

# **BasicNeeds**

## *BasicRights*

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### **Mental Health Care Service Capacity of Health Workers Trained by BasicNeeds Lao PDR**

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**BasicNeeds Lao PDR  
Annual Research  
Report of 2008**

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## **Acronym**

ARR	Annual Research Report
BNL	BasicNeeds Lao PDR
CMHD	Community Mental Health and Development
DFID	Department for International Development of United Kingdom
GP	General Practitioner
Lao PDR	Lao People’s Democratic Republic
LAMI	Low-Income and Middle-Income
MHU	Mental Health Unit
MOU	Memorandum of Understanding
OC	Outreach Clinic
WHO	World Health Organisation

## 1. Introduction

The mental health is usually not a priority of the national health budget worldwide. About 50% of countries in Southeast Asia spend less than 1% of their health budget on mental health. The review of education and training mental health professionals has reported that training facilities in low-income and middle-income (LAMI) countries are insufficient and this accounts for the shortage of professionals (Jacob K., Sharan P., Mirza I., Garrido-Cumbrera M., Seedat S., Mari J., Sreenivas V., Saxena S. 2007). Nearly half of all countries reported that they had less than one psychiatrist and psychiatric nurse per 100 000 people, which included all Southeast Asian and nearly 90% of African countries (WHO Mental Health Atlas. 2005).

High-income countries have mental health human resource 200 times higher than that in low-income countries. These figures show the enormous imbalance in the distribution of skilled human resources for mental health across the world. The inadequacy of mental health care professionals in the LAMI countries holds back the mental health treatment and care (Saxena S, Thornicroft G., Knapp M., Whiteford H. 2007). Some rational of the scarce numbers of mental health professional from suggested by international mental health experts involved in the "Barriers to improvement of mental health services in low-income and middle-income countries study" are that *poor working conditions and low status of the profession mean that few people enter the mental health professions*. The investment in the training, salaries and working conditions of mental health personnel should be remained in place as to encourage mental health leaders to work in LAMI.

Many international mental health experts recommended that *mental health training needs to move beyond hospitals and universities and beyond the theoretical sessions, to continual process of supervision and mentorship in the community they serve. This call for more community-based training may be applied to the training of psychiatrists, medical officers and primary care providers, as well as paraprofessionals in mental health* (WHO. 2007). In addition, they suggested that those trained health workers in the

community should be acknowledged by their governments, and allowed to qualify as professionals.

In Lao PDR, apart from psychiatry and mental health courses, that are part of the several curriculums for medical students at the Faculty of Medical Sciences, taught by 2 psychiatrists and 2 general practitioners trained in mental health from mental health unit of Mahosot hospital, there is no other comprehensive course offered for students to become mental health professionals neither does the country has regular mental health training for the health care workers. Besides, there are no community care facilities for patients with mental disorders (Bertrand Didier, Choulamany Chantharavady., 2002).

### **1.1 About BasicNeeds Lao PDR**

BasicNeeds Lao PDR is the first NGO running the Mental Health and Development Programme in the country. Within the organisation at this time, it has one and a very first project titled, "Community Mental Health and Development in Vientiane Capital of Lao PDR (CMHD)".

BasicNeeds Lao PDR's target beneficiary communities are set to be in 9 districts of Vientiane Capital, up to date, it is now reaching 4 districts out of 9, these districts include: Xaythani, Sikhottabong Naxaythong and Hadxayfong. Within the 4 districts, there are a total of 7 mental health outreach clinics<sup>1</sup> being implemented – 3 are operating at the village health care centres and other 4 at the district hospitals.

The work of BasicNeeds Lao PDR's CMHD in Vientiane Capital Project, funded by Department for International Development UK (DFID), is to deliver help to improve the quality of life of those suffering from mental disorders through implementing 5 BasicNeeds' modules of Mental Health and Development namely - Capacity Building; Community Mental Health; Promoting Sustainable Livelihoods; Research Policy and Advocacy and; Program Management and Administration. Although the project's funding was approved in year 2006, but the operation was not begun until July 2007 due to the lengthy procedures that the organisation needs to comply to before it can setup the operation and the office.

