For field testing

mhGAP Training of Trainers and Supervisors (ToTS) Training manual

ToTS

World Health Organization

Introduction to the Training of Trainers and Supervisors training manual

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Introduction to the ToTS training manual

The mhGAP ToTS training manual has been designed to support implementation of the World Health Organization's (WHO) Mental Health Gap Action Programme (mhGAP) and to ensure that future trainers feel skilled and confident in their ability to train and supervise health-care providers to assess and manage priority mental, neurological and substance use (MNS) disorders. In particular, an emphasis has been placed on interactive and contemporary teaching and supervision skills.

The interactive teaching skills taught during the ToTS training are the same as those used in the mhGAP Training of Health-care Providers (ToHP) training manual. Thus, the ToTS participants can learn and practise using these teaching techniques whilst familiarizing themselves with the mhGAP ToHP training materials. Time has been built into the ToTS training to ensure that participants receive and can integrate feedback from their peers and the master trainer as they learn and develop their skills as trainers.

The ToTS training also includes a module on supervision, where the participants will identify the best method of supervision for their area, and start planning implementation.

The ToTS training learning objectives

The ToTS training aims to ensure that future mhGAP trainers and supervisors:

1. Understand mhGAP-IG and its integration with general health care.
2. Understand teaching and competency principles as they relate to mhGAP-IG.
3. Understand implementation principles as they relate to mhGAP-IG.
4. Can prepare and evaluate a ToTS training course for mhGAP-IG.
5. Can utilize a variety of teaching methods and skills for mhGAP-IG with confidence.
6. Can perform assessment and feedback on mhGAP-IG ToTS training.
7. Can organize and perform supervision for mhGAP-IG use.
8. Promote mhGAP-IG use and training.

Suggested training schedule

A suggested schedule for the ToTS training over the course of five days:

Day 1 topics covered: introduction to the mhGAP action programme; importance of integrating mental health into non-specialized health settings; implementation of mhGAP-IG and familiarization with mhGAP-IG Version 2. 0; Essential care and practice (ECP).

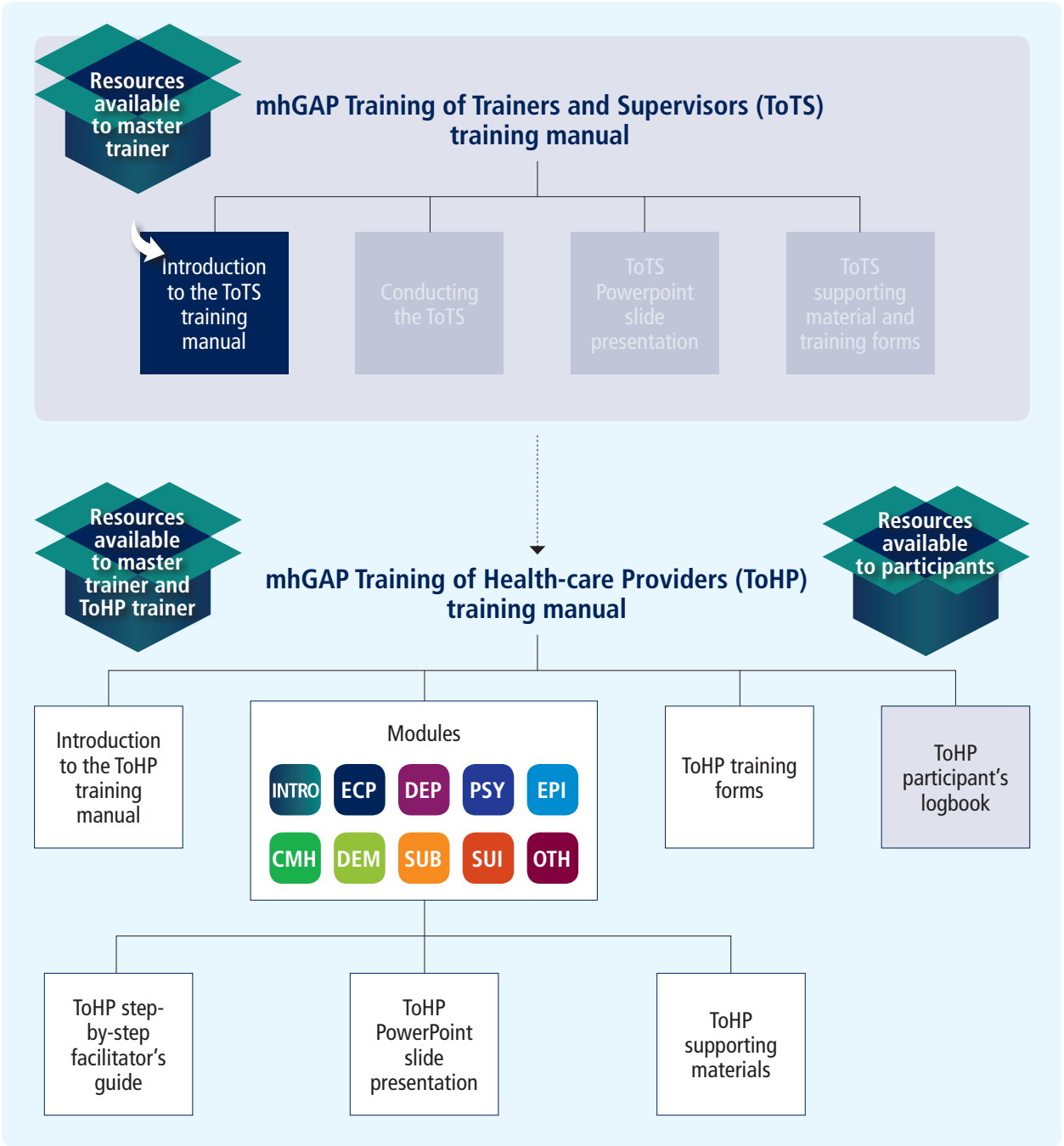
Day 2 topics covered: introduction to mhGAP-IG training methodology and competencies; preparing and evaluating a training course; training skills.

Day 3 topics covered: training skills (continued); competency-based education and assessment and feedback; participant facilitation exercise.

Day 4 topics covered: participant facilitation exercise and feedback; training skills review and other interactive training techniques.

Day 5 topics covered: supervision theory and practice; individual feedback and plan for running own course.

Figure 1. Graphical representation of mhGAP training manuals, with the Training of Trainers and Supervisors (ToTS) training manual and the Introduction to the ToTS training manual highlighted



Who is this manual for

This manual is designed for use by master trainers to train future mhGAP-IG trainers and supervisors. Master trainers are specialist (psychiatry or neurology) physicians or nurses trained and experienced in using the mhGAP-IG, and/or existing supervisors within the non-specialized health setting.

How to use this manual

This guide is a part of the mhGAP-IG training manuals and is designed to be used alongside components of the ToTS training.

This manual should also be used with the mhGAP Intervention Guide (mhGAP-IG), and the mhGAP-IG ToHP training manual, including the ToHP participant's logbook.

While this manual has been developed based on extensive feedback and expert consultation, we recognize that it will need to be adapted to each setting based on cultural context and feasibility.

This manual is available as a hard copy and electronically.

Preparation and adaptation

Master trainers should conduct a brief training needs assessment (TNA) (see ToTS supporting material and training forms) before conducting the ToTS training. By gathering this information, the master trainer can adapt the ToTS training as needed, including:

- Determining the need for the mhGAP-IG ToHP training.
- Determining how experienced participants are in both teaching and using mhGAP-IG.
- Determining how to support participants to run the ToHP training and provide supervision.
- Using local context to adapt the schedule or content.

