



SPANS

Society for Pre and Post Natal services
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COVID-19 AND COMMUNITY FAMILY MENTAL HEALTH SEPTEMBER 2023 REPORT

Introduction and rationale

A growing number of Zimbabweans are increasingly seeking mental health services as they abandon traditional myths and beliefs about it. But the rising demand has strained a critically underfunded and understaffed area of the health care system that has been further weakened by more than two years of the coronavirus pandemic. The WHO estimates that in 2020, there were 18 psychiatrists — 94% of whom worked in Harare — six psychologists and 917 psychiatric nurses serving a country with a population of 15 million at the time (Chimbwanda, 2022).

The Society for Pre and Post Natal Services Vocational Training Institute registered as a Vocational Training Institute in terms of the Manpower Planning and Developments Act (Chapter 28:02) offers an Accredited Level 5 Diploma in Systemic Family Therapy and Developmental Counselling in Maternal, Paternal and Child Mental Health. SPANS training program exists to provide an effective clinical practice of family therapy, psychological support, research, and education. This training program bridges the gap between industry needs and shortages, affording students much-needed experience in the form of an attachment program, which provides hands on training in Zimbabwe's leading public hospitals and health centers. Students nearing the completion of the program are assigned to government hospitals and health centers to offer family therapy and psychological support services under the supervision of experienced healthcare professionals with over 10 years' experience in their respective fields. A total of 20 students were assessed for the purposes of this evaluation report. The opinions of supervising health practitioners were also sought to help with student performance evaluations, to assess competency of the students, conduct, and aid in their professional development.

Definition of key terms

1. Mental health refers to a person's psychological and emotional wellbeing. It also helps determine how we handle stress, relate to others, and make healthy choices (Wallén, Eberhard and Landgren2021).
2. Counselling is a professional relationship carried out by the counselor to help the counselee gain understanding and clarify views to be used throughout life so that the counselee at every opportunity can make useful choices according to the specific nature of their surroundings (Wallén, Eberhard and Landgren 2021).
3. Evaluation is an activity to collect information about the progress of an activity, which is used to determine appropriate alternatives in making decisions regarding the sustainability of the activity (Chibanda et al., 2016).
4. Qualitative research involves collecting and analyzing non-numerical data (e.g., text, video, or audio) to understand concepts, opinions, or experiences. It can be used to gather in-depth insights into a problem or generate new ideas for research (Chibanda et al., 2016).

Aims of the evaluation

Based on the above background, the objectives of this evaluation are to examine the actual competence of SPANS student family therapists in relation to their performance in providing counselling services. The evaluation will rely on indicators, namely student application of contextual knowledge for effective family therapy services, their ability to address the needs and problems of their clients, as well as their overall professional conduct related to counselling services.

Acknowledgments

This report is informed by trained family therapists and their supervisors. We are extremely grateful to The Ministry of Health and Child Care Department of Mental Health for professionally deploying the students and jointly mentoring the students, The Ministry of Higher and Tertiary Education, Science and Technology Development for the registration of SPANS Vocational training Institute in terms of the Manpower Planning and Developments Act (Chapter28.02), to offer training services, The Counselling & Psychotherapy Central Awarding Body (CPCAB) based in the UK and its program regulation, which was approved by the Allied Health Practitioners of Zimbabwe for accreditation of the course and having a register for the trained cadre as a Family Therapist. All the organizations listed above played a critical role in ensuring that this training program meets international standards.

Methods of Assessment

SPANS adopted a qualitative research approach in evaluating its students by conducting semi-structured interviews with health practitioners acting in a supervisory capacity. Due to the sensitive nature of the counselling sessions, SPANS assessors had to resort to post-attachment interviews with key staff to gauge their overall satisfaction of students under their supervision. The semi-structured interview method typically consists of a dialogue between researcher and participant, guided by a flexible interview protocol supplemented by follow-up questions, probes and comments. This method allowed assessors from SPANS to collect open-ended data,

explore supervisor thoughts and feelings on the competence, conduct and service delivery of students on attachment.

During the interviews, ethical considerations were taken into account, including incorporating respect, confidentiality, sensitivity and tact towards participants throughout the research process. As the interviews also revealed sensitive and personal information, evaluators from SPANS reduced the risk of harm by protecting the interviewee's information; adequately informing interviewees about the study purpose and format; thereby reducing the risk of exploitation.

