Article

Perceived Skills of Multipurpose Health Workers in the Management of Mental Disorders

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Reprints request

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Abstract

With the objective of integrating the mental health into general health care services, National Institute of Mental Health & Neuro Sciences, (NIMHANS) has started one week training in basic mental health care for multipurpose workers (MPW). The present paper evaluates the perceived mental health skills of MPWs in mental health care after one week's training. The result reveals significant gain in perceived management skills of the subjects after the one week training. The implication of the training programme in the context of implementation of National Mental Health Programme for India is also discussed.

Key words -

National Mental Health Programme, Primary health centre, Multipurpose

One of the specific approaches suggested for implementation of National Mental Health Programme (NMPH) is the integration of basic mental health care into general health care services [1]. From health worker's point of view, basic mental health care means detection, referral, mental health education and follow up of patients with severe mental disorders. The success of NMHP lies in the vital role of primary health care personnel in general and Multipurpose health workers (MPWs) in particular, by virtue of their proximity to the community and the nature of service they are capable of extending to the public.

Highlighting the role of MPWs in NMHP it has been emphasized that the MPWs would identify individuals with mental illness in their catchment areas., refer them to primary health centre (PHC) for treatment and manage them in the community. Some of the clients need care over a long period of time. MPWs as they visit the homes to carry out other health programmes could follow-up the mentally ill persons, they could educate people to increase the awareness about mental health and gradually remove their misconceptions and unscientific practices [2].

Initial attempts in organizing psychiatric services through peripheral centres at Raipur Rani PHC block revealed that a significant number of persons with mental illness reached the PHCs. Further, it was possible to provide psychiatric care with limited facilities and limited range of drugs and by the involvement of paraprofessionals [3]. Parallel to Raipur Rani experiences [4] and as part of designing a suitable model for mental health delivery in rural India, a study of detection and management of priority mental disorders was carried out in Rural Community Mental health Centre, NIMHANS by mental health professionals [5], [6]. Based on these initial experiences, subsequent training programmes in mental health for PHC personnel have been organised by mental health professionals in different parts of the country. It has been documented that medical officers and MPWs of PHCs could deliver basic mental health care in rural community subsequent to a short-term training in mental health care [7], [8], [9], [10], [11], [12], [13], [14], [15], [16].

The aim of the current study is to assess the perceived skills of MPWs regarding management of mental disorders following one week's training in mental health care.

Methodology

The study was undertaken in Rural Community Mental Health Centre, Sakalwara, National Institute of Mental Health & Neuro Sciences, Bangalore. Thirty-nine MPWs deputed by the Directorate of Health and Family Welfare Services, Government of Karnataka for the purpose of training in basic mental health care during the period from February to May, 1990 formed the study subjects.

Training module

Training of PHC personnel is an on going activity of the Center since 1982. A common format of training programme for MPWs has been developed with teaching methods consisting of class from activities, audio and video demonstration, informal discussions, demonstration of live cases, field training programme for involving the trainees in the management of mental disorders, and role play sessions. The duration of the training programme is 6 working days. The contents of the training is based on the Manual of Mental Health Care for Multipurpose Workers [17].

Trainers

The training is imparted by a multidisciplinary team with members from the Departments of Psychiatry, Psychiatric- Social Work, Clinical Psychology and Psychiatric Nursing.

Assessment measures

To assess the perceived skill of MPWs in the management of mental disorders, vignette method was adopted. Seven vignettes one each on mental retardation, epilepsy, acute schizophrenia, mania, depression, chronic schizophrenia and neurosis respectively were considered. The vignettes developed and used at Chandigarh Centre [18] were chosen after scrutiny and careful consideration of the suitability for the present study. Seven questions on management of mental disorders common to all the vignettes was constructed along with single best type response rating of questions.

For the purpose of content validation, content organisation and suitability of vignettes for evaluation, twenty experts in the field were consulted and their suggestions were incorporated. Before and soon after the training programme, vignettes were administered individually to the subjects to assess their skills of management of mental disorders. Paired 't' test was used to analyse the data.

Findigs

The mean age of the study subjects was 41 years and it ranged from 24 to 55 years. Majority of the subjects were married. 76.9% of the MPWs were junior health assistants (JHAs) and the remaining 23.1% were senior health assistants (SHAs). The total duration of service ranged from 4 to 38 years. The mean years of service being 18 years. The monthly income ranged from Rs.1650 to Rs.3650. 71.8% of the subjects had studied upto S.S.L.C. and 15.4% were graduates. Before attending the present training programme none of the participants had attended any of the mental health related orientation/training programmes. The background characteristics of the subjects is shown in Table 1.