Material may need to be translated into the local language, and master trainers should be aware that this may change the timing of the modules. A timed run-through of the modules is recommended before the training.

When adapting the ToTS training to local context, care should be taken to avoid adding or removing slides, eliminating activities or interactive components, or removing the opportunities for participants to practise these skills. Instead, person stories, role plays, multiple choice questions (MCQs) and video demonstrations which best suit the local context should be chosen, or master trainers may wish to find or create their own.

There are several options available should the course need to be shortened. Importantly, interactive activities should not be removed, but instead:

- Days can be extended with earlier starts and later finish times.
- If the group is very familiar with mhGAP-IG, the introduction on Day 1 can be delivered quickly, and combined with the session on implementation. ECP can also be shorter and the day can finish with an introduction to mhGAP ToHP training methodology.
- If the group is experienced in teaching, the training skills modules can be shortened and/or combined.
- Homework can be set, particularly practising the training skills and preparing for the participant facilitation exercise (ie. Day 2 and 3).

- The participant facilitation exercise can be set for a shorter time, or the groups can be larger (so there are fewer presentations).

As competency-based education and assessment and supervision may be new concepts, it is recommended not to shorten these modules. If anything, more time may have to be allocated if these are new concepts to the participants.

When preparing for the ToTS training, the master trainer checklist (see table 1) can be used to ensure nothing is missed from the planning.

ToTS participants

A group size of 15-16 is considered appropriate for ToTS training.

Participants attending the ToTS training should have the following:

- Postgraduate qualification in health care with specialized work in mental health.
- Show respect and dignity for people with priority mental, neurological and substance use (MNS) disorders.

Ideally all ToTS participants will be familiar with, and have experience using, mhGAP-IG in their clinical practice before attending a ToTS training. In many settings however, this may not be the situation. If the ToTS participants are not familiar with mhGAP-IG, consider:

- Conducting a separate mhGAP Training of Health-care Providers (ToHP) training
- Ensuring that all participants read the mhGAP-IG before attending the ToTS training.

Before attending the ToTS, participants should also complete a training needs assessment (see ToTS supporting material and training forms) of their own local context.
The following steps will help participants feel comfortable early on in the training:

1. Allow the participants some time to meet the master trainer and other participants before the training starts, ideally over a casual meal.
2. Explain expectations early, including how long the training will take, that some evening work will be required (particularly Day 3, or more if the training is condensed), and ongoing expectations about the ToHP training and supervision.
3. Reassure the participants that the interactive teaching style may seem daunting, but will be rewarding and invaluable for their skills and confidence-building.
4. Agree on common ground rules on how they will treat everyone in the group.

Training guidelines

1. Understand the local health-care system

Master trainers should familiarize themselves with local systems to adapt the course, help with problem-solving, know local specialized services and which medications are available.

2. Model teaching techniques

The ToTS is designed for the master trainer to model teaching techniques, and have the participants practise them and see their benefit.

3. Use interactive activities, visuals and videos

Master trainers should demonstrate the learning value of interactive techniques, using those available or developing from the local context.

4. Actively use mhGAP-IG

The mhGAP-IG and ToHP manual should be used repeatedly throughout the course to help with familiarization.

5. Allow enough time for feedback

After every activity there should be time for peer and master trainer feedback to help with participant development.

6. Evaluate the ToTS

Master trainers should collect formal feedback through the evaluation forms (see ToTS supporting material and training forms), and informal feedback through discussions with the participants to ensure training meets participants' needs.

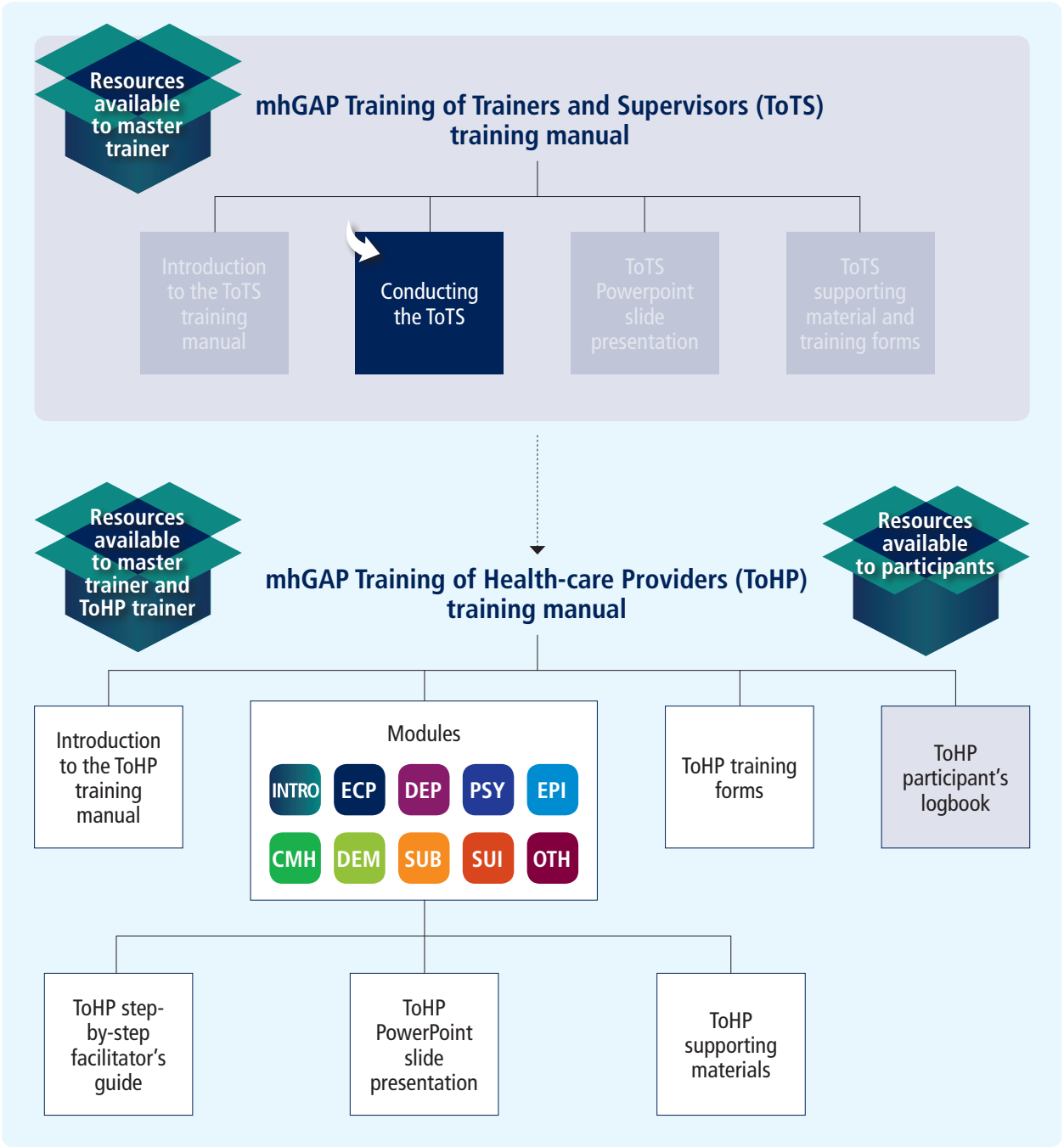
7. Facilitate and develop future plans

The ToTS should provide multiple opportunities for participants to plan their own ToHP and supervision sessions, with support and ongoing monitoring from the master trainer.