A questionnaire was also developed and sent to health practitioners in a supervisory role of the students in areas outside of Harare. All supervisors were asked to complete a post-attachment satisfaction questionnaire. This questionnaire contained both quantitative rating items and open-ended qualitative items and was intended primarily to ascertain the supervisors' levels of satisfaction with the counselling services provided by students. It also gave the supervisors an opportunity to describe how they felt the counselling service had helped their respective organizations, and any ways in which they felt the family therapy services or training could be improved.

Several relatively standard satisfaction questionnaire items were also included in this questionnaire to enhance the reliability of the measure. Qualitative items from this questionnaire were coded and analyzed by the evaluator into one or more categories.

A total of 20 students and their supervisors in hospitals and health centers, including Ruwa National Rehabilitation Hospital, Ruwa Clinic, Chitungwiza General Hospital, Mt Selinda Hospital, Chegutu Rural Council Clinic, Plumtree District Hospital, Caledonia Clinic, Tariro Satellite Clinic, Nyaure Clinic, Parirenyatwa General Hospital, Seke North Clinic, Tsanzaguru Clinic Rusape, Masvingo General Hospital, Uzima Surgery and Mhuri Imuli Family Planning Outreach Program, took part in this evaluation.

Validity

The assessment incorporated validity tests to minimize flaws and biases.

Validity refers to the extent which data collection methods accurately measure what they intend to measure. To ensure validity in the evaluation, a pre-test was conducted on a similar topic in the months leading up to the current assessment. Semi

structured interviews were conducted, and the research could assess the respondents' answers and adjust the questions for better probing. Respondents conducted interviews in English, with all of them having strong competency in the language, which ensured that they understood the questions and responded befittingly.

Findings

The study interviewed a total of 20 students, with up to 15 supervisors getting in touch via questionnaires, while five supervisors conducted face to face interviews. The interviews were divided into three cases, with the first case focusing on the perceptions of students and the second case focusing on the supervisors' assessments of the students [See appendix A and B]. The third case involved a questionnaire that was sent to supervisors outside of Harare, with an aim to get their overall assessment of SPANS students [See appendix C].

CASE A: Student's perceptions of attachment program.

In case A, the students were interviewed to determine the length of the attachment, their capability in meeting the set goals and objectives of their respective organizations, gauging their job readiness level, and understanding some of the challenges they faced during the attachment. The assessment found out that 18 out of 20 students felt that they managed to reach the set goals and objectives, with all students saying they were job ready as the attachment offered practical training in real life settings. Half of the students felt that organizations were not fully equipped to offer support and adequate supervision for the student therapists as mental health is still an emerging field that is yet to be fully recognized in the local setting.

It is worth noting that the lack of support across structures was highest among the smaller clinics. Students at bigger hospitals such as Parirenyatwa General Hospital and Chitungwiza Hospital reported better structural support primarily due to the availability of more trained personnel and better access to mental health services.

Majority of the students reported that their respective organizations did not have an in-house counsellor, which saw them having to design their counselling sessions, as

well as come up with relevant tools to offer support to vulnerable groups while maintaining confidentiality.

CASE B: Supervisor's assessments of SPANS students.

In case B, supervisors were interviewed to gauge their satisfaction with the performance of students on attachment, to evaluate whether the students met the set goals and were ready to enter the job market, as well as the students' application of contextual knowledge in their roles and their overall competency as mental health therapists. Of the five interviewed supervisors, all reported an elevated level of satisfaction with the overall competency of SPANS students. They noted that the students were well equipped to fit in their attachment roles as mental health therapists, marked by their ability to maintain confidentiality, being personable with staff and patients alike.

All the interviewed supervisors also highlighted that the students met the set goals and objectives of their roles. This was primarily because students were responsible for designing their role functions to align with the needs of their organizations. Their training from SPANS proved critical in aiding their ability to conduct professional counselling sessions, design workshop programs and offer mental health services to in house staff as well. All supervisors indicated that the students were job ready as they showed competency in their roles. However, supervisors at relatively bigger government hospitals noted the challenge of limited time with students, as they were only allowed an attachment of 3-4weeks maximum. This means students at such facilities lacked the requisite training due to the limited time, with more time needed to boost their experience and job readiness level.