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<sup>1</sup> Community Mental Health Care Service is defined as a decentralised model, for example, the mental health care is provided at the grass-root, i.e. at district and village levels, for those with mental illnesses, this service is called 'Outreach Clinic'. Community-based mental health care is designed to reach and decrease the mental health care need for more costly inpatient delivered in central hospitals.

## 2. Justification of the Study

At BasicNeeds, at the end of the year the annual research report of each country are needed for summarising what have been done and accomplished for research work and also any changes that the organisation has been made to its stakeholders. The year 2008, BasicNeeds Lao PDR (BNL) has chosen the topic of “mental health care service capacities of health care workers trained by BasicNeeds Lao PDR” to be the focus of the annual research report production. The rationale of the chosen topic is that BNL has been providing numerous mental health care training, since July 2007 up to present, to central, district and village health care workers. These people are now providing mental health care service at the outreach clinic with ongoing support from BNL’s psychiatrist and general practitioners. The study is going to look into whether or not these health care workers are ready to take up the job independently in coming future without BasicNeeds support at their districts. The study particularly has two main objectives:

1. To assess mental health care knowledge and service capacity of health care workers trained by BNL; and
2. To understand the health care workers’ strengths and weaknesses in providing mental health care service at the outreach clinic.

## 3. Methodology

### 3.1 Data Collection

The study uses Participatory Data Analysis (PDA)<sup>2</sup> for getting users<sup>3</sup> perspective on the treatment provided by district health care workers; small focus group discussion and key informant interview were used to get information from health care workers. Additionally, the records of participants attended the mental health training organised by BNL is also included in the report.

The data collection was taken place at Thangone village group of Xaythani and NongNiew village group of Sikhottabong district. The study was carried out from October to November 2008. Detail of data collection activities are as following:

- ***Participatory Data Analysis with Users (PDA):***

The pool of participants who attended the PDA for this study were selected stratified random sample based on their diagnosis, for example, some participants are people with epilepsy, some with schizophrenia, psychosis, depression, some with anxiety and post

<sup>2</sup> Participatory Data Analysis - Data analysis done in groups at the community level by stakeholders, mainly people with mental illness and their carers.

<sup>3</sup> People with mental disorders and their carers

traumatic stress disorder, accompanying them were their carers. The participants were invited to participate prior to the PDA day by the village volunteers.

The PDA day was taken place on 17 October of 2008 at Ban Na's temple in Thangone village group of Xaythani district, 23 participants including people with mental disorders and their carers attended the session. Participants were divided into three groups and each group was facilitated by 2 village volunteers, one volunteer acts as facilitator and the other acts as recorder. Each group was given questions and manila card, participants wrote down freely their thoughts and comments on the topic of discussion, for those that could not write or having difficulty in writing, and the volunteer helped them to write down their thoughts. The PDA took about 3 hours to complete.

- ***Focus group discussion***

During the same month of the data collection for this study, BNL was organising the Follow-Up Field Consultation Meeting<sup>4</sup> at the study districts, health care workers who have been trained by BNL also attended this meeting. The meeting divided the participants into various groups for forming group discussion relatively based on their roles in the community. For instance, people with mental disorder group, carer group, community mass-organisation group, village volunteer group and district health care workers group. The discussion within the health care workers group gave an opportunity for the study team to gather information about their knowledge and capacity as well as weaknesses and strengths in working at their community mental health outreach clinic. Their responses from the discussion are extracted and used for this study.

- ***Key Informant Interview***

Informal interview were conducted with 3 health care workers, these people are staff of mental health unit of 103 hospital<sup>5</sup>, who involve in the community mental health outreach clinic work. The head of this unit was interviewed via telephone. A general practitioner and a nurse were interviewed at the outreach clinic by the BNL's Research Officer. Each interview lasted approximately 30 minutes.

### **3.2 Data Analysis**

The analysis was done by categorising the data into theme:

<sup>4</sup> **Follow – Up Field Consultations** - Community meetings usually held after 1 year of programme implementation. These consultations are generally coordinated by a local community based organisation, potential partner or ally, and initially animated by BasicNeeds' staff. At the consultations people with mental illness, their carers/other family members, local community and village volunteers discuss changes that have been occurred to people with mental disorders and the community as a whole and the way forward.