Conducting the Training of Trainers and Supervisors (ToTS)

This section provides an overview of every module in the ToTS, including learning objectives, duration, slide numbers, key content and activities. There is more detailed information on each slide's notes on PowerPoint (see PowerPoint slide presentation: ToTS training).

Figure 2. Conducting the ToTS section within the ToTS training manual

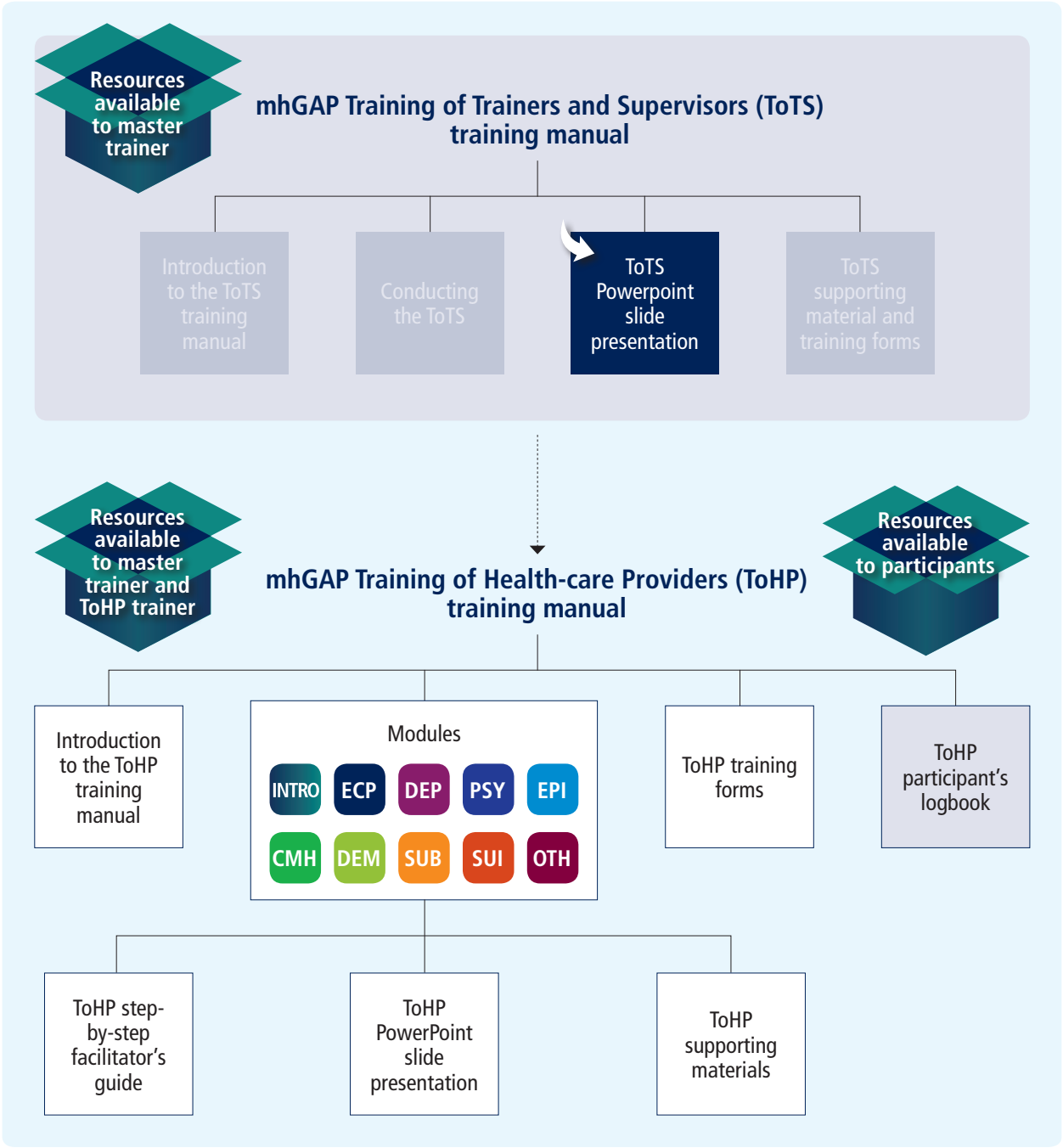


ToTS PowerPoint slide presentation

The set of slides and the trainer's notes available online can be used by master trainers in conjunction with the conducting the ToTS training section. The notes accompanying the slides within Powerpoint provide discussion points to highlight key information and can be adapted for use by the master trainer.

Removing or adding slides should be avoided, even where there are concerns about time and length of the course. Instead, easier concepts can be covered in less time, if needed (see How to use this guide: Preparation and adaptation).

Figure 3. Understanding the role of the PowerPoint slide presentation: within the ToTS training manual



ToTS supporting material and training forms

Please note that all ToTS training forms are also used in the ToHP training.

Training needs assessment forms

Training needs assessment (TNA) forms are used for two purposes: the master trainer should complete a TNA before providing the ToTS, and future trainers should complete a TNA of their local context to use during the ToTS training. Further information is available under How to use this guide: Preparation and adaptation.

Pre- and post-test

A pre- and post-test (MCQs) is available for both the ToTS and ToHP training. The master trainers should use it on the morning of the first day of training, and again at completion of training, to help with course evaluation but also to familiarize participants to the assessment methods.

mhGAP familiarization exercise

Problem-based learning scenarios using the mhGAP-IG used during Activity 3 on Day 1 of training.

