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Addition of Mental Health to the Lady Health Worker Curriculum in Pakistan: Now or Never

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ABSTRACT

The technical advisory group of the World Health Organization has suggested person centered and community based mental health services in response to the long term and far reaching mental health impacts of the COVID-19 pandemic. Task shifting is a pragmatic approach to tackle the mental health treatment gap in low and middle income countries. Pakistan is dismally resourced to address the mental health challenges. Pakistan's government has established a Lady Health Worker's Programme (LHW-P) which can be effectively utilized to provide some basic mental health services at community doorsteps. However, LHWs' current curriculum does not include mental health as a subject. WHO's mental health Gap Intervention Guide (mhGAP-IG) Version 2.0 for mental, neurological and substance use disorders in non-specialist health settings can be adapted and utilized to be included as part of the LHW-P curriculum in Pakistan. Thus, the historical lack of access to mental health support workers, counsellors and specialists can be addressed. Additionally, this will also help to reduce the stigma associated with seeking mental health care outside the boundaries of home, mostly at a huge cost.

Keywords: Mental health; Lady Health Worker; mhGAP; Task shifting; Maternal

INTRODUCTION

Mental health impacts of the pandemic have been declared to be long term and far reaching. WHO's technical advisory group suggested critical actions to be taken by national authorities in response to COVID-19. Of the many recommendations, one is to provide person centred, community based mental health services using innovative approaches [1]. With 34% prevalence of depressive disorders and anxiety Pakistan is dismally resourced to address the emerging mental health challenges [2]. Currently only 0.4% of the national health budget is allocated to mental health [3]. There are around 400 qualified psychiatrists in Pakistan, mostly concentrated in urban cities [4]. This creates a geographical disparity as 64% of Pakistan's 207.7 million population resides in rural areas [5].

WHO has advised Low and Middle Income Countries (LMICs) to tackle the mental health treatment gap through 'task-shifting' i.e., training non-specialists such as nurses, teachers and Community Health Workers (CHWs) to provide mental health services under the guidance of specialists [6]. This approach is pragmatic and sustainable but requires rapid deployment of public health initiatives, training programmes, tech enabled support and data gathering systems. A scoping review supports the acceptability and effectiveness of adapting brief psychosocial treatments by non specialist health workers in primary care and community based settings for management of common mental disorders in LMICs [7].

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DESCRIPTION

Government of Pakistan established a CHWs' programme known as Lady Health Worker Programme (LHW-P) comprising of Lady Health Workers (LHWs) and their Supervisors (LHSs). This workforce cadre is responsible for providing basic preventive Maternal, Neonatal and Childcare Health (MNCH) and family planning services at community doorsteps and covers almost 60% of rural population. LHWs in Pakistan have minimum 8 years of education and undergo 15 months of classroom and field based training. Each LHW has a designated catchment area of 100-150 households, catering 1000 community members [8,9]. In recent years, apart from their main charter of MNCH services, LHWs and LHSs have also provided support for nutrition and vaccination for polio and COVID-19. One of the key strengths of LHW-P is that LHWs are recruited from within local communities, thus can deliver services in a culturally appropriate and acceptable manner. They have established acceptability in the community and are respected as a healthcare workforce.

For successful integration of mental health into primary healthcare in low income countries like Pakistan, grass root level workers like LHWs need to acquire relevant knowledge and skills to recognize, refer and support people experiencing mental health disorders. They need to be trained in screening symptoms of mental ill health, communication skills, stress and emotion management strategies. In this regard WHO's mental health Gap Intervention Guide (mhGAP-IG) version 2.0 for mental, neurological and substance use disorders in non-specialist health settings can be utilized and adapted to be included as part of the LHW-P curriculum. Current curriculum of LHW-P includes health education, promotion of healthy behaviours, antenatal and postnatal care and dispensing of ORS and Zinc. Thus, the curriculum has the potential to include much needed aspects on promotion of mental health. This will address the historical lack of access to mental health support workers, counsellors and specialists and reduce stigma associated with seeking mental health support and care mostly at a huge social and/or economic cost.

WHO recommends that mhGAP-IG should be adapted by countries to suit their local context, resources and priorities [10]. This mhGAP-IG consists of ten priority conditions and besides a specialized health workforce is applicable and appropriate for training health technicians, community health workers and in rare instances, traditional healers as well. There is growing evidence that mhGAP-IG can be used to successfully train non-specialized health workers in resource limited settings to recognize and manage common mental illnesses. In rural Rwanda, primary care nurses and CHWs were trained according to mhGAP guide for providing mental health services at primary care centres. The training was effective as a decline in clinical symptoms of mental health conditions was observed. In Pakistan, mhGAP curriculum was adapted to train primary healthcare physicians and psychosocial workers to provide mental health services in conflict affected regions of North Waziristan. Thus, to bridge the mental health delivery gap in Pakistan, it is recommended that capacity of LHW-P be built using a task shifting approach. These mhGAP guidelines offer a promising solution.

CONCLUSION

Once the material has been contextually and linguistically adapted considering the current mental health literacy of the LHWs, it has the potential to be a supplementary chapter in the LHW-P curriculum. A pilot feasibility study can later test the effectiveness of introducing mental health into LHW-P mandate and its impact in reducing mental distress. It is now for the Government of Pakistan to take the initiative and academic institutions, non-governmental organizations and development agencies would be eager to assist in reducing the huge gap that is responsible for a substantial burden of disease in the country.

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