<sup>5</sup> 103 and Mahosot hospital are the only two places that have mental health unit for Lao PDR.

### ***Data analysis for focus group discussion:***

The data from group discussion with health workers is broken up into subheading mostly influenced by the questions asked at the discussion. For example, the knowledge and capacity of mental health, their feeling about their treatment given to patients and their thoughts about the sustainability of the outreach clinic and so on.

The raw data was written in flip charts by the health care workers, they wrote down their responses based on the questions given (*See questions for health care workers in appendix 2*). The raw data were then organised and grouped into themes by the Research Officer after the focus group discussion.

### ***Data analysis for PDA***

The data from PDA was firstly analysed by participants (based on majority responses made by the participants), the data later on were summarised and significant responses were also extracted by the Research Officer (*See questions used for PDA in appendix 1*).

### ***Data analysis for key informant interview***

The key informant interview data is themed based on the planned subheading of this report<sup>6</sup>. The data was themed and analysed by the Research Officer.

## **4. Analysis**

### **4.1 BasicNeeds' mental health care training**

BasicNeeds Lao PDR has applied 2 approaches in giving mental health care training to district health care workers. *The first approach* is the lecture<sup>7</sup> and group exercise mostly organised at the hotel's conference room and lasts between 3 to 5 days. *The second approach* is the on-the-job training, in other words, the health care workers practise at the community outreach clinic at their workstation<sup>8</sup>.

Since November 2007 up to now, BNL has provided a total of 4 lecture-trainings and ongoing on-the-job training. The main trainers are BasicNeeds Lao PDR's Programme

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<sup>6</sup> For questions used for key informant interview is the same question used at the focus group discussion with health care workers, see appendix 2.

<sup>7</sup> See appendix 3, the list of mental health training provided to district health care workers by BasicNeeds.

<sup>8</sup> The health care worker usually sits next to the psychiatrist and observes the process of the interview, diagnosis and prescription done by the psychiatrist. After a few months, the health care worker starts providing the treatment to patients with support from the psychiatrist until they are able to do this independently.

Manager who is also a psychiatrist from Mental Health Unit (MHU) of Mahosot hospital<sup>9</sup> and BNL's Community Mental Health Assistant who is a trained general practitioner in mental health<sup>10</sup>.

There are total of 75 trainees received the training, out of this figure, 18 are general practitioners (GP) and 16 are nurses from target 9 districts in Vientiane capital who are going to be main providers at the outreach clinic, and the rest of trainees are from central level hospital, staff from Ministry of Labour and Social Welfare and a few are from Non-Government Organisations partners, however out of these trainees, currently there are only 6 GP and 13 nurses working at the outreach clinic in 4 districts<sup>11</sup> that BNL has reached to. The trained health care workers also receive numbers of treatment and counselling manuals<sup>12</sup>.

## **4.2 District health care workers knowledge and capacity in mental health**

### **4.2.1 Before the mental health care training**

During the group discussion at the Filed Follow - Up Consultation Meeting, district health staff of Xaythani and Sikhottabong expressed their feeling about the days before they get trained in mental health by BasicNeeds as following:

- They could not distinguish types of mental disorders
- They only heard/learned so little about mental health ( in theory)
- They were not able to give counselling/advice to people with mental disorders and their family, most of workers referred patients directly to central level hospital<sup>13</sup>
- At the village health care centre, there were hardly any patients with mental disorders received treatment and the staff could not provide treatment to these patients

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<sup>9</sup> Central level hospital.

<sup>10</sup> Trained at Mental Health Unit of Mahosot hospital.

<sup>11</sup> Xaythani, Sikhottabong, Hadxayfong and Naxaythong districts.

<sup>12</sup> See list of BasicNeeds Lao PDR's training manuals in appendix 4.

<sup>13</sup> Central hospitals are national level hospitals, in Lao PDR there are 3 levels of health facilities: level 1 is at village health care centre, level 2 is at district hospital and level 3 is central hospital (national level).

