership (www.Scotland-malawipartnership.org)

- Substantial investment in HIV, NCD and Maternal Health
  - Gates Foundation, NIHR, NIH

- NHS Scotland Global Citizenship Programme
Next steps

GTiCP Global Mental Health Symposium
SMAPP – Scotland Malawi Applied Psychology Partnership

• Formed in 2018 as a response to the urgent need to develop psychological therapies capacity in Sub Saharan Africa

• Built around existing NHS Scotland Clinical Psychology capacity

• Opportunity:
  • Co-production of training materials in psychological competencies
  • Develop genuine reciprocal dialogue
  • Global Citizenship
Challenges

- Distance (within and between countries)
- Technology
- Shared expectations
- Political drivers
- Money!
Why is global mental health relevant to GTiCP?
The Friendship Bench project is an evidence-based intervention developed in Zimbabwe to bridge the mental health treatment gap. Our mission is to enhance mental well-being and improve quality of life through the use of problem-solving therapy delivered by trained lay health workers. We focus on people who are suffering from common mental disorders, such as anxiety and depression - kufungisisa.

Friendship benches are a safe place for people struggling with anxiety and depression to find help.

We are not conventional; our therapy rooms are outdoors under trees and our therapists are elderly Zimbabwean women. These women are city lay health workers who have become known as 'community grandmothers'.

"We used to talk a lot. 'Do this, do that'. But now we ask them to open up, open their minds and hearts."

Shelina Kumanzi, lay health worker.

**JAMA | Original Investigation**

Effect of a Primary Care–Based Psychological Intervention on Symptoms of Common Mental Disorders in Zimbabwe: A Randomized Clinical Trial

Dixon Chibanda, MD; Helen A. Weiss, DPhil; Ruth Verhey, MSc; Victoria Simms, PhD; Ronald Murjana, SLC; Simbarashe Rusakaniko, PhD; Alfred Chingano, MSc; Lophostoma Munetsi, MPH; Tarisai Bere, BA; iShel Manda, BSc, Melanie Abas, MD; Ricardo Aryo, PhD

Source: ECA, based on Department of Economic and Social Affairs data (2015).

Thank You!

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#GTiCP2018