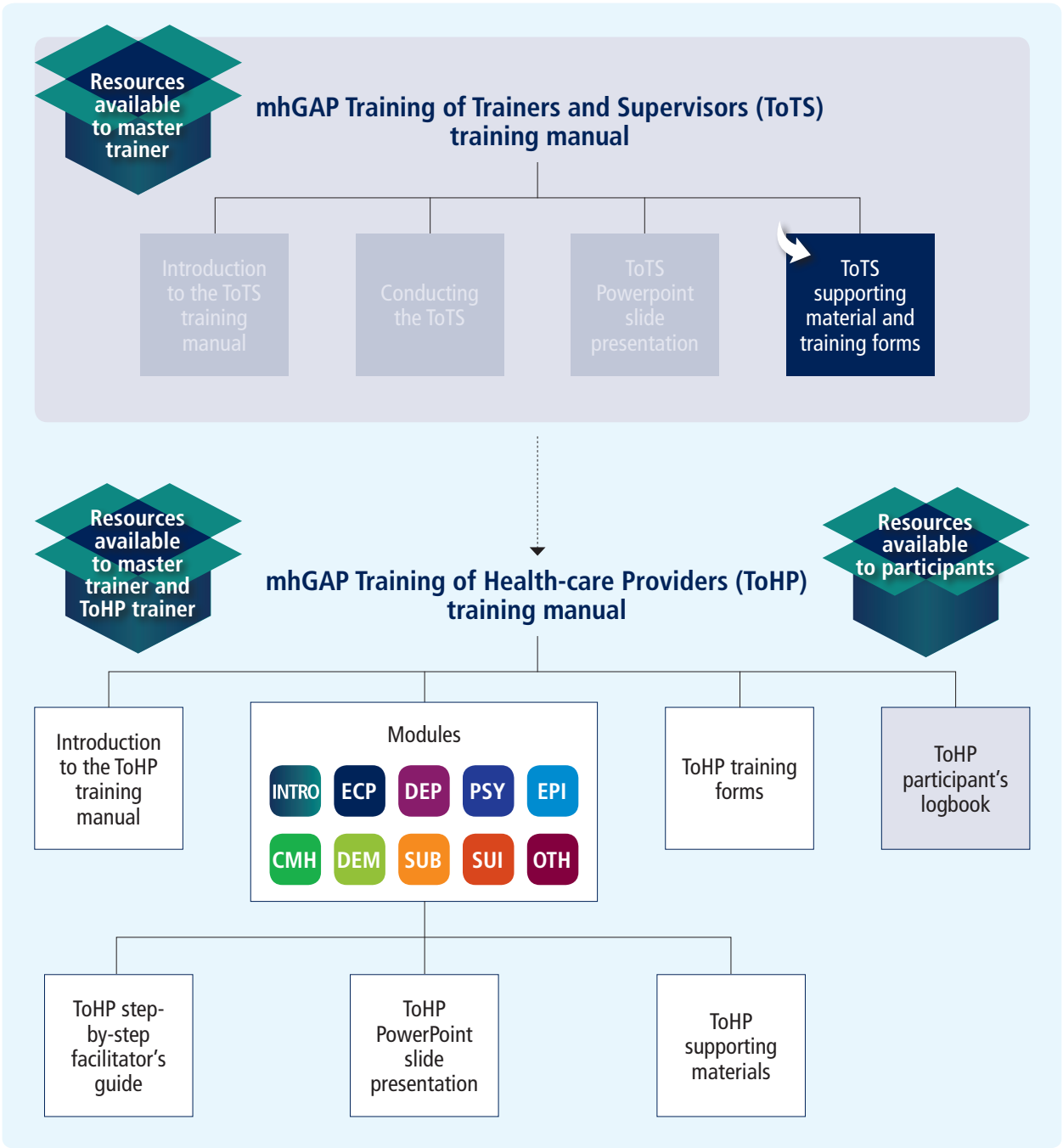
Supervision role plays

Role plays are utilised in the ToTS training to help familiarize trainers with this specific teaching skill. Additionally, the role plays provided are an interactive and immersive method of teaching supervision, by allowing for demonstration of poor supervision technique, as well as an opportunity to practice good supervision.

Evaluation forms

Evaluation forms have also been designed to be used across both the ToTS and ToHP training. They should be completed by both master trainers and participants for every module during the ToTS training, and feedback should be reviewed immediately to adapt the course if needed.

Figure 4. Understanding the role of the ToTS supporting material and training forms within the ToTS training



Master trainer checklist (to be used when preparing for the ToTS training)

Table 1: A checklist tool to help the master trainer prepare for the ToTS training

Tasks completed ☑
Review and familiarization of the following materials: ☐ Introduction to the ToTS training manual ☐ Conducting the ToTS ☐ ToTS PowerPoint slides presentation ☐ ToTS supporting material and training forms ☐ Introduction to the ToHP training manual ☐ ToHP Modules (includes ToHP step-by-step facilitator's guide, ToHP PowerPoint slide presentation, ToHP supporting material) ☐ ToHP training forms ☐ ToHP participant's logbook
Preparation of the following: ☐ Conduct training needs assessment (see ToTS supporting material and training forms) ☐ Understand local context and existing specialized services ☐ Adapt the ToTS training to suit local context and time restrictions
Logistics: ☐ Send invitations ☐ Book venue (seating, microphones, no noise, etc.) ☐ Presentation materials (projector, computer, video, flip charts, pens, paper, etc.) ☐ Printing of materials ☐ Food and catering ☐ Transportation +/- accommodation ☐ Per diems ☐ Pre- and post-test administration ☐ Evaluation forms

Conducting the Training of Trainers and Supervisors

mhGAP Training of Trainers and Supervisors (ToTS) training manual

World Health Organization

Conducting the mhGAP Training of Trainers and Supervisors (ToTS)

	Day 1	Day 2	Day 3	Day 4	Day 5
Session 1 9:00–10:30	Welcome and introduction to Mental Health Gap Action Programme Importance of integrating mental health into non-specialized health settings	Introduction to mhGAP ToHP training methodology and competencies	Training skills: Using mhGAP ToHP person stories Video demonstrations	Participant facilitation exercise and feedback	Supervision: Theory and technique
Session 2 11:00–12:30	Implementation of mhGAP-IG Familiarization with mhGAP-IG Version 2.0	Preparing and evaluating a training course (including training needs assessment – TNA)	Training skills: Role play	Participant facilitation exercise and feedback	Supervision: Theory and practical
Session 3 13:15–15:00	Essential care and practice module	Training skills: Presentation skills	Competency-based assessments: structure and feedback	Participant facilitation exercise and feedback	Individual feedback and plan for running own course
Session 4 15:30–17:00	Essential care and practice (continued)	Training skills: Facilitating group discussions Facilitator demonstrations	Participant facilitation exercise: Participants given time to prepare delivery of mhGAP ToHP training	Participant facilitation exercise and feedback	Individual feedback and plan for running own course (continued) Finish and wrap-up

Day 1

Learning objectives

- Understand the mhGAP programme and its progression.
- Understand mhGAP-IG and its integration into non-specialized health settings.
- Understand implementation principles as they relate to mhGAP-IG.
- Promote mhGAP-IG use and training.
- Familiarize participants with mhGAP-IG and training manuals.

Session 1

Welcome, introduction to mhGAP, importance of integrating mental health into non-specialized health settings

Duration:
1 hour 30 minutes


Slide numbers:
1–14

PURPOSE: Welcome participants to the training; introduce them to the Mental Health Gap Action Programme and the importance of integrating mental health into non-specialized health settings.

OVERVIEW:

- Explain any housekeeping issues about the venue and/or administrative tasks for the training.
- Begin with a brief introduction of yourself and invite participants to introduce themselves. Review the schedule of the next five days.
- Administer the pre-test for mhGAP ToTS (See ToTS supporting material and training forms).
- Introduction to mhGAP and mhGAP-IG Version 2.0. This session provides information on:
  - Mental Health Gap Action Programme, including a seven-minute video about mhGAP and why it is important to integrate mental health into non-specialized health settings. (https://www.youtube.com/watch?v=TqlafjsOaoM&feature=youtu.be%29)
  - Ensure you download this video before the training starts.
  - Introduce participants to the mhGAP-IG Version 2.0.
- **Activity 1: Group brainstorming session** about non-specialized health settings in the local context and whether mental health has been integrated or not. If not, why not?
  Pre-training preparation: Master trainers can include any information or photographs of non-specialized health settings in the country of training. This allows participants to discuss, understand and reflect on the non-specialized health setting in that environment.

- After discussing this topic, allow participants to reflect on the health-care systems and mental health systems in their local settings.
- End the session by summarizing the "seven good reasons" why mental health should be integrated in non-specialized health settings (source: WHO & World Family Doctors: Caring for People (Wonca) (2008). Integrating mental health into primary care: A global perspective).

Session 2

Implementation of mhGAP and familiarization with mhGAP-IG Version 2.0

Duration:
1 hour 30 minutes

Slide numbers:
15–26

PURPOSE: Ensure that participants have an understanding and overview of how mhGAP-IG training and supervision fits into the wider roll-out of mhGAP (in the country). Conduct an exercise so participants can demonstrate their familiarity with mhGAP-IG procedures.

