

Development of standards for implementation of psychological interventions



A guide for implementing psychological interventions

Thursday 5th October 2017 – IASC Reference Group

Background



- The evidence on effectiveness of psychological interventions in LAMIC has increased.
- Published manuals of psychological intervention typically do not sufficiently cover practical factors related to the actual implementation of the intervention.
- Thoughtful implementation of psychological interventions is essential for feasibility and quality.
- This project was developed in response to requests from the field on more implementation guidance.

Scope and positioning of guide



- The guide will focus on how to implement and disseminate psychological interventions for mental health problems in general.
- It will be part of a series of published materials in WHO's mental health Gap Action Programme (mhGAP).
- The guide will be designed to complement other products in the field.
- The guide will include adaptable tools to select, prepare, roll out, train, supervise monitor and evaluate the implementation of psychological interventions.

Structure of the guide



- Background: Effectiveness and feasibility of psychological interventions
- Selection of implementation platform and psychological intervention
- Translation and adaptation of the selected psychological intervention
- Identification, assessment and referral for psychological interventions and other care
- Training, supervision and ensuring quality of psychological interventions delivery
- Monitoring and evaluation of services that offer psychological interventions

Project plan



Phase 1 (March 2018) (funded by GIZ):

- Development of first draft of guide
- External peer review of guide
- Development of second draft of guide

Phase 2

- Expert meeting on guide
- Field testing of guide

*Ensuring quality
psychological
interventions in low
and middle income
countries*



*A new WHO initiative on workforce development in psychological
intervention delivery*

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Why a project on workforce development?



There is good evidence that psychological interventions can be successfully delivered by non-specialists

Trials in LMIC:

2003 – No trials **Now: 50+ trials**

- **Yet...very little is known about the quality of psychological interventions outside of well controlled research trials.**
- Routine implementation and its measurement unlikely to be the same as in RCTs:
 - Limited assessment of quality, fidelity or skills of non-specialists,
 - Limited M&E (qualitative and quantitative)
 - Limited supervision.
- Poor implementation may lead to loss of effectiveness at best, or harm at worst

Why a project on workforce development?



Common skills for all ages and interventions

- Rapport building and warmth
- Empathy and compassion
- Non verbal communication
- Active listening
- Verbal communication skills
- Open ended and clarifying questions
- Assessment of problems and risk
- Normalisation
- Exploring coping and existing social support
- Goal setting and problem solving

Why a project on workforce development?

Many core competencies

Common therapeutic competencies - e.g. empathy, nonverbal communication, non-judgmental

Experience level - e.g. implementer, supervisor, trainer, expert

Competencies

Delivery method specific competencies - e.g. telephone delivery, group, face to face

Age or population specific competencies and others - e.g. skills for working with children, assessment, risk, record keeping, M&E

New WHO initiative on workforce development



Aim:

- **To improve mental health, wellbeing and functioning of people through the publication of an evidence based, expert informed and consensus based framework and toolkit.**

New WHO initiative on workforce development



How it will be implemented

- **3 year project:** funded by USAID
- **Developing framework and toolkit:** Highly consultative and collaborative with main stakeholders (e.g. psychological interventions, protection, health, other clusters, academic community)
- **Academic partner** to provide technical support on competency frameworks, assessment and skill development.
- **Collaboration** with regions and countries to implement and test in diverse settings

New WHO initiative on workforce development



Phase 1 development of conceptual framework and package components (1 – 15 months)

- Conceptualisation
- Package informed by evidence, expert opinion and consensus.

Phase 2 – Implementation (months 15 – 29)

- Testing of the package and tools using implementation science methods
- 6 field settings representing an wide as possible range of implementation sites (e.g. Government, INGO, and local NGOs) with 2 sites partnership with national Government.
- Development of a training and quality development online platform.

Phase 3 – evaluation (months 29 – 36)

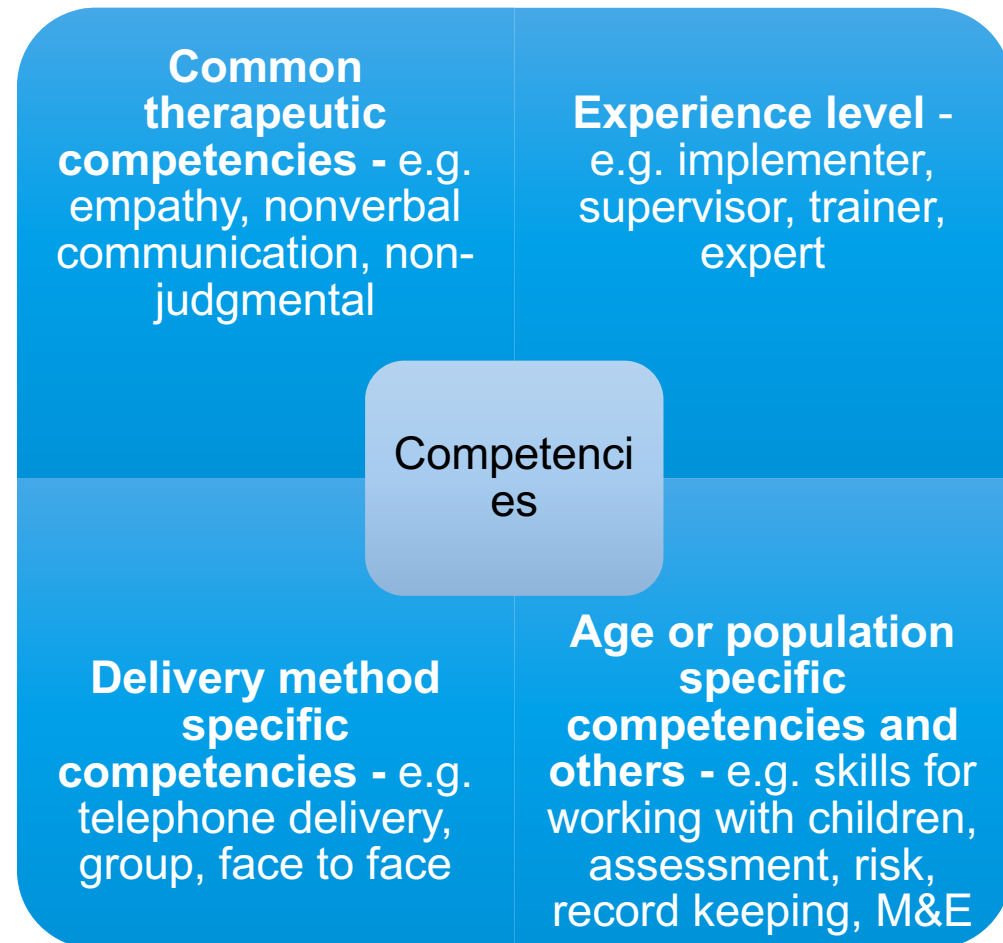
- Data collected through all phases of the project using a mixed methods design informed by implementation science methods.

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Possible components of the package

- **Competency framework**
- **Measurement of competencies** Development of an extended version of a publicly available measure (e.g. the ENACT tool) to assess competence of non-specialist MHPSS workers in LMIC.
- **Development of supervision and practitioner support and training tools**
- **Online platform**



END