- District health care workers in Xaythani admitted that they were scared of patient with mental disorders, they did not want to deal with these patient
- Lack of capacity to provide treatment to people with mental disorder and were not at all confident about their mental health care knowledge

#### **4.2.2 After mental health care training provided by BasicNeeds**

The district health care workers reported at the group discussion about their knowledge and capacity after mental health care training as below:

- They now can distinguish mental disorders
- They know how to approach people with mental disorders, their family and the community
- They can provide counselling and treatment to patients with mental disorders at their health facilities and do not need to refer them to central level hospital except critical case
- The mental health care service is improved, there are more number of patients with mental disorders access to the district health care facility
- Their knowledge about mental health care has been upgraded, for example, knowledge about psychotropic medication and its side effect, diagnosis, finding cause and treatment solution, knows how to plan the treatment and giving counselling to patient.
- They feel more confident about their capacity to provide mental health treatment
- They are trusted by patients and patients' family

#### **4.2.3 The community mental health outreach clinic management**

Before BasicNeeds intervention, the district health care facility referred patients with mental disorders directly to mental health unit at central level hospital. After the programme intervention, the district health care facility of Xaythani and Sikhottabong has agreed the roles and responsibility between the village health care centre and district hospital staff as illustrated below:

The village health care centres' roles:

- Search and identify people with mental disorders in the community

- Follow-up patients by informing them about the outreach clinic appointment day<sup>14</sup>
- Provide counselling

The district hospital's roles:

- Provide treatment at the outreach clinic
- Follow-up patients condition particularly patients with psychotropic drug side effect
- Evaluate patients condition and make a referral to central level hospital as necessary

**4.2.4 Strengths and challenges**

The health care workers of Xaythani and Sikhottabong revealed their strengths and challenges in working for the outreach clinic as following:

**Challenges**

Below are challenges that district health care workers said they are having:

- Not enough human resources i.e. general practitioners working for the outreach clinic
- Do not have vehicles to do home visit follow-up critical patients
- Some patients' family think mental illness is not curable and some family do not comply to the treatment
- Some patients are not followed up by health care workers especially the critical case
- The roles and responsibilities within the outreach clinic team are still unclear e.g. reporting and recording
- Mental illness treatment is a long term treatment and this hinders the hope of the patients and the doctor particularly the mental retardation patients

**Strengths**

Health care workers feel that these are their strengths in working for outreach clinics:

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<sup>14</sup> Once a month in Sikhottabong district and Xaythani every Friday of the week.

- Support from BasicNeeds e.g. outreach clinic planning and management, equipment for the outreach clinic and free supply of psychotropic drug<sup>15</sup> for patients
- Vientiane Capital Department of Health<sup>16</sup> and community mass organisation give a good support to health care workers
- District health care workers work for the outreach clinic are enthusiastic to do the job
- Patients are keen to get treatment because they can get counselling and understand about their illness

#### ***4.2.5 District health care workers' feeling about their role in providing mental health care***

The district health care workers said they feel proud that they are now able to give mental health care (causes, symptoms and treatment and counselling) to people with mental disorders. They are specifically happy when they see the improvement of mental health of patients, below are some expression given by the health care workers:

- They feel like the patients are their own relatives, they give moral support and do not discriminate people with mental disorders and concerned if the patients do not come to their follow-up appointment
- District health care workers are pleased to see that they could help patients get better and the patients are able to help themselves (hygiene) and some family business or household chores

#### ***4.2.6 The sustainable of the community mental health care service***

Health care workers work for the outreach clinics gave their opinion on how to make the community mental health care service sustainable:

- There should be a reserved funding for the outreach clinic work after the expiration of CMHD project funded by DFID; the support could come from community, village mass organisation, people with mental disorders and their family.

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<sup>15</sup> BasicNeeds give psychotropic drug to patients at the outreach clinics without charge, funded by DFID.