OVERVIEW:

- **Implementation of mhGAP-IG:** Introduce participants to the phases of mhGAP implementation as described in the mhGAP Operations Manual and PowerPoint slides 15–25. Explain briefly Phase I (plan mhGAP implementation) and the steps required, but focus on Phase II (prepare – build capacity) and Phase III (provide – deliver services). Emphasize that participants are currently in Phase II and have them reflect on what needs to happen in their settings in order to move to Phase III.
- **Activity 2: Phase III: Provide**
  - Divide participants into small groups.
  - Give each group a piece of flip chart paper and pens.
  - Ask the groups to discuss and identify the weaknesses and problems in current mhGAP provision in their area (10 minutes).
  - Ask the groups to map out on the flip chart paper how they could provide mhGAP services going forward (10 minutes).
    Which facilities can provide services and how?
    What community services can be offered?
    What can be done to prevent and promote mental health?

    Have the groups feedback and/or hang their maps on the wall and present.
  - Explain that throughout the next five days of training, participants should continue to reflect on the practicalities of service provision after any mhGAP-IG training.
  - Hang at least three empty pieces of flipchart paper

Session 2
(continued)

on the wall with the titles: community services/ organizations; in health services; and referral services. Encourage participants to fill these pieces of paper throughout the training as they think of different services already available, in order to start creating a directory of organizations and ideas.

- **Activity 3: Familiarization with mhGAP-IG Version 2.0:** Problem-based learning scenarios using the mhGAP-IG (see ToTS supporting materials and training forms) (40 minutes).
  - Divide participants into groups.
  - Explain that each group will receive a scenario relating to a person presenting to the clinic with a priority MNS condition.
  - The groups will start by discussing the presentation of the case, and as a group will decide how they would assess and manage the person.

Sessions 3 and 4
Teaching a module from the mhGAP Training of Health-care Providers (ToHP) training manual

Duration:
3 hours 45 minutes

Slide number: 27
(See the step-by-step facilitator's guide – Essential care and practice module)

PURPOSE: Introduce participants to the style of mhGAP-IG Version 2.0 training and give them the experience of participating in an mhGAP-IG Version 2.0 training. Enable the master trainer to see the participants' level of clinical skills and ability to assess and manage priority MNS conditions.

OVERVIEW:
- Use the module Essential care and practice (ECP) from the mhGAP Training of Health-care Providers (ToHP) training manual.
- Teach parts of the module that you think are important depending upon the previous knowledge and skills of the participants
- At the end of the ECP module explain that the next four days' training will concentrate on discussing and practising training skills.

Homework

Assign participants different short sections from the mhGAP Training of Health-care Providers (ToHP) training manual and ask them to prepare a three-minute presentation to deliver the next day.

Day 2

Learning objectives

- Understand teaching and competency principles as they relate to mhGAP ToHP training.
- Understand principles of adult education as they relate to mhGAP ToHP training including motivating learners, and the need for an interactive and experiential, not didactic, teaching style.
- Able to prepare, adapt and evaluate a training course for mhGAP ToHP training.
- Able to utilize a variety of teaching methods and skills for mhGAP ToHP training with confidence.
- Practise performing different teaching skills:
  - Making a presentation
  - Facilitating a group discussion
  - Facilitator demonstration.

Session 1

mhGAP ToHP training methodology and competencies

Duration:
1 hour 30 minutes

Slide numbers:
28–38

PURPOSE: Enable participants to reflect on their experience of training and the qualities of effective trainers. Introduce them to how experiential learning has been applied to mhGAP ToHP training, including the concept of giving and receiving feedback. Explain that throughout, the ToTS participants will be giving each other feedback and learning how to integrate it into their professional development.

OVERVIEW:

- Introduce participants to the mhGAP ToHP training using the PowerPoint slides.
- Explain how mhGAP ToHP training uses experiential learning techniques and competency-based learning. Discuss giving feedback and how it will be given in the form of competency-based checklists and assessments throughout the training.
- **Activity 4:** There is a five-minute activity on giving feedback.

Session 2

Preparing and evaluating an mhGAP ToHP training

Duration:
1 hour 30 minutes

Slide numbers:
39–53

PURPOSE: Introduce participants to the principles of preparing for an mhGAP ToHP training; the need for brief training needs assessments (TNA), adaptation of the training material to fit the local training context, and steps needed to prepare for training. Introduce participants to the materials required to evaluate the training.

OVERVIEW:

- Introduce participants to a TNA and give an example of a brief TNA.
- Introduce participants to the need to adapt mhGAP training materials to fit their particular context and discuss ways this could be done. As the participants work with and use the mhGAP ToHP training manual (throughout the ToTS training), support them to begin this adaptation process.
- Introduce participants to the need to decide on the length and delivery method of mhGAP ToHP training.
- Introduce participants to the need to prepare themselves for delivering an mhGAP ToHP training.
- **Activity 5: In pairs, brainstorm the attributes of an effective trainer.**
- Introduce participants to the different ways of creating a comfortable learning environment.
- Introduce participants to the concept of course evaluations and give them the mhGAP evaluation tools with which to practise.

Session 3

Training skills: Introduction to training methods and presentation skills

Duration:
1 hour 30 minutes

Slide numbers:
54–61

PURPOSE: Encourage participants to think of as many training methods as possible and reflect on what they have used before and why. Enable participants to practise delivering a presentation, giving and receiving feedback on their presentations. Introduce participants to the principles of effective presentations skills.

OVERVIEW:

- Use a brainstorming session to introduce participants to as many training methods as possible and have them briefly reflect on what they have used in the past.
- **Activity 6: Practical session: Delivering a presentation:**
  - Ask each participant to deliver their three-minute presentation on the mhGAP ToHP training manual material they were assigned on Day 1.
  - Allow other participants to give feedback following each presentation.
  - Ensure that each participant gets a chance to provide feedback at least once.

Session 3
(continued)

- Introduce participants to the principles of effective presentation skills. When discussing presentation skills draw on what you witnessed during the presentations as well as explaining the general principles of delivering a presentation.

Session 4
Training skills: Facilitating a group discussion and using facilitator demonstrations

Duration:
1 hour 30 minutes

Slide numbers:
62–70

PURPOSE: Enable participants to practise facilitating group discussions. Teach them the use of group discussions in mhGAP ToHP training. Enable participants to understand the use of facilitator demonstrations.