Table I - Socio demographic characteristics

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Table 2 denotes the pre and post training scores on management skills of mental disorders.

Table II - Pre-training and post-training scores on management skills of mental disorders

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The diagnosis-wise and overall gain in the perceived skills in the management of different mental disorders was analysed using paired 't' test. It is evident from the table that in all the 7 diagnostic categories measured, i.e., Mental Retardation, Epilepsy, Acute Schizophrenia, Mania, Depression, Chronic schizophrenia and Neurosis the over all score revealed a statistically significant difference between the pre and post assessment scores at P < 0.001. This implies a significant increase in the perceived skills required in the management of mental disorders outlined above. Hence, it is inferred that there is a significant increase in perceived skills in the management of mental disorders subsequent to one week training programme in mental health.

Discussion

In the present study, the evaluation of the training inputs was measured using single group pre-post test quasi experimental design [19]. The result based on the background details revealed that the study subjects were predominantly males. Majority of the MPWs were in their productive age range. Thus, the training imparted to them would be useful as most of the health workers would be in a position to apply the skills gained in the field of delivery of mental health services for over the next 15 years. On an average the subjects have completed 50% of their service and the training imparted would be useful to provide service for the rest of the 50% of their service duration. It could be observed that none of the MPWs had undergone formal training in mental health in spite of the fact that the basic course curriculum consists of 10 hours of training in mental diseases [20].

The range of scores in pre training assessment being 13 to 31 increased to 18 to 42 in post training. There is a significant gain in perceived management skills of mental disorders. The earlier studies conducted using varied materials and methods supports the findings of the current study [21], [22], [23]. Similar findings with respect to effectiveness of the counselling skills of lay volunteers has been reported [24]. The skills on identification and referral of cases of mental disorders after one day

orientation in mental health to a group of village leaders also supports the findings of this study [25]. The item analysis of the responses related to mental health skills among MPWs also substantiate the current findings [26].

Further, vignette as a tool of assessment of clinical skills and its reliability in the evaluation of mental health training of General Practitioners and PHC medical officers respectively was reported to be sensitive in detecting gain in management skills of mental disorders following a short-term training in mental health. Further, the performance on case vignettes were found to correlate positively with clinical skills when actual cases were given for assessment [27], [28].

In the present study the time gap between the two measurements is one week. The changes brought about during this period and its consistency over a period needs to be examined. Long term studies with repeat evaluations would reveal the reality. The increase in the duration of training by one week may not be feasible because of practical implications of health workers involvement in general health care delivery. Further, various studies conducted and evaluated for PHC personnel with varied durations ranging from one and half days to four days have indicated that one week training programme is effective and feasible [5], [7].

Conclusion

The current study thus provides a systematic evaluation of mental health training module developed and being carried out at NIMHANS, Bangalore. The implication of this study is far reaching in terms of all other centres replicating this training and evaluation module both in India and other developing countries of the world.

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- 1.G O I, National Mental Health Programme for India. Director General of Health Services, New Delhi1982
- 2. Narayana Reddy G N, Foreword

In Manual of Mental Health for Multipurpose Workers (Ed) R Srinivasa Murthy, I C M R Centre for Advanced Research on Community Mental Health, Bangalore 1988

3.Wig N N, Srinivasa Murthy R, Mani M & Arpan D, Psychiatric services through peripheral health centres

Indian Journal of Psychiatry Page: 22 (4): 311-316, 1980

4.Wig N N, Srinivasa Murthy R & Harding T W, A model for rural psychiatric services Raipur Rani experience

Indian Journal of Psychiatry Page: 23 (4): 275-290, 1981

5.Kalyan Sundaram S, Isaac M K & Kapur R L, Introducing elements of psychiatry into primary health care in south India

Indian Journal of Psychiatry Page: 3 (2): 91-94, 1980

6.Chandrashekar C R, Isaac M K, Kapur R L & Parthasarathy R, Management of priority mental disorders in community

Indian Journal of Psychiatry Page: 23 (2): 174-178, 1981

7.Isaac M K, Kapur R L, Chandrashekar C R, Kapur M & Parthasarathy R, Mental health delivery through rural primary health care - Development and evaluation of a pilot training programme *Indian Journal of Psychiatry* Page: 24 (2): 131-138, 1982

8.Srinivasa Murthy R & Wig N N, The Who collaborative study on strategies for extending mental health care, IV:A training approach to enhancing the availability of mental health man power in developing countries