<sup>16</sup> All of 9 district health care facilities in Vientiane capital are under the supervision of Vientiane Capital

- BasicNeeds should keep providing training to districts health care workers and expand outreach clinics work to reach more village health care centres
- The clear roles and responsibilities of the outreach clinic team should be made

### **4.3. The health care workers from mental health unit**

The mental health unit of 103 hospital has been allocating their staff monthly to assist the BNL's outreach clinic at the community. Each time there will be 1 GP and 1 nurse accompanying the BNL's outreach clinic team to the field. Although these health workers did not attend the mental health lecture training provided by BNL but they have been trained at their unit and at the outreach clinic by BNL's psychiatrist.

#### ***4.3.1 Change in mental health care capacity after joining BasicNeeds***

The general practitioner and nurse from mental health unit of 103 hospital said that before joining outreach clinic team, their mental health knowledge was limit and that the working condition at the mental health unit is different from the community outreach clinic, for example, the patients are more acute cases than those at the outreach clinic.

Working for outreach clinic at the community allows them to explore to in-depth of mental health problem in the grassroots level, they see many patients in one day than that at MHU. Following are overviews of the MHU 103 staff about their roles in outreach clinic:

- The patients' family give a good cooperation to the doctor and treatment
- Patients group activity after seeing doctor is interesting at the outreach clinic, their MHU does not have this activity
- They explore to various patient cases, they feel proud to work close and give treatment to patients
- They gain new experiences
- The general practitioner feels that 70% of the patients get treatment at outreach clinics have reduced symptoms

#### **4.3.2 Strengths and Challenges of MHU health care workers**

##### **Challenges**

MHU of 103 hospital express their challenges in working for the outreach clinic:

- There are a lot of patients for general practitioner to treat in one day at the outreach clinic
- The medication prescribed at the outreach clinic are mild comparing to the MHU and this minimises the trust from patients (who used to get much more strong medication at MHU) and they may stop coming to the outreach clinic
- The allowance allocate to MHU staff by BNL should be increased as they work harder than they do at the MHU itself
- The MHU 103 does not have adequate staff to be based at the unit , if possible, they do not want to send staff to the outreach clinic

### **Strengths**

Staff of MHU of 103 hospital said their strengths in involving with BNL's community outreach clinic work are: the support from their unit and the 103 hospital authorisation (approve them to go to the field to assist BNL). Moreover, they get good support from BNL e.g. transport from their hospital to the field.

#### ***4.3.3 The sustainable of the community mental health care service***

The staff of MHU 103 have their views over the course of sustainable of community mental health care service as:

- The MHU staff think patients should be prescribed more dosage and good quality psychotropic drug as they used to get at MHU
- The approach in providing treatment at the community is a great approach and should get carried on
- BNL needs to do more campaign work in the target community (identifying people with mental disorders as many as possible) as to attract more patients to outreach clinic so that the programme can work in the community in a long run

#### **4.4. Users' perspectives on the mental health care service of health care workers**

At the PDA in Thangone village group of Xaythani district, 23 users expressed their treatment experiences received from the health care workers. Most of the users at PDA said their mental health has been improved since they have been to the outreach clinic<sup>17</sup>.

<sup>17</sup>The users of Thangone village group go to community mental health outreach clinic at the Xaythani district hospital. From November 2007 to August 2008, BNL's outreach clinic team support and lead the operation of this clinic. Fall into 5 September 2008, BNL has handed over medication and other materials necessary for

They are happy with the treatment and service provided by health care workers. In addition, they have not been in shortage of prescription drug and most of users do not obtain treatment at other places apart from the outreach clinic. On the other hand, out of these 23 users, a few have experienced treatment complication for example:

- 2 users reported that at the beginning of their treatment they feel better, but later on when their types of medication were changed by health care workers they have been relapsed
- One user said she does not get better but her health has been worse
- Most users have experienced side effect from psychotropic drug e.g. weight gain and sleepy
- A few are not happy about the fact that they are charged 5000 Kip<sup>18</sup> per visit to the outreach clinic as the treatment including medication used to be without charge<sup>19</sup>

## 5. Key Finding

The result of the study indicates that changes in knowledge and capacity in providing mental health care of health care workers trained by BNL have been occurred, following is the summary of main finding:

- The mental health care knowledge and capacity of district health care workers work for the community mental health outreach clinic has changed in positive path, they now have adequate capacity to provide treatment and are quite confident to do the job
- They have received good support both technical and facility in running the outreach clinic from BNL, their hospital and the community. However, There are not enough district general practitioners work for the outreach clinic and clear roles and responsibility within the outreach clinic team are unclear
- Follow-up home visit work done by health care workers are still lacking

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running the outreach clinic to this hospital since then the trained health care workers at the Xaythani district started to provide treatment independently with monthly visit of BNL's mental health care provider team.

<sup>18</sup> About USD 0,59 cent.

<sup>19</sup> The outreach clinic service used to be free of charge when BNL's mental health care provider team worked at the clinic. After they handed over the task to the hospital to work independently, the hospital has since then started charging users for 5000 kip per visit; the hospital uses the money to cover their administration cost at

- The patients/family and general practitioners sometimes lose hope to see improvement in the patients as the mental illness is a long term treatment. A few health care workers involved in the study said some family do not comply to their treatment
- MHU 103 staff gain alternative experience from working for the outreach clinic apart from their hospital
- MHU staff said the medication given at the outreach clinic is mild comparing to their MHU. In the future, they might not send their staff to assist BNL's outreach clinic
- Most users satisfy with the service and treatment they received from the health care workers, nevertheless, a few report they are relapse after having subsidised to different drug. Furthermore, side effect are commonly occurring to the majority of users e.g. sleepiness and weight gain
- A few users are not happy about the new service charge policy of 5000 kip per visit (Xaythani district hospital)

## **6. Study Limitation**

This study has numbers of limitations, first is the involvement of users in the PDA session, for example, the PDA only took place in one community (ThaNgone village group). The study did not conduct PDA in Nongniew village group which is also one of the study locations while focus group discussion with health care workers included both locations.

Second limitation is the numbers of health care workers involved in the key informant interview, there was only 3 health care workers from central hospital (103 hospital or military hospital) involved in outreach clinic work were interviewed, in fact, there are more health care workers from other central hospitals involve in the outreach clinic work, but at the time of data collection, only one central hospital was contacted.

Third limitation, the study did not engage mental health experts or psychiatrists in the study for the technical part of the evaluation of mental health care capacities of health care workers trained by BNL. The evaluation of their capacities may have been more comprehensive if it was also monitored by the experts.

Lastly, although the primary data analysis came from the people involved in the study but the data was in the end categorised, themed and summarised by the BNL's Research

Officer for report's headings and sub-headings purposes. The analysis does not involve the third party outside BasicNeeds office.

## **7. Discussion**

As mentioned in the introduction section, WHO Atlas 2005 made it clear that the mental health resources are limited worldwide including South-East Asia countries, the number of psychiatrists and psychiatric nurses are less than 1 person per 100,000 population. This study however has discovered the positive change as its result confirms that the mental health care knowledge and capacity of number of health care workers trained by BasicNeeds Lao PDR have been changed in a positive direction. Before the training, they had so little to do with mental health care and particularly with people with mental disorders. These new trained GP are able to provide treatment at the community level and more patients can access at the lower cost of treatment at their own community. In addition, the growth in number of health care workers with mental health care training has been added to the country. Nonetheless, the confirmation of these changes only come from the trained health care workers themselves, the study does not include the evaluation of their skills by mental health expert or psychiatrists.

Although the district health care workers have been received good support from BNL, their hospital and the community. But they are still facing some obstacles in doing the job. Firstly, there is a shortage of health care workers working for the clinic (each district has 1 GP and between 2 to 4 nurses). Secondly, the roles among the team is still unclear, further investigation need to be made about these issues as to ensure the understanding among the team. Thirdly, the home follow up visit to critical patient's house has not been adequately made by the district health care workers due to the lacking of vehicle and perhaps budget. The follow-up visit is so important to the critical cases. If there is going to be unclear plan for this issue then there is a chance that there might be more number of relapsed patients or worse patients stop coming to the clinic. Lastly, health care workers sometimes can get frustrated or lost of hope about their treatment e.g. patient's family ignore the GP's advice or that some patients are harder than the other to treat.