OVERVIEW:

- Introduce participants to the principles of conducting large and small group discussions and how they are applied to the mhGAP ToHP training.
- **Activity 7: Practical session: Group discussion facilitation:**
  - The master trainer gives each participant a card with an instruction on how to behave (e.g. a participant who talks too much, a member who will not talk, a participant that turns the discussion into an argument, a person that keeps departing from the subject, a person that just wants to tell their own stories and experiences all the time).
  - The master trainer sits in the centre of the group and starts a discussion on a selected element of the mhGAP-IG, e.g. How are children with developmental disorders perceived in society? What are psychosocial interventions for people with substance use disorders? Participants behave according to their cards.
  - The master trainer demonstrates how to lead the discussion.
  - Participants are chosen to take over the role of the master trainer and continue the discussion, or start a different topic for discussion.
  - After a 15-minute discussion, and at least four participants volunteering to facilitate the discussion, stop the activity.
  - Facilitate a large group discussion (maximum 15 minutes) about the exercise. How did they find the activity? Was it helpful? Has it changed their view on how they would facilitate a group discussion?
- Introduce participants to the use of facilitator demonstrations in the mhGAP ToHP training.
- **Activity 8: Facilitator demonstration (45 minutes):**

Session 4
(continued)

– The master trainer works with a co-facilitator (if appropriate) or a volunteer.
– The master trainer plays the role of a health-care provider.
– The co-facilitator or volunteer plays the role of a person seeking help for feeling sad and crying all the time.
– During the first role play, the master trainer gives an example of how to use poor communication skills (e.g. does not demonstrate active listening and other clinical skills; excludes the patient from the process and type of care they receive). The co-facilitator or volunteer playing the person seeking help should reflect non-verbal indicators that they are unsatisfied with the direction in which the session with the health-care provider is going.
– Stop the role play after five minutes.
– In the second role play the master trainer plays a health-care provider employing skills learned through mhGAP-IG to facilitate a successful assessment, including participatory input from the person, resulting in a satisfactory interaction and outcome of the visit in the opinion of both the person with the MNS condition and the health-care provider.
– Stop this role play after five minutes.
– Ask the participants to reflect on:
  › How the second role play differed from the first?
  › What it was like to experience the two interactions as an observer?
  › How it might be to experience those types of interactions as a person seeking help?
  › How this demonstration can be helpful to you as a facilitator?
– If there is time, have the participants practise a demonstration role play – either in front of the whole group or in small groups.

Day 3

Learning objectives

- Practise performing different teaching skills:
  - Person stories
  - Role plays
  - Video demonstrations.
- Able to give and receive feedback.
- Understand competency principles as they relate to mhGAP ToHP training.
- Give participants time to start planning their own mhGAP ToHP training.

Session 1

Training skills: Use of person stories and video demonstrations in mhGAP ToHP training

Duration:
1 hour 30 minutes

Slide numbers:
71–79

PURPOSE: Familiarize participants with the use of person stories technique in the mhGAP ToHP training. Give them the opportunity to practise using this, and explain why it is important.

OVERVIEW:

- Introduce participants to the person stories technique employed in the mhGAP ToHP training.
- **Activity 9: Person's story:**
  - Divide participants into groups and assign each group a different priority MNS condition.
  - Ask each group to look at the different person stories for their particular MNS condition in the mhGAP ToHP training manual.
  - Give them five minutes to read through the stories and briefly discuss them as a group.
  - Give each group eight minutes to present their story and group discussion, and two minutes to receive feedback.
  - Ensure that the participants all receive feedback, either written or verbal.
  - The participants should use the feedback to improve their facilitation skills.
- Introduce participants to the use of video demonstrations in the mhGAP ToHP training.
- **Activity 10: Video demonstrations in mhGAP ToHP training (45 minutes):**
  - Choose a module from the mhGAP ToHP training manual and the accompanying assessment video. Where possible, choose a module that

Session 1
(continued)

has an assessment and management video, i.e. depression, psychoses, disorder due to substance use (drug use).
– Play the video and follow the step-by-step instructions to model to the participants how they should use that video to discuss the use of the mhGAP-IG assessment and management algorithms.
– Answer any queries that the participants may have about using videos at the end of the demonstration.
– Explain that participants will have a chance to practise this skill when they deliver a part of the mhGAP ToHP training the next day.

Session 2
Training skills: Use of role plays in mhGAP ToHP training

Duration:
1 hour 30 minutes

Slide numbers:
80–83

PURPOSE: Introduce participants to the use of role plays as part of skills development in the mhGAP ToHP training manual. Provide participants with the chance to practise facilitating a training session using role plays.

OVERVIEW:
- Introduce participants to role plays and how they are used as a training technique in mhGAP ToHP training manual.
- **Activity 11: Practise facilitating a training session using a role play (1 hour):**
  – Choose different role plays from the mhGAP ToHP training manual.
  – Divide participants into two groups and ask one person in each group to volunteer to be the facilitator with the rest being participants (health-care providers attending an mhGAP ToHP training).
  – The facilitator should use the mhGAP ToHP training manual material to introduce and instruct the participants to do the chosen role plays.
  – Allow 30 minutes for the participants to actually perform the role plays.
  – After the role plays ask the participants to provide feedback about how they found the experience and have the people playing the facilitator feedback on how they found the experience.

Session 3

Competency-based learning, assessments and feedback

Duration:
1 hour 30 minutes

Slide numbers:
84–129

PURPOSE: Teach the participants how they will be using competency-based learning assessments throughout the mhGAP ToHP training, including the use of structured competency-based assessments.

OVERVIEW:

- Introduce participants to competency-based learning and assessments. Use the slides to give an overview and description of competency-based education and describe its key feature. Explain how the competencies for the mhGAP ToHP training will be assessed.
- Use Activity 12 to familiarize participants with role plays, competencies and assessment methods. Demonstrate that using competencies should make assessments a more standardized process. Practise giving feedback on both strengths and areas for improvement. Stimulate discussion about competency-based learning and assessments.
- **Activity 12: Role plays with a twist (30 minutes):**
  - For this activity, break the participants into groups of four.
  - Give each group a role play from the mhGAP ToHP training manual.
  - 1 person will play the role of the person seeking help.
  - 1 person will play the role of the healthcare provider.
  - 2 people will play the role of the observer.
  - The person playing the health-care provider should be instructed to do an imperfect job of their role to make this exercise more interesting.
  - They could have a bad attitude, they might just look at their mhGAP-IG and make no eye contact, or they might assess the wrong condition or make an error in management.
  - At the end, the observers should practise giving feedback on both strengths and areas for improvement.
  - Observers should also feedback on how they felt using the competency checklists.
  - After the role plays, bring the group back together for a period of reflection and summary.

Session 4

Participant training exercise

Duration:
1 hour 30 minutes

Slide number:
130

PURPOSE: Participants familiarize themselves with the mhGAP ToHP training manual, have the chance to practise all the training techniques they have learned throughout the ToTS, and receive individualized feedback and support from the master trainer and peers.

INSTRUCTIONS:

- Divide participants into small groups and give them a section of the mhGAP ToHP training manual.
- Explain that they have the rest of the day to work together and familiarize themselves with the mhGAP ToHP training manual.
- Explain that tomorrow they will all take turns delivering their mhGAP-IG training to the whole group.
- Each group member must get a chance to demonstrate at least one teaching skill.
- Ensure that the participants have access to all the PowerPoint slides and additional materials that they require.
- Assign a time slot for each group to present the following day.

Day 4

Learning objectives

- Able to utilize the different teaching methods and skills required to deliver mhGAP ToHP training with confidence.
- Can give an assessment of, and feedback on, an mhGAP ToHP training.

Sessions 1, 2, 3 and 4

Participant training exercise

Duration:
8 hours

PURPOSE: Participants practise, using the training techniques they have learned, to deliver a part of the mhGAP ToHP training to their peers. They receive feedback from the master trainer and their peers.

OVERVIEW:

- Ensure that every group presents their section of the mhGAP ToHP training manual and that every individual is observed delivering training.
- Ensure that every individual and group receives some feedback, including something constructive for them to work on and develop.
- At the end of the day, review and summarize the participants' training.
- Summarize the feedback given and the constructive points that participants need to work on and develop.
- Give the participants time to raise any concerns or queries they have with any of the mhGAP ToHP training techniques.