American Journal of Psychiatry Page: 140 (11): 1486-1490, 1983

9. Shiv Goutam, Training programmes in primary mental health care

Indian Journal of Psychiatry Page: 27: 51-62, 1985

10.Raghram Reddy P, Ramakrishna P & Niranjan Reddy K, PHC based training for health workers in basic mental health care as part of multipurpose training programme

Paper presented in the workshop on Community Mental Health in India, Evaluation of Research of First Decade. 1975-85, October, Bangalore 1985

11.Nandi D N, Mental health care as part of primary health care - Calcutta experience Paper presented in the workshop on Community Mental Health in India, Evaluation of Research of First Decade. 1975-85, October, Bangalore 1985

12.Nagarajaiah., Isaac M K, Chandrashekar C R & Parthasarathy R, Current mental health knowledge of the supervisory personnel of primary health centre

Paper presented in the 18th Annual Conference of Indian Psychiatric Society (South zone) September, Trichur1985

13.Nagarajaiah, Chandrashekar C R, Srinivasa Murthy R, Isaac M K, Parthasarathy R & Verma N, Relevance and methods of training multipurpose health workers in delivery of basic mental health care

Indian Journal of Psychiatry Page: 29 (2): 161-164, 1987

14.Chandrashekar C R & Chinnaiah H P, Integration of mental health components in the training course of senior health assistants

Indian Journal of Psychological Medicine Page: 9: 79-84, 1986

15.Narayana Reddy G N, Channabasavanna S M & Srinivasamurthy R, [Implementation of National Mental Health Programme for India]

NIMHANS Journal Page: 4 (2): 77-84, 1986

16.Isaac M K, District Mental Health programme at Bellary, Community Mental Health News. 11 and 12, 4-14, ICMR Centre for Advanced Research on Community Mental Health, Bangalore 1988

17.Srinivasamurthy R, Chandrashekar C R, Nagarajaiah, Isaac M K, Parthasarathy R, & Raghuram, A Manual of Mental Health Care for Multipurpose Workers. ICMR Centre for Advanced Research on Community Mental Health, Bangalore1988

18.Wig N N, Sullieman A, Routledge R, Srinivasamurthy R, Ignacio L L, Ibrahim H A & Harding T W, Community reactions to mental disorders: A Key informant study in three developing countries *Acta Psychiatrica Scandinavica* Page: 61: 111-126, 1980

19.Seaman C H C & Verhonick P J, Research methods for undergraduate students in nursing. Appleto Page: 160-161, 1982

20.Government of India, *Syllabus and course studies for training of Health Workers (Male)*. *Directorate General of Health Services. Ministry of Health and Family Welfare, New Delhi*1982 21.Ashok D A, Evaluatin of mental health care provided by primary health care workers *One year after short term training. M.D. thesis (unpublished). NIMHANS, Bangalore University*1987

22.Sharma N, Singh H & Sethi B B, Training medical officers and para medical staff of primary health centres. Lucknow experiences

Indian Journal of Psychiatry Page: 27: 51-62, 1987

23.Narayana Reddy G N, Srinivasa Murthy R, Isaac M K, Chandrashekar C R & Moily S, Mental health care by primary health care personnel - A followup evaluation

NIMHANS Journal Page: 5 (1): 33-38, 1987

- 24.Kapur M, Training programme in mental health for voluntary workers. Community Mental Health news. 3 & 4. 10-11, ICMR Centre for Advanced Research on Community Mental Health. Bangalore1986
- 25Parinitha J, A study on the impact of orientation programme in mental health given to village leaders

M.Phil in Psychiatric Social Work dissertation (Unpublished) NIMHANS, Bangalore University 1986 26 Nagarajaiah, Evaluation of short term training in mental health for multipurpose workers M.Sc. in Psychiatric Nursing dissertation. (Unpublished) NIMHANS, Bangalore University 1990 27. Sham Sunder C, John F, Reddy R R, Kaliaperumal V G, Verghese A, Chandramouli & Issac M K, Clinical vignettes for assessment of training general practitioners

Indian Journal of Psychiatry Page: 31 (41): 280-284, 1989

28.Sriram T G, Chandrashekar C R, Isaac M K, Srinivasa Murthy R, Kishore Kumar K V, Moily S & Shanmugham V, Development of case vignettes to assess the mental health training of primary care medical officers

Acta Psychiatrica Scandinavica Page: 82: 174-177, 1990