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Why it is important to look after yourself, and ways to look after yourself.

Digital Remote Basic Psychosocial Skills Training Package for Pacific Island Countries and Territories – Discussion and Recommendations (Deliverable 3.1)

Prepared for the World Health Organization (WHO) by

WHO Collaborating Centre for Nursing, Midwifery and Health Development, University of Technology, Sydney

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The WHO Collaborating Centre Faculty of Health is an interdisciplinary research and consulting organisation at the University of Technology Sydney. The UTS World Health Organization (WHO) Collaborating Centre for Nursing, Midwifery and Health Development (WHO CC UTS) forms part of an international collaborative network that supports and undertakes projects in support of WHO's program at national, regional and international levels.

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1. Introduction

This report provides recommendations following previous working group discussions and deliverables 1.1, 1.2, 2.1, in line with APW 202621842 scaling up mental health education in Pacific Island Countries and Territories (PICTs). It follows from lessons learnt during the creation and future launch of a short course based on the **Basic Psychosocial Skills: A Guide for COVID-19 Responders** (BPS) that was adapted for use in the Pacific Region. The purpose of the contract is to better understand the effectiveness of both the content and the delivery of digital training materials and to use that knowledge to develop online resources that can be utilised in scaling up BPS skills training as well as other future mental health training in PICTs.

This work links with the WHO Western Pacific Regional Office Action for COVID-19 [1] goal aims to support countries and areas in the WHO Western Pacific Region mitigate the public health impacts of large-scale community outbreaks of COVID-19.

2. Background and Context

2.1 Covid-19 pandemic

In the context of the global pandemic of COVID-19, people in first responder roles are experiencing increasing stress and pressure as well as being called on to support others in their communities with high rates of stress and distress. Supporting mental health and wellness is widely recognised as a key component of effective health promotion during this challenging period. Basic psychosocial support (BPS) skills are at the core of any Mental Health and Psychosocial Support (MHPSS) intervention. Such skills are also indispensable for many others involved in the COVID-19 response, whether they identify as an MHPSS provider or not. In this context, it is critical that any tools used to build support skills be available in a variety of online/remote learning formats including facilitated and self-guided strategies.

2.2 IASC Basic Psychosocial Skills: A Guide for COVID-19 First Responders

Basic Psychosocial Skills: A Guide for COVID-19 Responders is a resource that has been produced by the Inter Agency Standing Committee (IASC) for the COVID-19 response in mental health [2] and the WHO Western Pacific Region. The WHO CC UTS was contracted to support the adaptation of this resource for use in the Pacific region. In addition, they created teaching resources that were accessible and engaging for these communities. To support this, a Pacific Working Group was established comprising of members from six Pacific Island Countries. The Working Group convened several times during this period for discussions, Zoom workshops, and structured feedback opportunities on the Guide, and their detailed feedback was incorporated into the development of training resources used to facilitate use of the Guide.

2.3 Pacific Context

As we know the Pacific Islands are of low/middle economic status and are impacted by geographical constraints of isolation, vulnerable to disasters [3-5] and face multiple critical health challenges [4]. It has been noted that there has been an increase in the prevalence of non-communicable diseases [6, 7], although communicable diseases are still a major concern. Rates of tuberculosis are decreasing in some areas but reaching alarming rates in others with drug availability a growing burden [5, 8-11]. Historically, there have been significant impacts from communicable disease with one fifth of the population dying from the Spanish Flu in Samoa in 1918 [11]. This burden of disease is further exacerbated by numerous barriers to care provision and access throughout the region.

Some significant macro and micro barriers to care in the Pacific are: limited governmental investment in health [12, 13], limited health resources, and expensive land and sea transport [14-16]. This limited government investment is coupled with a lack of access and involvement in policy development and government emergency planning forums. On a service level there are only five laboratories with testing ability across the Pacific [17] and there are limited ICUs and infection control resources [18, 19]. In addition to this there is a severe lack of reporting on surveillance data [20] which creates challenges when seeking to comprehend the severity of the COVID-19 pandemic. There are further issues with populations accessing care as a consequence of widespread misinformation and disinformation about Pandemic (PNG Facebook)[21]. Another notable challenge is the lack of availability of resources for professional development and opportunities to advance learning outcomes for healthcare professionals.