Day 5

Learning objectives

- Understand the importance of supervision, highlighting the role supervision plays in up-skilling participants and ensuring sustainability of skills learnt.
- Understand the theory and techniques of good supervision.
- Understand implementation of supervision principles as they relate to the mhGAP ToHP training.
- Able to utilize a variety of supervision models.
- Can organize and perform supervision.

Session 1

Supervision theory and technique

Duration:
1 hour 30 minutes

Slide numbers:
131–148

PURPOSE: Introduce participants to the importance and theory of supervision. Demonstrate examples of poor supervision through a demonstration role -play, and then provide teaching on the techniques and style found in good supervision. Enable participants to practise using good supervision techniques. Discuss the qualities of a supervisor and how supervisors and systems of supervision can be supported going forward.

OVERVIEW:

- Use a case study to introduce participants to the importance of ongoing supervision once training is complete.
- Have participants reflect on what supervision means and their own experiences of supervision.
- Introduce goals and theory of supervision including discussing examples of poor supervision.
- Use Activity 13: "Master trainer demonstration of poor supervision" to show how not to deliver supervision and discuss why.
- **Activity 13: Master trainer demonstration of poor supervision** (20 minutes, including discussion):
  - Work with a co-facilitator (if available) or a volunteer.
  - Use one of the scenarios from the supervisor role plays (see ToTS supporting material and training forms)
  - The master trainer plays the role of the supervisor.
  - The co-facilitator or volunteer plays the role of the supervisee.
  - The master trainer plays the role of the supervisor

and uses as many of the qualities described in the "poor features of supervision" slide as necessary to demonstrate a poor example of supervision.
  - The co-facilitator or volunteer plays the role of a supervisee who was trained one month previously in mhGAP-IG and is struggling with a case of depression that is not improving. In fact, they are currently receiving regular telephone calls from the person saying that they are feeling suicidal and have plans to kill themselves in the next few days. The supervisee is scared and wants support from the supervisor.
  - After the demonstration, participants discuss what was poor about the interaction, identifying specific examples of poor supervision.
- Discuss the features of good supervision and give examples as necessary.
- **Activity 14: Role plays: Good supervision** (30 minutes):
  - Divide participants into pairs with one participant playing the role of the supervisor and the other that of the supervisee. Ensure that the participants swap roles so both will have the opportunity to play the role of supervisor.
  - The person playing the role of supervisor will imagine that they trained their supervisee one month previously in mhGAP-IG and they have arranged to meet with the supervisees to discuss difficult cases.
  - The person playing the role of supervisee should be given their instructions (see ToTS supporting material and training forms) with a description of the cases they are presenting, or they can use examples from their own clinical practice, if the master trainer prefers.
  - Allow the pairs to role play for 15 minutes.
  - After 15 minutes bring the group back together and discuss what was done well from both a supervisor and supervisee perspective.
  - If there is enough time ensure the participants swap roles and discuss a different case.

  NB: An alternative to this activity is for the master trainer to demonstrate good supervision first and then have the participants practise.
- Introduce participants to the skill set desired in any supervisor and why. Discuss the ways supervisors should be supported.

Session 2
Supervision: Practical

Duration:
1 hour 30 minutes

Slide number:
149–179

PURPOSE: Enable participants to plan and prepare for their local supervision.

INSTRUCTIONS:
- **Activity 15:** Discuss the barriers to supervision and how to troubleshoot them.
- Introduce the four different models of supervision, stressing that there is a model to suit every situation. Each model will be discussed in depth, with a case example.
- Introduce an approach to preparing for supervision by asking "who, what, when, where and how".
- Introduce tools which are available in the participant logbook to help with supervision.
- **Activity 16: Discussion in small groups then present to larger group:**
  - Participants will break into pairs/small groups according to their service location.
  - As a group, they must answer the "who, what, when, where, how" questions to start preparing their own supervision.
  - Each small group then presents back to the larger group for discussion, feedback and problem-solving.

Sessions 3 and 4
Individual feedback and planning sessions for delivering training/ supervision

Duration:
3 hour 45 minutes
(Including a 30-minute tea break in the middle)

PURPOSE: Ensure that the master trainer can take (at least) five minutes with each participant to give them individual feedback on their progress during the course and their next steps. Give participants the opportunity to start planning when and how they will deliver their first mhGAP ToHP training of non-specialist health-care providers and plan the supervision component at the same time.

OVERVIEW:
- Begin the afternoon sessions by setting the participants the task of planning their own mhGAP-IG training. Include a brief TNA – contacting health managers and programme planners to learn more about training needs, and planning when and how to deliver the training.
- Emphasize that as they plan the training they must also plan how they will deliver supervision after the training – as supervision is as important as training.
- Allow them to do this in groups and/or pairs. If they work closely with another participant and are likely to deliver training together, then it is essential that they plan together.
- Ask them to think about how they could support each other? Could they develop their own peer supervision group to support each other?

- Ensure they have whatever materials they require; paper, pens etc.
- As the participants are working on this, take out each person individually and give them at least five minutes personal feedback on their progress during the course. Also spend time checking on their planning and help guide them.
- Once again, it might help to invite any health planners and managers to these sessions to ensure that they also understand the commitments required to deliver training and supervision.
- Take the last 25 minutes of the training to have each group/pair/individual feedback about the plans and steps they intend to take to deliver their first mhGAP ToHP training and supervision.

ToTS PowerPoint slide presentation

mhGAP Training of Trainers and Supervisors (ToTS) training manual

World Health Organization

ToTS PowerPoint slide presentation

PowerPoint slide presentation available online at:
http://www.who.int/mental_health/mhgap/tots_slides.pdf

ToTS supporting material and training forms

mhGAP Training of Trainers and Supervisors (ToTS) training manual

World Health Organization

ToTS supporting material and training forms

- Training needs assessment form
- Pre- and post- test
- mhGAP familiarization exercise
- Supervision role plays
- Evaluation forms

Training needs assessment form

Training needs assessment

Location of training:	Contact person:

Please identify which of the following sources were used to complete this form:

- ☐ WHO/UN sources of information
- ☐ National sources of information
- ☐ Other published literature
- ☐ Review of adverse events
- ☐ Audit reviews
- ☐ Review of hospital admissions data
- ☐ Discussion with management
- ☐ Discussion with staff
- ☐ Discussion with patients
- ☐ Other: . . . . . .

Target population

Which MNS conditions should be managed in non- specialized health settings? (as per national level protocols and guidelines or discussions with stake holders):

- ☐ Essential care and practice
- ☐ Depression
- ☐ Psychoses
- ☐ Epilepsy
- ☐ Child and adolescent mental and behavioural disorders
- ☐ Dementia
- ☐ Disorders due to substance use
- ☐ Self-harm/suicide
- ☐ Other significant mental health complaints

Local Resources

Which medications are available in this area?

- ☐ Acamprosate
- ☐ Amitriptyline*
- ☐ Benzhexol
- ☐ Biperiden*
- ☐ Buprenorphine
- ☐ Carbamazepine*
- ☐ Chlorpromazine*
- ☐ Cholinesterase inhibitors
- ☐ Clonidine
- ☐ Diazepam*
- ☐ Disulfram
- ☐ Fluoxetine*
- ☐ Fluphenazine*
- ☐ Haloperidol*
- ☐ Lithium*
- ☐ Lofexidine
- ☐ Methadone*
- ☐ Methylphenidate
- ☐ Midazolam*
- ☐ Morphine*
- ☐ Naloxone*
- ☐ Naltrexone
- ☐ Oxazepam
- ☐ Phenobarbitol*
- ☐ Phenytoin*
- ☐ Risperidone*
- ☐ Sodium Valproate*
- ☐ Thiamine*
- ☐ . . . . . .

