Problem Management Plus (PM+) implementation recommendations[1]

Staffing

PM+ Helpers: Using the principle of task shifting/task sharing, PM+ can be delivered by a wide range of paraprofessionals (high school graduates with no mental health experience or professional training in mental health care). PM+ helpers range from individuals with a degree in psychology but without formal training and supervision in counselling to community workers and other lay helpers. The most valuable asset to become a PM+ helper is mastering the PM+ core competencies through training (in-classroom and in-field), supervision and practice.

PM+ Trainers: PM+ training should be conducted by a mental health professional who is competent and experienced in all of the strategies included in PM+ (i.e. problem-solving therapy, stress management, behavioral activation and strengthening social supports). PM+ trainers should attend a PM+ training and/or training of trainers and receive supervised PM+ practice before providing classroom-based training. *Note:* Ideally the PM+ trainer/co-trainer will also serve as the PM+ supervisor, but it is not necessary.

PM+ Supervisors: PM+ supervisors should ideally be mental health professionals experienced in providing supervision in manualized interventions using the PM+ methods. If this is not possible, it should be someone who has extra training *and* supervised practice in the methods used in the PM+ manual and in carrying out PM+ supervision. They should have completed the PM+ training and an additional two days of training in supervision. All supervisors should have or should gain experience in delivering PM+ themselves.

Selecting staff: Trainers, supervisors and providers should have relevant knowledge, experience, skills and *lastly* characteristics that will make them suitable for their role. Optimally these would be:

- A high motivation to help others
- A natural sense of empathy and intuition with others
- Non-judgmental, particularly with regards to marginalized people
- Dependable
- Reflective
- Good communication and organizational skills
- Personality traits of being confident, compassionate, mature, insightful, sensitive, self-motivated and emotionally stable.
- Depending on the project, established links with the community/setting (consider whether their position means they may be more or less likely to be trusted as a provider).
- A minimum number of years of education (preferably high school graduate).
- Appropriate language skills, noting this may be different between training and providing PM+ to clients (e.g., ability to be trained in one language, but to deliver the psychological intervention in a different local dialect).

[1] This document builds on recommendations developed for the Problem Management Plus Terres des Hommes capacity building project. It is developed from the World Health Organization Problem Management Plus Manual and from practical experience. The document is developed to inform DIGNITY – Danish Institute Against Torture's international projects implementing PM+.

To ensure all of the above, it is recommended both to look at CV's and to carry out interviews before selecting staff to train in PM+.

Training

PM+ Classroom Training: Classroom training should be 80 hours (10 full days) for non-mental health practitioners and minimum 40 hours (5 full days) for mental health professionals depending on skill levels. Following the training it is advised to do a 3-5-day refresher training 3 months after the initial training. Ideally there should always be two PM+ trainers conducting the training and no more than 10 trainees per trainer.

In-field training: Following classroom training, at least two clients should be seen for five sessions (i.e. 15 hours) of supervised practice of PM+. The five sessions should occur weekly but may occur over a two-week period (minimum). The in-field practice sessions should happen with clients with less severe presentations (e.g. not with severe depression) and under close supervision (1–2 supervision sessions per week).

Certificates of attendance can be handed out after having completed both the classroom and in-field training (80 hours of training; 15 hours of practice with min. two clients + min. 10 hours of supervision).

Supervision

Routine supervision (weekly or fortnightly, depending on skill levels of the helpers) should occur after training. The frequency of *routine* supervision (e.g. weekly or fortnightly) depends on the skill levels of the helpers, which may change over the course of time. A limitation of six helpers per group receiving group supervision for two hours per week is a good model. It is recommended to have a supervisor on ground but supervision could also be conducted online.

The supervisors, who should be mental health professionals, should also receive routine supervision. Their supervision should occur fortnightly for two hours, ideally conducted by their PM+ trainers. It is important to allocate mental health professionals on an organizational level to ensure the overall supervision process and to engage in any issues of the implementation (i.e. confidentiality, ethical issues).

Ideally PM+ trainers from the organizational level will train and supervise local PM+ supervisors, who will then supervise local PM+ helpers. Over time as the local supervisors improve their skills and maybe become PM+ trainers themselves, the initial PM+ trainers could withdraw from their role, increasing the sustainability of the project.

Adaptation

Apart for translation into local language other adaptations to the local context could be considered such as local expressions or metaphors, relevant socio-cultural differences, differences in health structure, pictures and images in the PM+ manual etc. This could be done through adaptation workshops with local stakeholders and pilot testing.

Referral system

Referral to PM+: Before training staff, it is important to have a referral system in place. It should be considered to conduct awareness campaigns in the community and to include primary health care staff and other stakeholders such as religious leaders in the (shorter) PM+ training. This is to ensure that referrals to PM+ helpers are happening both from the community incl. community leaders and the primary health structures. A study on help seeking behavior could be conducted to inform the decision on who should be trained in PM+.

Referral to specialized care: It is equally important to identify who clients in need of specialized care can be referred to in case of suicidal risk, severe symptoms of depression or other severe mental health disorders such as psychosis. Depending on the local context places for referral could be specialized hospitals or ngo's, that have mental health specialists such as psychologists, psychiatric nurses and mhGAP trained doctors.

Referral to other: In some cases, clients present with other health related issues or social problems such as protection risks that is better handled outside PM+. It is important to refer the client accordingly and it will then depend on the context weather or not the client can continue in the PM+ program.

Data collection

PM+ helpers will fill assessment forms and therefore it is important to consider, where data and other confidential material will be stored. Ideally forms should be stored under lock and key immediately but alternatively the PM+ helpers can hand over the forms to their supervisors, when they see them for weekly supervision. The supervisors will then be responsible for storing the forms. In order to collect relevant data, all forms should eventually be collected and data should be entered in an excel data sheet. Storage of hard copies will differ depending on local laws but usually the forms should be kept for 5 years.

Sustainability

It is recommended to consider sustainability when implementing PM+ and it should be considered, how the PM+ program might address gaps and eventually merge into the local health structure. Therefore, it is relevant to consider selecting staff that will be supported through the national government structure. Ideally storage of data and all other aspects of the program including supervision would then eventually be taken over by the national Ministry of Health (MoH).

Costs

Overall costs will differ depending on the context of implementing PM+. The following is a (non-conclusive) list of things to consider regarding costs of implementation:

- Translation and adaptation of PM+ manual
- Printing of PM+ manual
- Training PM+ supervisors for two days
- Training PM+ helpers for 10 days (incl. printing copies for exercises etc.)
- Refresher training for three days (three months after the initial training)

- Travel costs for seeing clients and attending supervision
- Supervision of helpers in groups weekly for two hours
- Supervisors attending one session per helper for 90 min. and a short individual supervision
- Supervisors supervision in group fortnightly for two hours
- Copies (assessment forms, handouts etc.): 65 pages per client to go through the entire PM+ program excl. follow-up assessment and adding of sessions.
- Handling data

It is important to consider, that there will always be continuing costs (i.e. supervision) when implementing PM+. If the goal is for the program to be sustainable, agreements regarding costs and responsibilities should be clarified with relevant partners incl. MoH, before withdrawing from the project.

Considering all of the above recommendations, it will be important to involve a mental health professional in the planning process of implementing PM+.