



Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

Nyamekela4Care (N4C) - Outline



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Introduction

In many settings like South Africa, care workers (CWs) (health and social) face several work-related challenges including poor infrastructure, staff shortages, increasing burden of care, long working hours and low morale (1–4). These CWs are often not adequately equipped to provide empathic care and have little training to enable them understand how mental health problems can impact on physical health outcomes and vice versa (5). Many of these CWs have insufficient supervision and support, and little access to ongoing professional development to maintain knowledge and skills (6). CWs typically come from the same communities as their clients and are facing similar adversities. All of these factors may contribute to the high levels of burnout or compassion fatigue as well as the high attrition rates (6,7) reported for CWs. In addition, there are reports of ineffective management and poor quality of care of CW clients (8,9).

Traditional responses to these complex, inter-related problems have included:

- Replacement of 'lost' staff with new recruits
- Disciplinary action against staff
- More intensive monitoring (10)
- 'Top-up' training course which are often provided off-site (11), given by external 'experts' who not in touch with the trainees' lived circumstances (12)
- Provision of more knowledge-based vs skills based training(13), with knowledge needs being established by external sources
- Instituting employee wellness programmes (EWP) or utilising existing EWPs (14)
 - Often provided off-site
 - Oriented to individuals rather than to teams
 - Provided by external 'experts' not in touch with trainees' lived circumstances
 - Provided as a response or crisis reaction to a problem rather than as a process to maintain or support wellness
 - Often costly

These responses are expensive and often less than effective (15–18). Also, training responses are regularly due to identified crises, or new, defined projects, and not designed to be sustainable and proactive.

Development of Nyamekela4Care (N4C)

In response to these problems, the PMHP developed an intervention *Nyamekela4Care* (N4C)¹ that provides a structured training, skills development, case sharing and self-care system for CWs. N4C arose from our training and support practice where we observed that care workers were not adequately trained, supported, and supervised, and that empathic engagement skills were lacking. We have also noticed among care providers, low levels of knowledge, compassion fatigue and low levels of professional satisfaction. Studies have also identified lack of empathic skills among care providers (19) resulting from lack of proper training, support, and supervision (20). Woods and Theron (21) found that an outreach course using the Perinatal Education Programme (22) improved the cognitive knowledge of midwives. N4C was developed as a multi-component intervention to address these inter-connected problems that impact the quality of care among care workers.

¹ Nyamekela is an isiXhosa word which means to hold something precious so it will last a long time.

Description of N4C

The package runs over a year, includes materials for 10 structured meetings, and is repeated in annual cycles to account for the typical repeat recruitment patterns and high rates of attrition of staff.

N4C includes the following elements for each meeting;

1. A knowledge topic: a syllabus of interactive materials has been developed to accord with the knowledge requirements of non-professional community health and community social workers. This includes three modules pertaining to mental health. There is opportunity to add many additional modules and for the providers to select which topics are necessary for them to work through. Currently 10 topics have been developed for health staff and 10 for social development staff. However, all topics are relevant across the cadres.
2. An empathic engagement skill: a 10-module syllabus including some theory as well as practical exercises) – the skills have been loosely based on the ENACT tool developed in Nepal
3. Case sharing: one or two challenging or rewarding cases are prepared for presentation by team members and colleagues are facilitated to reflect and learn from each other
4. Administration: this is the usual business of team meetings
5. Self-care: a ‘menu’ is provided of self-care exercises based on simple evidence-based, mindfulness techniques

Adaptability across care provider cadres

N4C is designed to be relevant for all types of care workers in health and social development. The principles of peer-driven, on-site learning, support and self-care are likely to improve quality of care, retention of staff and team cohesion. The first prototype includes knowledge topics targeted at community health workers and community-based social development workers. However, the basic concepts of N4C are relevant across cadres, including specialist workers. Thus, for other types of care workers, alternative, relevant knowledge topic elements may easily replace the ones that appear in this edition. All other sections would remain unchanged.

We anticipate N4C will impact CW in the following ways

- i. Reduce mental health stigma (attitudes)
- ii. Improve work-related knowledge
- iii. Improve compassion satisfaction (job satisfaction)
- iv. Reduce compassion fatigue (burnout)
- v. Increase levels of empathy.

We also anticipate that the intervention will impact secondary outcomes including:

- i. Improved staff retention (i.e. reduction in staff turnover)
- ii. Reduced staff absenteeism
- iii. Increased number of clients seen
- iv. Improvement in the quality of interaction with clients seen, and thus increased clinical and social outcomes for clients

The Theory of Change

If N4C is able to provide adequate support, training and encourage self-care in CW **THEN** they will experience increased levels of compassion satisfaction, reduced compassion fatigue (burnout); improved work related knowledge, levels of empathy and decreased stigma about mental health problems; in addition CW will also start to take better care of themselves.

These changes will mean that care providers will be able to provide a high quality of informed, empathic care to clients and improve outcomes for both mother and child; plus CWs will enjoy increased levels of compassion satisfaction which in turn will reduce absenteeism and reduce attrition rates.

The flowchart below illustrates the quantitative reach of an example of care services provided by social and health care workers within a 12 month cycle and also the anticipated reach of improved care services as a result of N4C.

N4C potential impact example



Evaluation of N4C

N4C has not yet been formally evaluated. The PMHP has gone through a rigorous evaluation of the content, implementation and evaluation plan of N4C to ensure users are protected from any harm by the University of Cape Town Ethics Committee (HREC REF: 144/2016).

We are currently seeking implementation partners in order to monitor and evaluate the process. We'd also like to determine the preliminary effectiveness of N4C. This normative evaluation will entail the use of different tools to collect information from users at baseline, midway through their use of the intervention, and at the end of the implementation of N4C.

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