

Innovative interventions for learning and development: improving psychiatric care through remote training and supervision

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Introduction

In December 2019, following a request from MSF's intersectional working group for mental health and psychosocial services, MSF's telemedicine (TM) services team implemented a full-time psychiatrist based in Amman, Jordan. This was in the context of a global shortage of mental health (MH) clinicians, and rapidly increasing demand for MSF to provide MH care. This specialist's main responsibility was to deliver psychiatric training and supervision using WHO's MH global action plan intervention guide (mhGAP-IG). Prior to implementation, psychiatric training was delivered face-to-face by national and international psychiatrists in the field, or if this was not operationally possible, patients with MH conditions went untreated or were managed with advice provided by distance. We hoped that intervention would improve MSF clinician capacity, therefore increasing access to quality care for patients with MH conditions across all projects and in particular those settings where it had not previously been feasible.

Methods

Intervention impact was assessed by analysing the total number of countries and projects where support was provided, the number of clinicians trained, and the number of supervision sessions provided. Analysis was supplemented through analysis of 15 structured interviews with stakeholders, including clinicians (8), activity managers (4), section mental health advisors (4) and the TM psychiatrist.

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.

Results

A total of 13 MSF projects across eight countries received TM support in 2020. mhGAP-IG training was provided online to 39 clinicians, followed by 123 supervision sessions. Structured interviews demonstrated delivery of mhGAP-IG training online in MSF projects, with adherence to MSF guidelines. Improved capacity building was reported, with clinicians observed to have greater clinical confidence and being considered more likely to provide MH assessment and care. Impact in terms of increased volume of patient care was difficult to analyse, partly related to restrictions and activity alterations occurring during the COVID-19 pandemic.

Conclusion

Ongoing challenges requiring future consideration include ensuring adequate information technology infrastructure (internet connection, access to adequate communication equipment, broader use of secure platforms such as Siilo) and standardised approaches to supervision. Future analyses could consider impact on quality of care, for example by measuring secondary outcomes such as MH activity and default rates. This project continues; we propose it comprises an innovative way to improve access to patient care and to provide clinician learning and development.

Conflicts of interest

None declared.



Hassan Nasser is a medical doctor who worked in Lebanon as a psychiatrist before starting his journey with MSF in 2018. He went on missions in Iraq and Liberia where he worked directly with patients and trained physicians and clinicians on delivering mental healthcare. Hassan moved to Amman, Jordan in 2019 where he served as the intersectional Middle East telemedicine psychiatrist, providing remote training and supervision

to over fifteen projects in the Middle East and beyond. He is a member of the Lebanese Order of Physicians and the British Psychological Society, and currently is pursuing a Master's degree in the UK.