It has been identified that there are significant gaps in provision of mental health training for health professionals in the Pacific region. In particular there is a gap in psychosocial skills across the

Pacific[12]. Currently, there are 225 health profession programmes in 32 institutes, in the 16 Pacific Countries [22]. With 57 of these covering 74% of the health workforce [23] - 21 diplomas in nursing, 6 nursing bachelor, 30 post-registration mainly midwifery, mental health, child health [22]. Unfortunately, there are few specialist and masters programs available for study [22]. In a review commissioned by WHO, Roberts (2017) notes the varied mental health qualifications available in the region. In nursing faculties there is one bachelor degree, two postgraduate diplomas, and one postgraduate certificate available for study. There is one postgraduate diploma in the area of psychology and a graduate certificate in clinical psychology and two masters of psychiatry offered by medicine faculties. Lastly there are six distance courses available for study from two providers [22].

There is a general lack of health Continuing Professional Development (CPD) in the Pacific, particularly for nurses and midwives, many who have never received any across their career [16]. Education programs that are available are not integrated across the Pacific or linked with Australia or New Zealand [24]. Therefore it is a priority to strengthen accreditation, regulation, CPD and curriculums to meet health securities, Universal Health Coverage, and the Sustainable Development Goal's [25-28].

The full list of mental health qualifications in the Pacific in 2017 [22] includes:

Nursing qualifications:

- PG Certificate in Mental Health Nursing at College of Medicine, Nursing and Health Sciences/FNU
- PG Diploma in Mental Health at CMNHS/FNU
- PG Diploma in Nursing (Mental Health) at National University of Samoa
- Bachelor of Clinical Nursing – Mental Health at SMHS/UPNG

Psychology qualifications:

- PG Diploma in Arts (Psychology) at University of the South Pacific
- Graduate Certificate in Clinical Psychology at University of Hawai'i

Medicine qualifications:

- Masters in Psychiatry at University of Hawai'i
- Masters of Medicine Psychiatry at UPNG

The distance courses available were [16]:

- POHLN - Psychosocial Health Emergencies and Disasters
- Suicide Prevention Resource Centre -
 - Locating and understanding data for suicide prevention,
 - Counselling on access to lethal means (calm),
 - Choosing and implementing a suicide prevention gatekeeper prevention program,
 - Planning & evaluation for youth suicide prevention, and
 - Research evidence for suicide as a preventable public health issue.

3. Discussion and Recommendations (Deliverable 3.1)

The recommendations in the table below have been derived from lessons learnt developing the digital remote BPS training package articulated in deliverable 2.1, the WHO Pacific Open Learning Health Net review (POLHN) in 2019, as well as insights from other WHO reviews and studies.

There has been significant disruption in the teaching and learning area that is associated with COVID-19 but this shift to remote teaching had already started to occur in higher education. The move to this “new normal” in education and training must include discussions of both infrastructure (computer and internet availability), making the best use of available resources and partnerships, as well as content that is effective, engaging and culturally sensitive.

The discussion comments in box below start with some general recommendations and follows these with specific recommendations regarding both initial qualifications and continuing professional development in the mental health training area and how to build off POLHN and the launch of the global WHO Academy in May. (See <https://www.who.int/about/who-academy/> and <https://www.who.int/westernpacific/about/how-we-work/pacific-support/polhn>)

The discussion and recommendations below are developed with the following backdrop:

- 1) There are both **broad and long-term needs** (e.g., ongoing shortages of qualified and skilled health workers; and better retention of existing workforce) and more **focused, short-term needs** (crisis-specific topics like basic psychosocial skills in COVID-19) that must be addressed in future education and training initiatives;
- 2) Discussions must be grounded in the established over-arching goals of universal health coverage, meeting sustainable development goals and their related targets, regional WHO WPRO White Paper and meeting multiple regional critical health challenges;
- 3) Strengthening the skills of the health workforce involves efforts on four fronts: standardising and reciprocal curricula, structured continuing professional development, accreditation and effective regulation, and;
- 4) Implicitly, there will be trade-offs between student experience, learning effectiveness and the speed with which new, relevant courses are offered.

