Learning Brief
July 2017

Nyamekela4Care
An on-site learning and support package for care providers

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Who are we?

The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town. We are located within the Alan J Flisher Centre for Public Mental Health, in the Department of Psychiatry and Mental Health. We are a non-profit entity and have been operating since 2002.

We partner with the Departments of Health and Social Development. We provide mental health services for pregnant and postnatal women, train those who work with mothers to improve the quality of their care, develop, evaluate and optimise interventions and tools. We form partnerships to promote the scale up of services and inform global interventions through robust research and advocacy. We support state agencies and partner with non-profit organisations to achieve health and social development objectives.

What is this learning brief about?

The learning brief describes an integrated learning and support package for care providers (CPs) developed by the PMHP. Nyamekela’4Care (N4C) is manualised, peer-driven, holistic and is embedded within routine, on-site practices of service organisations. N4C aims to address the need for ongoing training, case supervision, and self-care by all cadres of care providers within a regular, single monthly meeting.

Who might be interested in this learning brief?

This learning brief is for managers, supervisors and leaders who are responsible for teams of care providers or who develop systems to ensure quality and sustainability of care providers.

This will include, but is not restricted to, those working within non-governmental organisations (NGOs), civil society organisations, as well as those in the government sectors of Health and Social Development.

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1 Nyamekela is an isiXhosa word which means “to treat or handle something with great care so that is lasts for a long time”.

What is the problem?

Social and economic factors around pregnancy make women more vulnerable to mental illness. The negative cycle of poverty and mental illness impact on a woman’s ability to function and thrive. This may directly affect her foetus or child, with long-lasting physical, mental and emotional outcomes if untreated.

South Africa has a high prevalence\(^2\) of common maternal mental health problems. About 1 in 5 women experience depression or anxiety during or after pregnancy.

There is a large gap between the need for care and the availability of care professionals to treat mental illness. This has resulted in task-shifting to less skilled care providers. The delivery of psychological interventions by less-skilled care providers has been shown to be an effective, acceptable and feasible solution. However, challenges remain in providing sustainable training and support for these CPs, so that they can deliver quality interventions, while maintaining their own mental health. N4C provides an integrated solution for these training and support needs.

What are the challenges?

There are many reports\(^3\) of the work-related challenges faced by CPs. These include poor infrastructure, ineffective management, a lack of supervision and emotional support, inadequate, relevant training opportunities, an increasing burden of care, long working hours and low morale. In addition, if CPs are required to provide empathic care and they themselves do not receive adequate emotional support, there is a high risk of burnout, compassion fatigue as well as increased absenteeism and high attrition rates - all of which adds to cost for organisations. This may be particularly relevant when CPs come from the same communities that they serve.

The traditional ways of training CPs involve intensive off-site and ‘top-up’ training provided by external ‘experts’ and are focused on the transfer of knowledge, rather than the development of skills. This is expensive and often increases CPs stress. Responses from managers to problems of quality often include disciplinary action, more intensive monitoring, and remedial training.

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\(^2\) **Prevalence** is a measurement of all individuals affected by the disease at a time. This is different from **incidence** which is a measurement of the number of new cases during a period.

\(^3\) References are available on request.
Employee wellness programmes offered by many organisations are usually reactive, costly, time consuming and off-site.

In an earlier Learning Brief (2013) we highlighted that support of CPs is an essential component of quality care. When empathic care is included in the daily work of CPs, this adds a layer of emotional work that can be challenging to sustain. Thus, the self care and the case-sharing components of N4C are designed to support CPs – emotionally, physically and through facilitating their being able to draw on the resources of their peers.

The PMHP solution: Nyamekela4Care (N4C)

In response to these many complex and interrelated problems, we developed N4C to provide on-site training, skills development and case sharing as well as self-care for CPs. N4C is proactive and does not follow the traditional responses to these problems.

Description of N4C

N4C is a manualised guide for on-site learning and support. N4C meetings are intended to be held on a regular (monthly) basis in an easily accessible venue. As many organisations already hold monthly meetings, this format could easily replace these meetings. The N4C manual includes materials for 10 meetings, which can be repeated in annual cycles to account for irregular attendance and recruitment patterns. N4C is peer driven, responsive to the internal needs of the group and acknowledges and uses existing expertise within the group.

N4C meetings include the following elements:

1. **A knowledge topic**: a syllabus of over 20 experiential learning materials which meet the knowledge requirements of most CPs is included. The material includes three modules pertaining to maternal and infant mental health which should be retained. Other modules can be changed or adapted per the specific organisational needs as well as the cadre of CP involved in the groups.

