

## **The ‘Secret History’ method: Training maternity staff for mental health promotion**

### **BACKGROUND**

In developing countries, nurses’ abuse of patients is acknowledged to be a significant problem. This has been well documented in South African obstetric services. Reactive or ritualised abuse has been reported in various forms including clinical neglect, verbal and physical abuse.

There is increasing evidence of high prevalence rates of maternal mental health problems in developing countries. The prevalence of postnatal depression in South Africa is thought to be as high as 35%.

Obstetric nursing staff have the potential to add significantly to the levels of distress that vulnerable women experience during pregnancy. However, there is unique opportunity for maternity staff to provide ongoing supportive care to women with mental health problems. This may be particularly valuable where other mental health services are lacking.

Research suggests that training should take into account reflection on professional identity, power and the creation of social distance. The ‘Secret History’ method incorporates these components but with the added intention of identifying and acknowledging the emotional needs of staff themselves.

### **RELEVANCE OF MENTAL HEALTH TRAINING FOR MATERNITY STAFF**

Studies from several African countries show that inadequate numbers of health-care professionals are the main limiting factor in psychiatric care (Saxena et al, 2007). Primary care providers in South Africa are not currently trained to detect mental illness (Hamad et al, 2008). There is a low nurse-to-patient ratio of 1:468 (Pillay, 2009) which means that nurses are overworked and operate in high-stress environments (Pillay, 2009; Musgrave, 2009). South Africa has a higher prevalence & higher level of unmet mental health needs (Williams et al, 2008).

At the same time, South Africa enjoys a high rate of antenatal care coverage at 92% (WHO/UNAIDS, 2008). This presents an opportunity for increased contact with women who may not usually access services. Training primary level health workers in maternal mental health will thus contribute to the holistic care of women. It is also an opportunity to address the mental health needs of health workers. This intervention provides a model for meeting the objectives of Mental Health Act. Research shows that maternal mental health interventions have proven positive health, social and developmental outcomes for women, their children, and thus, society.

### **WHAT IS THE ‘SECRET HISTORY’ METHOD?**

The ‘secret history’ training sessions form part of institutionalised ongoing staff education. This training session is run quarterly and serves all levels of maternity staff within the Cape Town Peninsula Maternal & Neonatal Services (PMNS). The 2 hour session is facilitated by 2 trainers. Experience has shown that the ideal configuration comprises a group of between 10 to 20 participants of the same nursing or staff rank.

The method is highly interactive, incorporating group role-play. Half of the participants 'become' the client and half 'become' the nurse. Each facilitator assumes one role together with the participants. As a group, each 'person' embarks on a journey through a pregnancy, following the interactions of the 'nurse' and the 'woman' attending the maternity unit for care.

The facilitators give women's names to each role and describe a brief background. The private narrative of each role based on actual life histories typical for the local setting is revealed in stages during the course of the workshop. At each stage, participants are asked to describe their feelings and needs within their role. Each facilitator encourages their team to respond negatively to the offerings of the other role. Halfway through the role-play, the participants switch roles – the 'nurse' becomes the 'client', and vice versa.

The facilitators encourage participants to respond to each other in a confrontational style. The facilitators enable honest responses toward 'the other'. Participants are also assisted in identifying how they 'feel' and what their needs are at various stages.

At the end of the role-play the facilitators encourage a debriefing discussion of the process. Humour is used extensively in a debriefing period which follows the emotionally intensive role-play. Here participants are enabled to draw their own conclusions and reflect about intrapersonal and interpersonal issues within the staff-client relationship. The polarised relationship is deconstructed and then cohesion sought through deeper understanding.

Becoming 'the other' is a critical element of the training, and allows for learning, uncovering personal distress, and identifying cycles of pain and aggression as they manifest in professional conduct and interpersonal relations. The training concludes with staff developing their own plans for being more aware, responsive and supportive of the needs of clients, and each other.

## EVALUATION

A brief, independent evaluation of the 'secret history' method was undertaken in March 2009 which set out to evaluate the impact of mental health training on nurses personally and on the professional quality of their care.

Based on the purpose of the study, that is, an initial evaluation of a small sample of nurses who had participated in the 'secret history' training method, non-probability, purposive sampling was used to identify n=5 participants. Each participant had received the relevant training 6-12 months prior to the evaluation. N=2 were midwives, n=3 were nurses. All participants worked at the Mowbray Maternity Hospital, within different wards. None of the participants are involved with the PMHP.

Interviews were semi-structured, included open-ended guiding questions, and were conducted in the participant's first language (English or Afrikaans). The interviews were conducted by a neutral researcher, confidentially, in a private setting, and under informed consent. A qualitative thematic analysis was done on the data.

**Table 1: Interview Questions**

Question 1	What were your impressions of the 'secret history' session you attended at the Perinatal Update week last year?
Question 2	What did you learn?
Question 3	How has the training impacted on you personally?
Question 4	How has the training impacted on you professionally?
Question 5	How do you see the average patient?
Question 6	Do you have any other comments you would like to make about the training?