DISCUSSION POINTS	RECOMMENDATIONS
<p>Training and education are poorly matched to patient and population needs [3, 29], and lack responsiveness to emergent issues.</p> <p>Echoing the WHO WPRO Partners Forum Report (2019) [30, 31], that suggests mapping partner support, fostering and strengthening partner coordination and collaboration at all levels to align and harmonize efforts for preparedness and response to outbreaks and health emergencies[12, 32-34]. Coordination and collaboration is necessary to create an efficient and effective system of teaching and learning both generally and with regards to mental health subjects.</p>	<p>There should be systematic mapping of education and training to specific patient and population needs including universal health coverage and other health-related sustainable development goals, their targets and where gaps exist.</p> <p>Several regional studies have examples:</p> <ul style="list-style-type: none"> • A review of how to strengthen climate-related disaster response systems specifically points to the need for technical upskilling and a gap in psychosocial support [12]. • Health Professions Education in the Pacific Region: Standardisation and inclusion in the Regional Framework for Action. A discussion paper for the Heads of Health in the Pacific Region, Unpublished: Commissioned by the World Health Organization (2017).
<p>There is a need for more standardised and integrated curriculum that is also responsive to emergent health needs (e.g. human behaviour as a driver of disease spread, counselling for vaccine hesitancy, and climate change-related disasters).</p> <p>Both Continuing Professional Development and specialised training are areas that require attention with need for appropriate pathways for nurses to build their skills in competence in specialty clinical care. Most Pacific countries have begun to develop National Qualifications Frameworks (NQF) most of which conform to the 10 levels of the Pacific Qualifications Framework (PQF).</p> <p>But not truly integrated across Pacific or linked with Australia and New Zealand.</p>	<p>In line with the WHO APW for the development of framework for sub-regional competency and professional standards for nursing in PICTs, an assessment of existing competencies and professional standards used by countries is to be carried out.</p> <p>This is one of the proposed outputs contributing towards improving the quality of nursing education and regulation with a long-term care aim to address shortage of nurses in PICTs as outlined in the WHO South Pacific Quality Improvement Scoping Study [35].</p>
<p>Recent review of the Pacific Open Learning Health Network (POLHN) by WHO CC UTS suggests that there is a need to increase access to computers, internet and other tools needed throughout Pacific and POLHN learning centres. As of 2019, over 700</p>	<p>There will be continued opportunities to use online learning to fill teaching and learning gaps. The shift to remote teaching requires an ongoing commitment to developing the infrastructure (computers, internet availability) to support this.</p>

<p>students had been sponsored through POLHN and successfully completed courses through Fiji National University. The WHO study highlighted the requirement for student support alongside the online courses to ensure students succeeded. Where there were support packages alongside courses and or local POLHN focal points who provided strong support students were more likely to succeed[16].</p>	<p>POLHN represents an important step in this direction and future efforts (e.g. the WHO Academy) should build on these successes, while acknowledging support systems required for remote learning.</p> <p>For example the BPS online program produced a variety of guidance on how to access the course and provide a certificate for participants.</p>
<p>The BPS training workshop evaluations suggest that a well-designed online learning experience requires sufficient time commitment, so that there are interactive opportunities to discuss/connect with other students.</p> <p>Specifically, workshop participants identified relevant local case study examples, interactivity and opportunity for discussion as the training strengths.</p>	<p>With regards to student experience and learning effectiveness, it is important that remote teaching is sensitive to:</p> <ol style="list-style-type: none"> 1) The articulated desire of health professionals to use learning situations to create both professional and personal connections between students. 2) Need to use more blended modes of learning where online offerings utilise facilitated and small group discussion as well as self-directed learning. 3) The fact that while cultural context through case studies improves the student experience, time and cost to content development need to be factored in.
<p>There is a need to get the right balance between responding quickly to future urgent issues and tailoring tools to specific needs or a specific cultural context.</p> <p>E.g., is it more important to get a mental health program out quickly or to tailor it to the COVID-19 context? What is the trade-off in user experience between a generic tool and one that has been tailored to a particular regional context?</p>	<p>There is the need for follow up with an evaluation of the UTS online short course to determine if:</p> <p>Tailoring of the tool to COVID-19 made the user experience significantly better or if tailoring to Pacific Island countries and territories added significantly to user experience.</p> <p>Study's and reviews carried out in the Pacific need to follow a research approach that works within the Pacific for example PARcific research approach [36] and an adapted groudns up approach to partnership [35].</p>
<p>There are not enough continuing professional development opportunities and those that do exist lack coordination.</p> <p>The WHO Academy aims to fill this void by developing a system of lifelong learning recognition and digital credentialing. With the</p>	<p>In line with the Scoping Study for improving the quality of nursing and midwifery education and regulation in PICTs, a road map has been developed that suggests next steps in CPD and specialist training [35].</p>