MHU 103 hospital has given great cooperation to the BNL's outreach clinic work. However, they have casted doubt on the doses given out to patients at the outreach clinic, according to their experience at their MHU, prescription drug given out to patients are more doses than that at the outreach clinic and the MHU staff are concerned that the patients who used to access their MHU might not be happy with milder medication they receive at the outreach clinic. BNL and MHU 103 should discuss and come to agreement on the issue. MHU has stated that they are lack of staff to base at the unit and incoming

future they might not be able to allocate staff to assist the outreach clinic. There is also a call for the increasing in allowance scale to MHU staff. The MHU 103 has indeed been a good help to BNL in providing mental health care at the community, discussion should be organised as to avoid the shortage of human resources at the outreach clinic.

More than half of users attended the PDA expressed that they have reduced symptoms since they have been receiving treatment from the outreach clinic. This indicates that the trained health care workers' performance is quite affirmative. In converse, some users have undesirable experiences from the treatment, for example, the subsidisation to new medication prescribed by the GP and leading to relapse. Further investigation is needed to solve this problem. In addition, the majority of patients are still facing side effect of medication. The switch from free of charge to 5000 kip per visit at the outreach clinic at Xaythani hospital has been an issue among the users. Though this change has created hesitation, but for the sustainable of the outreach clinic, the service charge seems to be an inevitable action.

## **8. Recommendation**

Following are recommendation for the future plan for the mental health care training to health care workers and other recommendation for the sustainable of the community mental health care outreach clinic where the trained health care workers are based:

### **8.1 Two general practitioner per outreach clinic**

The training programme should ensure that at least 2 GP from district hospital are trained and station at the OC as currently there is only 1 GP per OC and could not meet the service demand

### **8.2 BNL should organise the meeting to reach agreement with district health care workers as to ensure the sustainability**

Meeting among the outreach clinic team should be organised on these topics: 1) clear role and responsibility within the team (including BNL and outreach clinic hosting hospital); 2) discussing any obstacles that district health care workers are still facing e.g. patients home follow up visit work, the new service charge policy (Xaythani hospital) and any difficulty they are dealing with patients and patients' family.

### **8.3 Reaching agreement with MHU 103**

Formal discussion should be made with MHU staff and the head of unit to reach agreement on 1) doses giving out to patients; 2) allocation of MHU staff to assist the OC and; 3) the MHU allowance budget for working at the outreach clinic.

#### **8.4 Investigating the health care workers' approach in subsidising new type of medication to patients**

A few users raised the issue of relapsing after having been subsidised to a new type of medication prescribed by the district health care workers. The issue is big; the investigation should be made. The trust of the patients to the treatment might be hindered and that the outreach clinic could lose a considerable amount of patients.

#### **8.5 More campaign work about the mental health outreach clinic should be made**

The campaign work about the OC should be carried on in the target community as to attract more numbers of patients; this is to ensure the accessibility and sustainability of the community mental health care outreach clinic. And that the health care workers could utilise their mental health skills at their foremost.

#### **8.6 The service charge for sustainability of the outreach clinic**

Users should be explained about the new policy, the outreach clinic charge determined by the hosting hospital. The hosting hospital should start save up the revenue from the service charge so that in the future after the completion of CMHD, they can use the fund to procure psychiatric medication for the outreach clinic or call 'revolving drug fund'.

#### **\*Some other recommendations made by the health care workers participated in this study are as following:**

- There should be an alternative funding for outreach clinic after the CMHD completes its project
- Mental health care training should be given to new GP and the outreach clinic work should be expanded to more new village health care centres
- Campaign work about the access to outreach clinic should be emphasised in the community as to attract new patients

### **9. Conclusion**

The mental health care training is an important part of the improvement of mental health care service, the more number of health care workers trained in mental health means the more accessible for people with mental disorders. Apart from having the adequate number of mental health care workers, the key success of this field is that the ongoing improving and monitoring of skills and knowledge of these trained health workers is essential. In doing so, the funding available for such activities are needed to

be in place at national level. Furthermore, the clear role and responsibility among mental health care workers are crucial before setting up the mental health facilities at the community level, formal agreement through team meeting is needed and the job term of reference has to be developed so that the team understand their stance.

