



Your Wellbeing

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

Provide remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region including Philippines.

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

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1. Introduction

This report provides recommendations following previous working group discussions and deliverable in line with APW 202619818 and APW 202619830 to provide remote training and resources for the good mental health and wellbeing and mental health resilience for frontline healthcare staff across the Western Pacific Region and Philippines. These recommendations were shaped following the short course based on the **Basic Psychosocial Skills: A Guide for COVID-19 Responders** (BPS) that was adapted for use in the Western Pacific Region. The purpose of the contract was 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 Western Pacific Region. Recommendations to consider further training and gaps in the region needed to be enhance to improve effectiveness and reach of subsequent training.

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. Psychosocial and mental Health support mechanisms are addressed in two of the priority areas within the Action plan and include;

1. *Strategic communications* – technical COVID-19 content and advice for public communication that provides relevant messages for overall health promotion and psychosocial support.
2. *Care Pathways* –including primary care settings, rural health posts, non-health facilities, community setting and home care, as well as access to psychosocial and mental health support mechanisms, by establishing a regional knowledge and response network for mental health psychosocial support.

WHO CC UTS in partnership with regional stakeholders was able to address both these priority areas by developing a free online short course including a number of YouTube videos and media releases that aimed to strengthen basic psychosocial skills for first responders.

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 and development of a remote training and resource for use in the Western Pacific Region. In addition, they created teaching resources that were accessible and engaging for these communities. To support this, a 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 remote training resources. Other colleagues from WPRO were asked to provide detailed feedback, which was incorporated into the development of the online training course. A presentation with facilitation guidance was also produced, to be used alongside the IASC Guide.

2.3 Western Pacific Region Context

The Western Pacific Region is an incredibly complex region culturally, linguistically, economically and politically, covering 37 countries. As we know a large proportion of the Western Pacific Region 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]. The Region frequently experiences outbreaks and public health emergencies in the aftermath of natural hazards, such as extreme weather events and earthquakes. Effective management of outbreaks and the impacts of the natural disasters; through capacity and system strengthening across the Region is recognised as important in increasing the resilience and sustainability of health systems [6].

The WHO stated that strengthening surveillance systems to support rapid detection and response to emerging and re-emerging infectious disease is a priority [1]. COVID-19 poses a significant risk to the region in terms of treatment and controlling spread of infection. The WHO Western Pacific Regional Action Plan for Largescale Community Outbreaks of COVID-19 [1] aims to support countries and areas in the Region to mitigate the public health including mental health impacts of outbreaks such as COVID-19.

The COVID-19 pandemic has further exacerbated the mental health of millions of people across the Western Pacific Region, with more than 100 million people already suffering from mental health disorders in the Western Pacific Region. In the low and middle income countries in the Region, between 76% and 85% of people with severe mental health disorders do not receive treatment.

The difficulty in obtaining the required support for mental health is largely connected to the low average number of mental health workers in the Region being 10 per 100,000 population [7].

Some significant macro and micro barriers to care in the Region are: limited governmental investment in health [8, 9], limited health resources, and expensive land and sea transport [10-12]. This limited government investment is coupled with a lack of access and involvement in policy development and government emergency planning forums.

In addition there are further issues with populations accessing care as a consequence of widespread misinformation and disinformation about Pandemic via social media platforms [13]. Another notable challenge is the lack of availability of resources for professional development and opportunities to advance learning outcomes for healthcare professionals. The WPRO Action plan for COVID-19 highlights the need to address the lack of availability and misinformation across the region by;

- coordinating risk communication activities across partner agencies providing transparency and timely information,
- communicate on the situation, response and impact of the pandemic, and
- providing technical support to countries to translate science and guidance into action [1] .

Recent studies carried out in the Pacific show that the health workforce education and regulatory systems are weak, with education programs that often do not match specific health needs [14]. Health workers' skills, competencies, clinical experience and expectations are often poorly matched with changing population health needs [3]. This suggests the current and future health workforce may in some countries lack the skills and capacity to address the current emerging health risks of COVID-19 and other infectious diseases in the future. 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[8].

There is also a general lack of health Continuing Professional Development (CPD) in many countries in the Western Pacific Region, but especially in the Pacific particularly for nurses and midwives, many who have never received any across their career [12]. Education programs that are available are not integrated across the Western Pacific Region or reciprocity linkage available with other regional countries [15]. 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 [16-19].

For example here is the full list of mental health qualifications for 22 countries in the Pacific in 2017 [20] 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

There a number of already established distance courses available across the Region[12]:

- 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.
- Masters in Mental Health Online – Southern Cross University, Australia
- Graduate Certificate in Mental Health (Online) – University of Technology
- International Diploma in Mental Health, Human Rights & law - Collaboration between WHO and ILS Law College in Pune, India.
- Master of Mental Health Online – University of La Trobe's, Philippines.

3. Discussion and Recommendations – Deliverable 4

The recommendations in the table below have been derived from lessons learnt developing the digital remote BPS training package and the WHO Pacific Open Learning Health Net study (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, 21], and lack responsiveness to emergent issues.</p> <p>Echoing the WHO WPRO Partners Forum Report (2019) [22, 23], 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[8, 24-26]. 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 and other health professionals to build their skills in competence in specialty clinical care. Most Western Pacific countries have begun to develop National Qualifications Frameworks (NQF), but very few regional infrastructure.</p> <p>Reciprocity of skills and qualifications across the region needs clarity and refinement.</p>	<p>In line with a WHO APW for the development of framework for sub-regional competency and professional standards for nursing in the Pacific Region, 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 Pacific Island Countries and Territories (PICTs) as outlined in the WHO South Pacific Quality Improvement Scoping Study [27].</p> <p>It may be possible to replicate this work through a scoping across the Western Pacific, previous WHO WPRO reports have highlight regional regulation deficits [10].</p>
<p>Recent review of the Pacific Open Learning Health Network (POLHN) by WHO CC UTS suggests that there is a need to increase</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</p>

<p>access to computers, internet and other tools needed throughout the Pacific and POLHN learning centres. As of 2019, over 700 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[12].</p>	<p>commitment to developing the infrastructure (computers, internet availability) to support this.</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 the region 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 [28] and an adapted 'ground up approach' to partnership [27].</p>
<p>There are not enough continuing professional development opportunities and those that do exist lack coordination.</p>	<p>In line with the WHO 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>The WHO Academy aims to fill this void by developing a system of lifelong learning recognition and digital credentialing. With the aim of recognising the learners achievements [29].</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. Recommendation in WHO regional review need to be revisited [10].</p>	<p>An analysis is needed of what strategies (“carrots vs sticks”) are best used to increase CPD opportunities across the region. 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 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 Western 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 across the region. There is a need to get the balance right between specialisation and generalist offerings. In the Pacific for example:</p> <ul style="list-style-type: none"> • Example - 21 diplomas in nursing, 6 nursing bachelors, 30 post- 	<p>It is recommended that there needs to be an understanding where the gaps exist in specialist training by region, especially mental health. For example all countries represented at the SPCNMOA Biennial meeting 2018 agreed on the need for specialist nurses to be matched to country needs, it is recognised that some</p>

<p>registration mainly midwifery, only 6 mental health and child health.</p> <p>There are educational barriers for nurses who lack the requirements for entry into postgraduate courses.</p> <p>Government funding for mental health is often not ring fenced or prioritised.</p> <p>However, specialist training is associated with greater satisfaction and better retention of existing staff.</p>	<p>countries in region 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-effective manner [30].”, (SPCNMOA Biennial Meeting, 2018).</i></p>
<p>Scaling up of future mental health training in the Western Pacific Region.</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 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 Western 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 Pacific 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* to an online remote training for the Western 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, Regional Action Framework for COVID-19 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*, to a free online remote training course for the Western Pacific Region 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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