<p>aim of recognising the learners achievements [37].</p> <p>It is essential for the system to be accessible, at right level, to meet country context, and shareable with other organizations, Ministries of Health, employers, regulators and certification bodies.</p> <p>A strong regulatory system is crucial to ensuring continued competence of health workers.</p>	<p>An analysis is needed of what strategies (“carrots vs sticks”) are best used to increase CPD opportunities. This will include a review of the various regulation and certification requirements currently in place. How those might be used to facilitate CPD development and how the WHO Academy might bring CPD credentialing together with regulation and certification requirements.</p> <p>Create a Clearinghouse of CPD offerings from the various players in this space (universities such as FNU and UTS, NGOs, other reputable institutions offering short courses online) and map the course content to broad/long-term and focused/short-term needs. This will allow identification of specific gaps in content and target their development.</p>
<p>There was already a trend, pre-COVID-19, in universities and other institutions moving aggressively into developing short courses (in person and online) and micro-credentialing. This has accelerated during COVID-19 as universities have needed to diversify their modes of teaching within increasing financial constraints.</p> <p>The Pacific region should bear this in mind as it looks to universities to extend its current very limited teaching and learning activities in the area of Continuing Professional Development for the health workforce. Importantly, there are special requirements that allow for CPD certificates to be offered for fee-free short courses.</p>	<p>A prototype university approval template and discussion brief should be developed so that the special requirements attached to offering CPD certificates for non-fee short courses are better understood. WHO does not want to “reinvent the wheel” with future submissions.</p> <p>This work could be linked in to</p> <ul style="list-style-type: none"> • WHO Academy Delphi study and set up thinking. • WHO Global Technical Expert Group on Health Practitioner Regulation
<p>Specialisation in the health workforce is not being addressed in a strategic way. There is a need to get the balance right between specialisation and generalist offerings;</p> <ul style="list-style-type: none"> • Example - 21 diplomas in nursing, 6 nursing bachelors, 30 post-registration mainly midwifery, mental health and child health. <p>Pacific groups, for example SPCNMOA, SPC Directors of Clinical Services have highlighted a need to support the development of an appropriately skilled</p>	<p>It is recommended that there needs to be an understanding where the gaps exist in specialist training by region. All countries represented at the SPCNMOA Biennial meeting 2018 agreed on the need for specialist nurses to be matched to country needs, with some Pacific countries having a greater need due to population and health indicators.</p> <p><i>“The quality of the initial nursing qualification and increase of relevant specialist qualifications will have an impact on the quality of healthcare regionally and has the capacity to improve regional health outcomes in a sustainable and cost-</i></p>

<p>nursing and nursing specialist workforce by, among other things, streamlining specialisation for the Pacific [38], (SPCNMOA Biennial Meeting, 2018).</p> <p>There are for example educational barriers for nurses who lack the requirements for entry into postgraduate courses.</p> <p>Specialist training is associated with greater satisfaction and better retention of existing staff.</p>	<p><i>effective manner [39].”, (SPCNMOA Biennial Meeting, 2018).</i></p>
<p>Scaling up of future mental health training in the Pacific.</p> <p>Through the evaluation of the BPS training workshops, participants indicated that they welcomed the training and felt it was a good starting point for more training opportunities.</p> <p>Special attention to things like case study examples, interactivity, opportunity for discussion and cultural sensitivity are arguably more important to the student experience and learning effectiveness in mental health training than in other topic areas.</p>	<p>Need to review more broadly the current gaps and future needs around mental health in the health care workforce in the Pacific region, especially as it relates to the dynamic situation of workforce retention before and during the COVID-19 pandemic.</p> <ul style="list-style-type: none"> • Evaluate how well the specialist practice education in mental health is doing in the Pacific region. • Determine the feasibility of putting Mental Health First Aid tool online with the other existing UTS short courses. • In the long-term, re-badge the existing online course as a tool for health systems “under special stress”. <p>Specifically in the mental health area, a recent WHO TOR aims to map out all organisations and bodies who aim to improve mental health and wellbeing of others in the PICTs. These may include, but are not limited to, national academic institutions or departments, multi country non-governmental organisations (e.g. mental health service user groups, advocacy groups, and disability groups), consultancy organisations, and professional bodies.</p>