2. **An empathic engagement skill**: a syllabus which breaks this topic into 10 different components, and includes theory and practical exercises.
3. **Case sharing:** CPs are required to present challenging or rewarding cases to the group, with the aim of encouraging peer reflection and discussion, thus providing an opportunity to learn from each other and support each other, while at the same time practising listening, empathic and problem management skills.

4. **General business:** allows time for the usual elements of most monthly meetings, and provides opportunity for effective communication with management.

5. **Self-care:** a variety of simple mindfulness-based, self-care exercises are introduced and practised in the meeting. CPs are encouraged to practice these techniques or other culturally-appropriate techniques they prefer, daily, between meetings.

6. **Resources and templates** are included which ensure effective reporting of meetings, which allows for improved communication and understanding of the challenges, and reporting by management.

**The Theory of Change for Nyamekela4Care**

**IF** N4C can provide adequate support and mentorship, as well as training, skills development and encourage self-care, **THEN** CPs will feel supported and valued, and experience increased levels of job satisfaction, reduced burnout, reduced absenteeism and attrition rates. CPs will be able to deliver high quality, informed, holistic and empathic care resulting in improved outcomes for mothers and their children.

**The anticipated benefits of N4C**

- Improved work-related knowledge
- Reduced mental health stigma
- Improved job satisfaction
- Reduced burnout
- Increased levels of empathy and the ability to engage empathically
- Improved staff mental health
We anticipate that the intervention will lead to the following outcomes:

- Improved staff retention (i.e. reduction in staff turnover)
- Reduced staff absenteeism
- Increased number of clients seen
- Improvement in the quality of interaction with clients seen, and thus improved health and social outcomes for clients
The Theory of Change – graphic overview

Goals

Mothers in low resource settings experience improved physical and mental health as a result of receiving informed, empathic and holistic care during the first 1000 days after conception.

CPs who feel supported, valued, informed, confident and relaxed are better able to provide empathic and holistic care

Intermediate goals

All CPs have necessary skills, knowledge and emotional health to provide quality care

CPs feel supported and valued and are retained in the system

Management have sufficient insight into CPs needs and challenges to provide appropriate back-up and support

Assumptions

All Care Providers (CPs) in a specific area regularly attend, and actively engage in monthly facilitated Nyamekela4Care meetings for a complete cycle of 10 meetings a year

Management who have better understanding CPs work and challenges are more responsive

CPs who feel valued and supported are motivated to learn & provide holistic care

CPs who feel valued, experience more job satisfaction, less work related burnout and lower absenteeism

CPs learn and develop quicker in a familiar, safe environment and when not required to travel for trainings

CPs benefit from being affirmed by peers, learning from peers and being able to draw from group wisdom

CPs learning is enhanced when information is presented in an active, participatory and relevant way

Embedding N4C into routine practice, reduces organisational costs

CPs who regularly practice mindfulness based self-care experience improved mental health and are better able to engage empathically

Social and health programmes which are proactive and responsive are more able to meet needs of the beneficiaries

Activities

• CPs meet locally in a familiar, safe venue
• CPs learn empathic engagement & communication skills
• CPs gain work-related knowledge and understanding
• CPs discuss interesting, challenging and rewarding cases
• CPs are involved in practical problem-management processes with peers

• Misunderstandings, superstitions and misinformation are corrected in safe, non-threatening way
• CPs learn and practice skills for mindfulness and self-care
• Facilitator provides documented reports to management
• Management is responsive to CP needs
What lessons have been learned during implementation?

PMHP have implemented N4C with professional health care workers in a secondary maternity hospital, as well as with non-professional community-based CPs working in three different NGOs in both rural and urban areas. We have learned the following lessons through this process.

- Organisations implementing N4C should have N4C formally ‘launched’ with programme management, as success is dependent on management’s understanding and involvement in the process.
- There is a need for ‘stewardship’ and ongoing support in the initial phases of implementation, until momentum is gained and the process can be sustained by itself. This is because the N4C process is very different to the way meetings and training are usually conducted.
- The facilitator must have good empathic skills and be able to guide the process of active learning, without presuming the role of expert. Ideally the facilitator should be trained in active listening and empathic engagement.
- Staff often respond to their initial experience of empathic engagement in meetings with a need to ‘offload and talk about’ the many frustrations and challenges that have been building up for months. While this ‘clearing’ may not seem directly related to the meeting schedule, it is important to accommodate this process and adapt the N4C meeting schedule as necessary.
- It is important that facilitators have prepared themselves by reading through the content prior to each meeting. N4C provides guidelines on how this can be done.

What are our next steps?

The PMHP hope to evaluate this model formally, so the mechanism and context for benefit can be determined for different user groups.

More information about N4C can be found our website:
http://pmhp.za.org/programmes/training/courses-modules/

More information about the importance of empathic engagement can be found on our website: