



Innovative Interventions for Learning and Development: Improving Psychiatric Care Through Remote Training and Supervision

Jan – Dec 2020

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May 14, 2022

Background

- In 2013 MSF started activity for people with psychiatric disorders in 'stand alone' mental health (MH) activities in the Middle East.
- Care was delivered by primary care doctors - with national and expat psychiatrists, as supervisors.
- Rapid increase in demand.



Background

- Due to the rapidly increasing MH needs and the global shortage of MH professionals, MSF implemented the WHO Mental Health Gap Action Program (mhGAP)
- mhGAP aims at task-shifting psychiatric care to non-specialists



Telemedicine (TM) Psychiatrist Position

- MSF Canada TM program implemented a full-time psychiatrist based in Amman, Jordan.
- This specialist's main responsibility was to deliver psychiatric training and supervision using WHO's mhGAP training.

Store & forward (S&F): written cases uploaded on a platform and answered by different specialists



DOWNLOAD ▾

MARK AS UNREAD

RESOLVE

COMMENT

ALLOCATE

Comments only

Presenting Complaint

Disorganised speech
Hallucinations
Elated mood
No insight into his condition

History of Presenting Complaint

Patient reported to MSF clinic on 2.3.21.
He came with history of hodding rubbish, persecutory delusions, hallucinations, sleeplessness, food refusal and increased interest in women.
He had left his parents for about 2 years but was found in that situation.
He was using Nicotine and alcohol and feels very bad when his drug use is talked about.

Past Medical History ⓘ

No surgical or chronic medica condition.

Physical Examination ⓘ

Bp- 95/80 mmHg

Working Diagnosis

Substance Induced BAD

REACTS: real time videoconferencing for teleconsultations and supervision sessions



- Contacts
- Messaging
- My account
- Audio-video settings
- My appointments

Contacts

All users On call Edit

- Aden Mental Health
- Aden Mental Health
-
-
-
- MD
- ipdnurse msfch
- MH Syria Al-Salama

Home

 Messaging

Siilo: secure medical messaging application

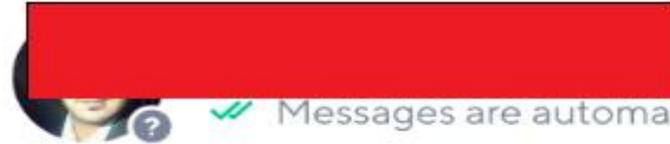
Chats

Search



MSFF NBS PSY 3

بکرا علی ۱۰ مناسب دکتور حسن



✓✓ Messages are automatically deleted



Mision Technical Mental...

✓✓ Messages are automatically deleted



Messages are automatically deleted



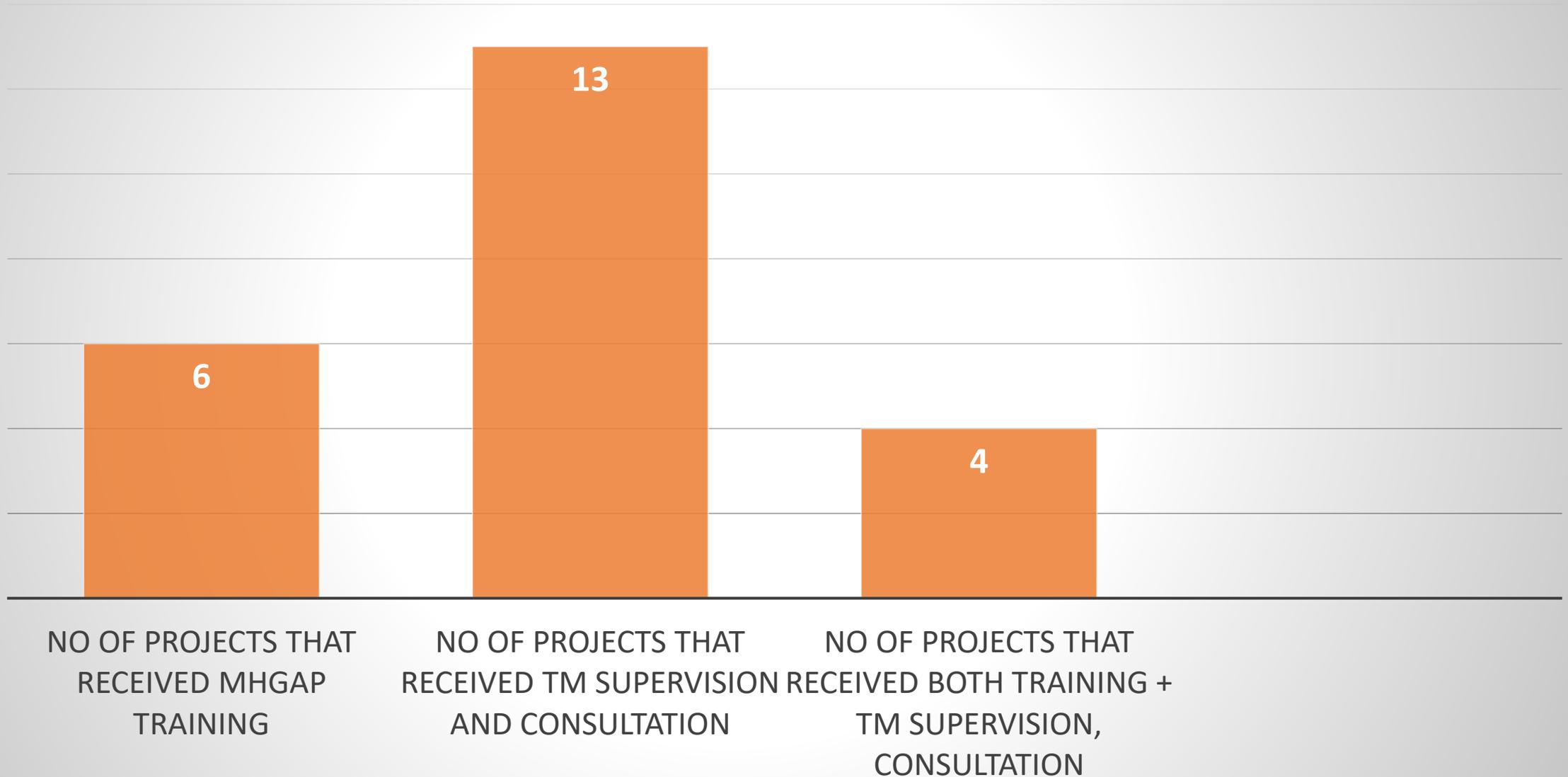
Team Siilo

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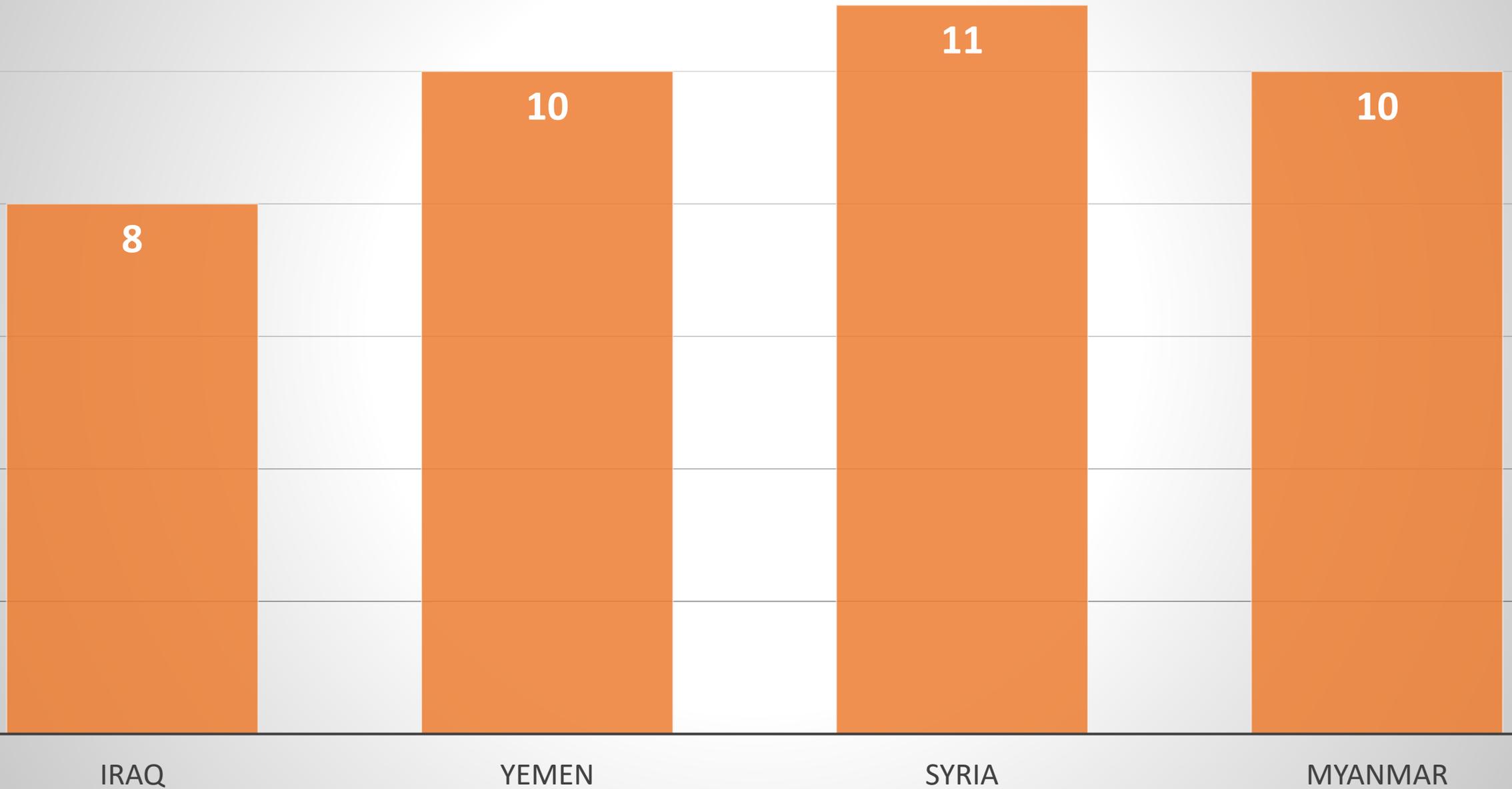
Quantitative data: Jan – Dec 2020

Projects receiving mhGAP Training and TM Supervision



OC	Mission, Project	MhGAP Training	TM Supervision
OCA	Iraq, Kirkuk	X	X
	*Myanmar, multiple projects	X	
OCBA	Syria, North Aleppo	X	
	Sudan, Khartoum		X
	Yeman, Abs		X
	Yeman, Hajjah		X
OCG	Iraq, Mosul	X	X
	Iraq, Sinuni		X
OCP	Syria, Atmeh	X	X
	Iraq, BMRC		X
	Iraq, Qayyarah		X
	Malawi, Chiradzulu		X
	Palestine, Nablus		X
	Uganda, Arua		X
	Yemen, Aden	X	X

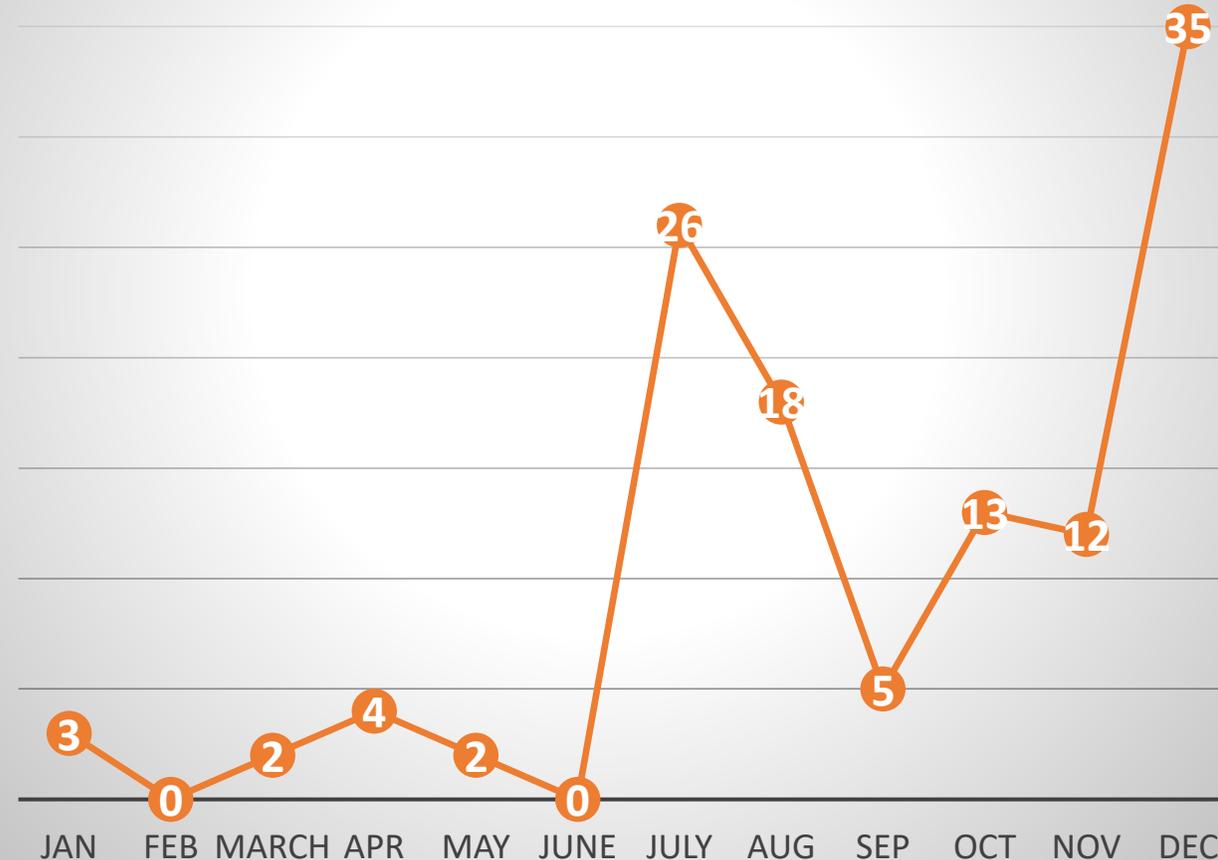
Total number of clinicians that received mhGAP training per country



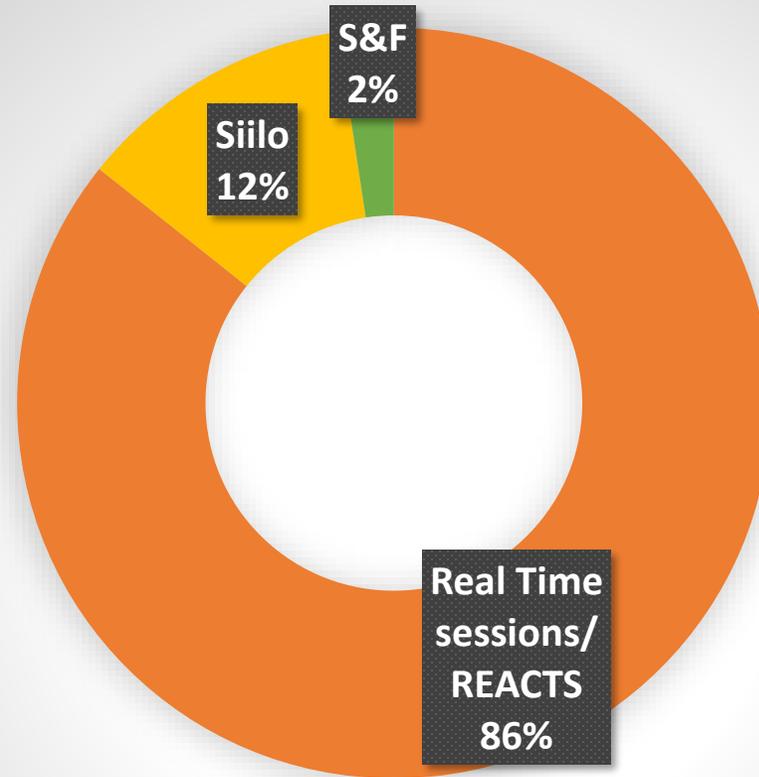
TM supervision sessions and consultations in numbers and impact

Total number of patients	120	
Total number of sessions	205 divided into	
	Teleconsultations: 82 cases	Supervision: 123 sessions
Change in final diagnosis after supervision	28 (23.4%)	
Change in management plan after supervision	104 (86.7%)	

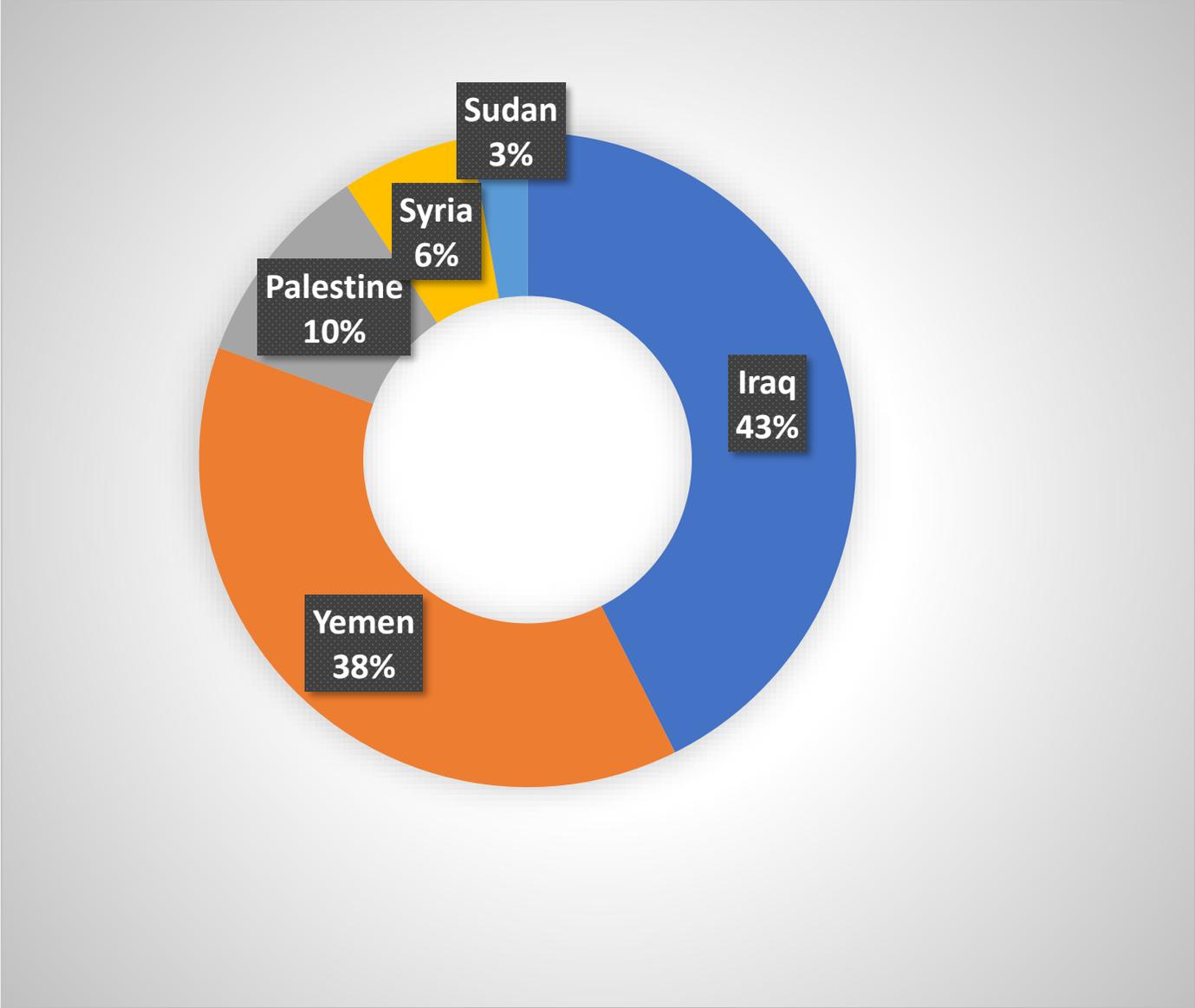
Monthly Telepsychiatry case trends - 2020



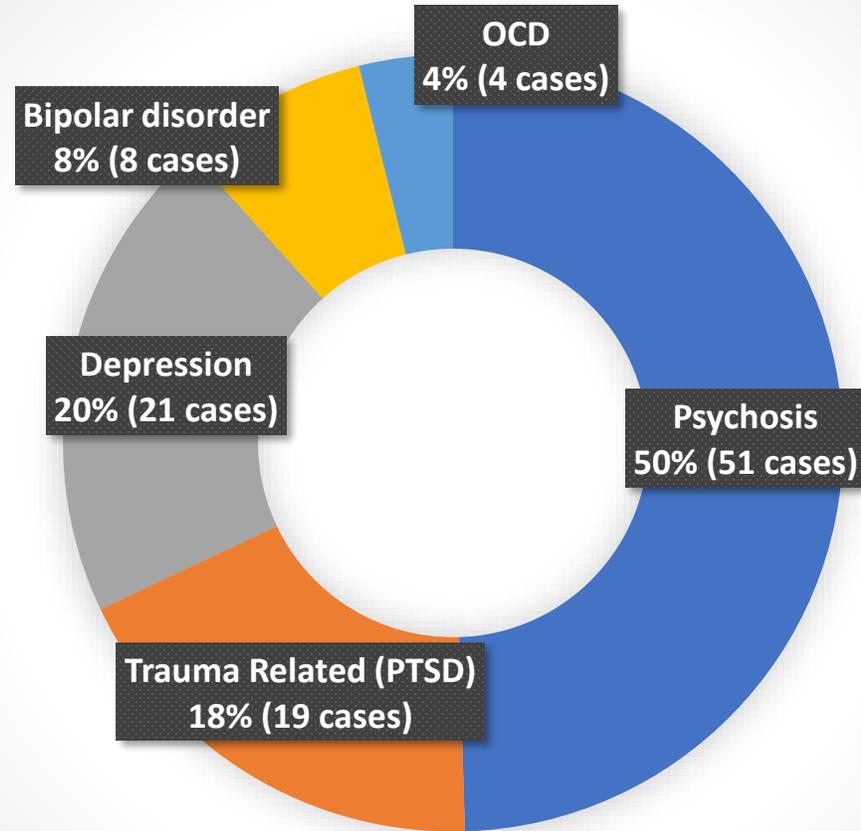
Case distribution by mode of consultation



Case distribution by country



Common presenting conditions



An evaluation of the position was conducted after 1 year to:

Explore

the **multi-level impact** (projects, clinicians, patients, and quality of care) of having a dedicated psychiatrist for remote support

Explore

the role of TM in psychiatric care of patients and remote **capacity building of non-specialized clinicians**

Identify

the **strengths and limitations** of telepsychiatry service delivery and recommend solutions or mitigation measures

Methodology



Stakeholder	Number of participants	Activity	Data source
MH Advisors	4	Written responses	OCA, OCBA, OCG, OCP
MH Activity Managers (MHAMs)	2	Interview	OCA Kirkuk Iraq OCP Aden Yemen
National Staff (general physicians)	8	Interview, written responses	OCBA Syria NAP OCBA Yemen Abs OCBA Yemen Hajja OCG Iraq Mosul West OCG Iraq Sinuni OCP Uganda Arua OCP Syria Atmeh OCP Yemen Aden
TM Implementer/ Psychiatrist	1	Interview	TM Psychiatrist, MSF Canada



Qualitative Findings

MH Advisors – HQ Perspectives



MHPSS service delivery and addressing pre-identified gaps



Provision for Clinical psychiatric care



Capacity building of the field team



Challenges / opportunities

MHAMs – Field Mangers' Perspectives

- Overall experience
- Impact on case volume
- Impact on quality of care
- Impact on field clinicians
- Challenges





GPs – Field Clinician's perspectives

- Clinical psychiatric services
- mhGAP training
- Supervision sessions
- Referral rate
- Challenges

TM Psychiatrist – Implementer's Perspectives

- mhGAP training
- TM Supervision sessions
- Operational issues
- Teleconsultations



Recommendations



Pedagogical approach to mhGAP training



Investing and upgrading **ICT infrastructure** for Telemedicine



Standardized approach to TM supervision / case discussion sessions / virtual consultations (Toolkit for implementation)



Refinement in data collection system capturing impact indicators and involving field in the process



Telemedicine program: **review, adapt and replicate** service delivery for telemental health services (includes HR & sustainability component)



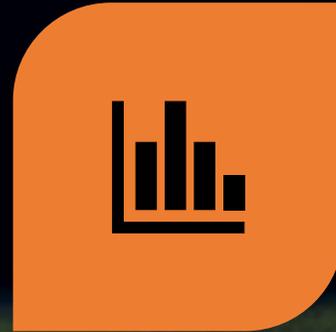
Conduct an **operational research** to assess effectiveness of model in MSF context

Conclusion

The model did address major pre-identified gaps for MHPSS service delivery in regional context; mainly enabling task-shifting at projects by training and capacity building, broadening the range of services including clinical psychiatry component in several projects and filling the short gaps

The evaluation also demonstrated added value of telepsychiatric consultations on clinical care of patients by increasing diagnostic precision and positively influencing patient management plan

Limitations



QUANTITATIVE DATA



QUALITATIVE DATA

Ethics



This work met the requirements for exemption from MSF Ethics Review Board review, and was conducted with permission from Clair Mills, former Medical Director, Operational Centre Paris, MSF, and Sebastien Spenser, former Medical Director, Operational Centre Brussels, MSF.

Thank You