4. Team

The WHO CC UTS Team has cross-disciplinary experience, assembled with expertise from Faculty of Health, regional experts and WHOCC. The team have complementary experience in evaluation and research; international development education, curriculum development, training, maternal child health and health service management. A brief description of the particular focus of respective team members and what they will contribute is as follows:

- **Ms Michele Rumsey (A)** has extensive experience as a director and project lead in developing country contexts, experience in supporting partners in developing countries with research projects, human resources for health, education and regulation, ensuring data collection methods are ethical and appropriate. Extensive network of health professionals throughout the Pacific Region and globally.
- **Professor Debra Anderson (A)** Associate Dean Research, is Director and Founder of the Women's Wellness Research Program. She was also previously Director of Research at the School of Nursing, Queensland University of Technology and the Research Leader of the Chronic Conditions research group at the Institute of Health and Biomedical Research. She has a PhD in Social and Preventive Medicine and over thirty years' experience in education and research. Professor Anderson has an extensive record of providing leadership in major administrative, research and managerial roles in the area of global women's health.
- **Professor Jane Maguire, (A)** Deputy Head of School Research PhD, has back ground in epidemiology, Nursing/Nursing Education, Psychology, Child and Adolescent Health. Her research interests cover Genomic education for health professionals, Psychosocial factors in stroke recovery- resilience, depression, anxiety, Nutrition and psychosocial health, Mindfulness- health outcomes, Empathy in healthcare.
- **Ms Lisa Townsend (B)** has extensive clinical experience that includes working within the mental health context in the areas of Acute Inpatient, Psychiatric Rehabilitation, and Community Crisis and Case Management Teams. Her area of specialty is working with mental health clients who are experiencing complex medical needs, having nursed within a HIV/Hep.C/Mental Health Team and most recently holding the position of Clinical Nurse Consultant within a Consultation Liaison Mental Health Nursing team. Lisa's development work in the Pacific has most recently included her role as education/curriculum expert advisor for strengthening nursing education in Vanuatu, including the development of the first BN (Conversion) and BN programs in the country.
- **Michelle Hrlec (C)** Senior learning designer at University of Technology Sydney
<https://lx.uts.edu.au/blog/author/michelle-hrlecuts-edu-au/>
- **Tisha Tasnuva (C)** Project Administrator for the WHO CC UTS for over one year. She provides high level administrative and project management support for central operations of the Centre, plus assisting with individual projects and their administration and coordination as required. She has worked for World Health Organization (WHO) in Bangladesh. She is instrumental in financial management including complex reconciliation of accounts.

5. Summary

The UTS WHO CC was contracted to support the adaptation of *ISAC Basic Psychosocial Skills: A Guide for COVID-19 Responders for the Pacific Island countries and territories* for use in the Pacific region. As a result a free online course with certificate was developed that included teaching resources that were accessible and engaging for regional communities. In development of the materials there were four key learning that came to the forefront, (these were discussed in section three of the report);

- 1) There are both **broad and long-term needs** (e.g., ongoing shortages of qualified and skilled health workers; and better retention of existing workforce) and more **focused, short-term needs** (crisis-specific topics like basic psychosocial skills in COVID-19) that must be addressed in future education and training initiatives;
- 2) Discussions must be grounded in the established over-arching goals of universal health coverage, meeting sustainable development goals and their related targets, regional WHO WPRO White Paper and meeting multiple regional critical health challenges;
- 3) Strengthening the skills of the health workforce involves efforts on four fronts: standardising and reciprocal curricula, structured continuing professional development, accreditation and effective regulation
- 4) Implicitly, there will be trade-offs between student experience, learning effectiveness and the speed with which new, relevant courses are offered.

WHO CC UTS continues to progress work towards evaluating the effectiveness of tailoring of the *ISAC Basic Psychosocial Skills: A Guide for Covid-19 Responders for the Pacific Island countries and territories*, to a free online course for the Pacific and how it contributes to users overall experience.

Understanding the effectiveness and user engagement of the online course will contribute to the shaping of future work including; the improvement of nursing and Midwifery regional quality improvement program and WHO Academy Delphi study and global roll out.

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