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## **Appendix**

### **Appendix 1: Questions for participants at PDA session**

1. How is your health status?
2. How is your medication?
3. Do you experience any side effect from taking medication?
4. What things you can do for/by yourself at present?
5. Are you still going to the outreach clinic regularly? If not can you give us a reason why?
6. Can you please tell us about your impression when you meet the doctor at the outreach clinic?
7. What are the convenience and inconveniencies when you meet doctor at the clinic?
8. Could you please tell us about the level of your satisfaction of the service given by the doctor at the outreach clinic?
9. Are you prescribed adequate medication each month from the clinic? Have your medication ever run out before the outreach clinic appointment date?
10. Have you also sought other types of treatment apart from seeing the doctor at the outreach clinic?

### **Appendix 2: Questions used for focus group discussion with district health care workers and key informant interview (used same questions)**

1. Before BNL programme intervention, how were your knowledge about mental health and capacity in providing care to people with mental disorders?

2. What did you think about people having mental disorders within your community back then?
3. After BNL intervention how are your knowledge and skill on mental health now?
4. And now how do you feel about people with mental disorders?
5. What approach do you use for implementing the community mental health and development project in your district?
6. What contributions you have made to this project?
7. What are the training you have been received from the project?
8. How have you been using the mental health care manual provided by BasicNeeds into your work?
9. How have the mental health training curriculum provided by the project enhanced your capacities and skills?
10. After these training, how have your mental health care capacities been improved?
11. What approach do you use for evaluate and follow up patients' mental health status?
12. What types of support you have had since the beginning of the project?
13. What are the challenges and strengths you have in doing this work? (including providing care, management and administration)
14. For easy access to medical treatment of people with mental disorders and the sustainability of the project, what do you think should be improved? And what contribution would you make for those suffering from mental disorders?

**Appendix 3: List of training titles provided to health care workers by BasicNeeds**

1. COMMUNITY MENTAL HEALTH TRAINING FOR HEALTH CARE WORKERS, JULY 2007
2. COMMUNITY MENTAL HEALTH CARE TRAINING FOR HEALTH WORKERS, MAY 2008
3. PSYCHO-SOCIAL CARE FOR COMMUNITIES AFFECTED BY DISASTERS TRAINING, OCTOBER 2008
4. BASIC SKILLS IN COUNSELLING

## **Appendix 4: List of mental health training materials and manuals of BasicNeeds**

### **Lao PDR**

1. ESSENTIAL SKILLS FOR MENTAL HEALTH CARE (LAO & ENGLISH)
2. COMMUNITY MENTAL HEALTH MANUAL FOR TRAINING HEALTH CARE WORKERS, JULY 2007
3. COMMUNITY MENTAL HEALTH CARE MANUAL FOR TRAINING HEALTH WORKERS, MAY 2008
4. PSYCHO-SOCIAL CARE FOR COMMUNITIES AFFECTED BY DISASTERS MANUAL FOR TRAINING HEALTH CARE WORKERS, OCTOBER 2008
5. BASIC SKILLS IN COUNSELLING MANUAL
6. MENTAL HEALTH CARE MANUAL FOR PRIMARY HEALTH CARE WORKERS
7. PSYCHOTROPIC DRUGS GUIDE
8. TECHNIQUES ON INTERVIEWING AND EXAMINING PEOPLE WITH MENTAL HEALTH PROBLEMS GUIDELINE FOR HEALTH CARE WORKERS
9. MENTAL HEALTH TRAINING MANUAL FOR VILLAGE VOLUNTEERS
10. MANUAL ON HOW TO TAKE CARE OF PEOPLE WITH MENTAL DISORDERS FOR CARERS
11. MENTALLY ILL PATIENTS REFERRAL GUIDE
12. NEUROTRANSMITTER SUBSTANCES TRAINING MANUAL