Case C: Questionnaire

In case C, up to fifteen supervisors took part in the satisfaction questionnaire, which assessed the students' performance under their supervision. The results mirrored those found in semi-structured interviews. Thirteen out of the fifteen supervisors were satisfied with the competency and ability of SPANS students to apply contextual knowledge in the work setting. The questionnaire brought out that supervisors highly

rated the ability of SPANS students meet goals and align with the values of their respective organizations. But most supervisors indicated that they were no permanent staff employed as counsellors, instead personnel with other roles as nurses would at times double down as mental health therapists.

The questionnaire brought out the need of having more trained mental health therapists in their respective organizations, highlighting shortages in the field.

Majority of the respondents said they would recommend the SPANS training program to a friend or colleague, highlighting their overall satisfaction with students under their supervision.

Recommendations

Several opportunities have been created by these trained family therapists, including increased access to mental health care, family therapy sessions, proper referrals, and early identification of common mental health problems, among others. Considering the Ministry of Health and Child Care's commitment to improve the mental well-being of the people, together with the support from the Allied Health Practitioners Council of Zimbabwe (AHPCZ) in creating a register for these trained cadres, therefore, there is an urgent need to create posts for these mental health therapists, according to the Public Health Act. This will ensure the availability of well-trained cadres responsible for providing critical mental health and professional counseling services.

Family therapy is of great importance to the health system. Government needs to support the establishment of community Family Therapy hubs. This will better both the lives of the individual clients, the health system and the general society.

Conclusion

Over time, the role of family therapists on a communal level will be very critical in helping address perceived needs where medical interventions appear to have insufficiently addressed the needs of mental health patients. In essence, family therapists play a pivotal role in identifying factors that trigger mental health problems or well-being issues. This includes undiagnosed mental health issues, trigger issues, depression, anxiety, or other life-changing factors such as unemployment, bereavement, familial breakdown etc. As such, family therapists provide a holistic

approach that offers an integrated service, which can considerably improve the beneficiary's mental well-being. The evidence presented here testifies and highlights the impact that family therapists have on their clients' lives, which goes a long way in helping clients reach their full potential by using not only the holistic approach but the whole family approach as well. To sum up, health workers in a supervisory role believe that training from SPANS proved essential in aiding students' ability to conduct family therapy sessions, coupled with subsequent counseling sessions, follow-ups, making proper referrals, designing workshop programs, and offering mental health services to patients and staff alike. Supervisors were highly satisfied with the overall competency and conduct of the students from SPANS. But many students and their supervisors were of the view that hospitals and organizations were not fully equipped to offer support and adequate supervision for the student family mental health therapists, as mental health is still an emerging field that is yet to be fully recognised and applied in the country's healthcare sector. This report found there to be a lack of support across structures, with smaller clinics being the worst affected due to fewer trained personnel and resources.

References

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Appendix A

Interview questions for students

1. How long were you attached to your respective hospital/organization?

2. How easy or hard was it to settle in this role?
3. Do you feel the training received from SPANS equipped you with skills to enter the job market?
4. What are some of the challenges you faced in adapting to this role?
5. In what ways has the attachment boosted your professional development?
6. Have your perceptions on mental health changed after undertaking this role?

Appendix B

Interview questions for supervisors

1. How long has the student been under your supervision?
2. Do you feel the student received adequate training from SPANS?
3. What are some of the areas you feel the student would benefit from additional training?
4. How would you rate the student's application of knowledge to their role?
5. How would you rate their competency in this role?
6. Do you feel the student is ready to enter the workforce?
7. Would you consider having them as a permanent member of your staff?
8. Does your organization have an in-house counsellor?

Appendix C

Assessment questionnaire for supervisors

1. How long have you supervised the student from SPANS?
2. Are you satisfied with their overall skills, conduct?
3. How would you rate their competency? [On a scale of 1-5, with 1 being poor and 5 being excellent].
4. How would you rate their application of knowledge? [On a scale of 1-5, with 1 being poor and 5 being excellent].
5. Does your organization have an in-house counsellor?
6. If not, would you create one after encountering a student from SPANS?
7. I am satisfied with the student's conduct and professionalism

[Agree, Disagree].

8. Do you feel that your organization is suffering from shortage of mental health counsellors?

9. On average, how many patients is the student responsible for seeing?

10. Did the student manage to build trust and rapport with patients?

11. Did the student meet your set goals and objectives?

12. Would you keep the student as a permanent employee with your organization?

13. Are you satisfied with the SPANS training program?

14. How would you rate the student's overall conduct?

15. Would you recommend colleagues or friends and family to