## RESULTS & ANALYSIS

The results were coded into emerging themes, noted in the table below.

**Table 2: Thematic Findings**

Theme 1	Changing perspective of the 'other' / the patient
Theme 2	Benefits of being exposed to new communication tools
Theme 3	Challenges of adopting new skills
Theme 4	Improved information and care for staff's own mental health needs

### 1. Changing perspective of the 'other' / the patient

All 5 participants expressed an appreciation for understanding the perspective of the patient, noting this as a positive and worthwhile experience. This 'understanding' was expressed as either a reminder or as a new consciousness to be brought to their care work.

#### **Anecdotes from interviews**

We gained insight from both perspectives - sometimes when you are so busy you forget that your patient is a person.

It opened our minds...sometimes as nurses, we talk and act without thinking, but when you are in the shoes of the patient, you realise what you are doing.

Allowing a patient sympathy allows them to feel better ... [I learned] small things that I've never read anywhere, but that I now know have a huge impact on how I deal with my patients.

### 2. Benefits of new communication tools

Staff noted new insights in terms of listening to, speaking to and understanding patients and their needs. All shared experiences of using the tools in their personal lives. The importance of choice of words, language used and 'non-verbal cues' were noted.

#### **Anecdotes from interviews**

The training is good because we had to be 'patients' and learn about how our choice of words is very important...we can so easily misinterpret the patient, and the patient can misinterpret us.

You also need to read body language and remember that the patient reads our body language too.

My husband is sick and he has never been able to open up to me. But after this training I've learned how to help him open up. We can communicate better now.

### 3. Challenges of adopting new skills

The participants experienced difficulties in incorporating their new skills and a maternal mental health perspective into their work. They felt that the main reason was that not all staff had undergone the mental health training. As one nurse described: 'if you try to care for a patient or tell people not to talk to patients in a certain way, other staff who have not been on this training do not understand and do not change, and they challenge you'. Another nurse noted: 'I often get a lot of flack when I spent too much time with my patients...because I try to see my patients holistically'.

There was thus broad consensus that all staff working at a particular health facility should undergo maternal mental health training. This is important in minimizing obstacles to changing attitudes and practice. Participants recommended longer time slots for training with repeat and 'refresher' training sessions.

#### 4. Improving the mental health of nursing staff will improve care given to patients

Staff noted their own improved mental health and how this directly related to their improved care of patients. One nurse stated: 'perhaps if we spend more time on nurses' mental health they would be more empathetic to patients'. Nurses share the same stressors and burdens as their patients, often coming from the same social circumstances. It is important to care for their needs to ensure compassionate health care: 'nurses also need care around mental health because where does she leave her problems and issues to care for others?'

## DISCUSSION

The use of group role-play establishes a group identity for the participants. This enhances participation and reduces the fear of individual self-expression, which participants may feel is open to judgement or censure. The use of 'typical' and familiar narratives from the local context enables self-identification in each role. Thus, the notion of a 'secret history' is a proxy for participants' personal difficulties, anxieties and emotions. In this way, staff's psychological states are revealed, clarified and validated.

The combination of humour and conflict as encouraged in the role-play facilitates both expression and catharsis. In particular, the use of humour allows for a less-threatening engagement and for easier reflection on the self vis-à-vis emotion and behaviour. In addition, it also enables the performance of 'forgiveness' and an alignment with the 'other', that is, the 'patient'. Thus, through the process of polarisation and reintegration, the participants engage with a wider context of maternal care, one which encourages empathy for the 'other' and validates sympathy for the 'self'. Staff were motivated to develop innovative solutions to address the difficulties in the workplace, interpersonally, with colleagues and clients.

## CONCLUSIONS

The training provides a dual effect with mutually enhancing processes: professional competence is improved through understanding the patient, which improves health outcomes for patients.

The immediate results of the intervention portend well for staff productivity in terms of emotional well-being. Raising awareness and sensitivity to the mental health needs of clients should develop staff social capital. Both of these outcomes should have a direct effect on clients by improving quality of care. This may be especially felt by those women in distress.

Mental health training in this instance has increased job satisfaction among the nursing staff interviewed and the process of nurses themselves being 'heard' results in more sympathetic treatment of patients.

### Anecdotes from interviews

We don't need to be aggressive.

It is generally for us to be advocates for our patients...they are not here to waste our time. They're here because they need us to look after them and respect them...my patients are the reason I'm here.

I recall being the 'patient' and getting so involved in sympathizing with that patient...the whole session was an eye-opener, but also an opportunity to get things off your chest. We have so many things in our own lives...for a lot of the staff, it was a real eye-opener and now they remember that patients also have other issues.

## RECOMMENDATIONS

1. Gain acceptance by management of rationale and process of training in order to gain support for conducting training for all levels of staff.
2. Mental health training for nurses should
  - a. be participatory
  - b. facilitate interactive role-plays
  - c. allow for the expression of authentic emotions
  - d. should address emotional responses and needs of staff
  - e. should seek to align staff with clients and break down the paradigm of 'otherness'
3. Further research is required to evaluate the long-term impact of training on staff and clients.