* WHO Essential Medicines List 2017

What are local prescribing regulations?

What brief psychological treatments are available?

Are mental health specialists available locally (i.e. psychiatrists, neurologists, mental health nurses)? Provide names and contact details

Are other services available where people with MNS conditions can be referred? (i.e. gender-based violence support, financial support, aged-care)

Training needs assessment (continued)

Training resources

What dates are available for training?

How much time is available for training?

How much funding, if any, is available for training?

What facilities are available for training? Includes rooms, electricity, PowerPoint, Wi-Fi etc.

Health-care providers

What disciplines will attend the training? How many from each discipline are expected?	Specialist MNS providers	Doctors	Nurses	Allied Health	Other

What do the trainees "do" in their work and how will they use this learning?

What knowledge, skills and experiences do the trainees already have in MNS conditions?

Expectations of training

What are the goals and expectations of the training according to the person(s) who requested it?

What are the trainees' expectations of the training?

Training needs assessment (continued)

Supervision

How much time and/or funding will be allocated to supervision after the course?

Who are potential local supervisors?

What is the preferred local supervision model?

Barriers and enablers

What other potential obstacles may occur before, during or after training?

What other local solutions will help in the provision of the training and supervision?

Other considerations

Please note anything else relevant to planning the training and supervision

Conclusions

Dates for course:	Venue:

Modules to be completed:

- ☐ Essential care and practice
- ☐ Depression
- ☐ Psychoses
- ☐ Epilepsy
- ☐ Child and adolescent mental and behavioural disorders
- ☐ Dementia
- ☐ Disorders due to substance use
- ☐ Self-harm/suicide
- ☐ Other significant mental health complaints
- ☐ ToTS training

Any additional considerations?

Pre- and post-test

1. Which of the following is considered a core effective communication skill? Choose the best answer:
   - ☐ A Speaking to the person only and not the carer
   - ☐ B Start by listening
   - ☐ C Using an open space for safety
   - ☐ D Limited eye contact

2. Which of the following is consistent with promoting respect and dignity for people with an MNS condition? Choose the best answer:
   - ☐ A Making decisions on behalf of a person with an MNS condition, with their best interests in mind
   - ☐ B Using correct medical terminology to explain things, even if complicated
   - ☐ C Ensuring consent to treatment is received from the carer and/or family
   - ☐ D Ensuring privacy in the clinical setting

3. Which of the following cluster of symptoms best fits with an episode of depression? Choose only one answer:
   - ☐ A Marked behavioural change, agitated or aggressive behavior, fixed false beliefs
   - ☐ B Decline in memory, poor orientation, loss of emotional control
   - ☐ C Inattentive, over-active, aggressive behavior
   - ☐ D Low energy, sleep problems, and loss of interest in usual activities

4. Which of the following is a good combination treatment for depression?
   - ☐ A Vitamin injections and increasing exercise
   - ☐ B Psychosocial interventions and an antidepressant
   - ☐ C An antipsychotic medication and a mood stabilizer
   - ☐ D Hypnotherapy and relaxation

5. Which of the following cluster of symptoms fits best with an acute manic episode? Choose only one answer:
   - ☐ A Confusion, disorientation to time, place and person, marked functional decline
   - ☐ B Admits to consuming alcohol, has slurred speech and uninhibited behavior
   - ☐ C Has recently stopped taking regular benzodiazepines, and presents with agitation, sweating and poor sleep
   - ☐ D Decreased need for sleep, increased activity and reckless behaviour

6. Which of the following statements concerning psychosis and bipolar disorder is correct? Choose the best answer:
   - ☐ A People with psychosis or bipolar disorder do not need evaluation for medical conditions
   - ☐ B People with psychosis or bipolar disorder are best cared for with long-term hospitalization
   - ☐ C People with psychosis or bipolar disorder are unlikely to be able to work or contribute to society
   - ☐ D People with psychosis or bipolar disorder are at high risk of stigmatization and discrimination

7. Which of the following is part of a psychosocial intervention in psychoses? Choose the best answer:
   - ☐ A Encourage participation in daily activities but recommend against work or serious relationships as they may be too stressful
   - ☐ B Discuss with the carer and family whether long-term institutionalization may be appropriate
   - ☐ C Provide psychoeducation, especially to avoid sleep deprivation, stress, and drugs and alcohol
   - ☐ D Discuss with the carer different ways that they might be able to challenge the delusions of the person

8. Which of the following statements concerning epilepsy is correct? Choose the best answer:
   - ☐ A Epilepsy is a communicable disorder of the brain
   - ☐ B Epilepsy is a sign of spirit possession
   - ☐ C Epilepsy is always genetic in cause
   - ☐ D Epilepsy is one of the most common neurological disorders

9. Which of the following requires emergency medical treatment? Choose the best answer:
   - ☐ A When someone starts to feel that a seizure is imminent
   - ☐ B If the seizure lasts for more than 1 minute
   - ☐ C If the seizure lasts for more than 5 minutes
   - ☐ D If the person is drowsy once the seizure is over

10. Which of the following is the best description of a child developmental disorder? Choose only one answer:
    - ☐ A Child developmental disorders have a relapsing and remitting course
    - ☐ B Child developmental disorders are always associated with abuse and neglect
    - ☐ C Child developmental disorders category includes attention deficit hyperactivity disorder and conduct disorder
    - ☐ D Child developmental disorders involve impaired or delayed functions related to central nervous system maturation

11. Which of the following is good advice for any child and adolescent mental and behavioural disorder? Choose the best answer:
    - ☐ A The carer can use threats or physical punishment if a child has problematic behaviour
    - ☐ B The carer should remove the child from mainstream school as soon as possible
    - ☐ C The carer can use other aids such as television or computer games instead of spending time with the child
    - ☐ D The carer should give loving attention to the child every day and look for opportunities to spend time with them

12. Which of the following is the best first-line treatment for child and adolescent developmental disorders? Choose only one answer:

☐ A Psychosocial intervention
☐ B Pharmacological treatment
☐ C Referral to specialist
☐ D Referral to outside agency

13. Which of the following should be given as advice to an adolescent with a mental or behavioural disorder? Choose the best answer:

☐ A They should avoid community and other social activities as much as possible
☐ B They should avoid the use of drugs, alcohol and nicotine
☐ C They should avoid school if it makes them anxious
☐ D They should avoid being physically active for more than 30 minutes each day

14. Which of the following is a common presentation of dementia? Choose the best answer:

☐ A Low mood and loss of enjoyment in usual activities
☐ B Fixed false beliefs and hearing voices
☐ C Excessive activity and inattention
☐ D Decline or problems with memory and orientation

15. Which of the following is a common presentation of dementia? Choose the best answer:

☐ A Severe forgetfulness and difficulties in carrying out usual work, domestic or social activities
☐ B Drowsiness and weakness down one side of the body
☐ C Fluctuating mental state characterized by disturbed attention that develops over a short period of time
☐ D Low mood in the context of major loss or bereavement

16. Which of the following is the best description of dementia? Choose only one answer:

☐ A Dementia can have a large impact on the person, their carer, family and society at large
☐ B Dementia can be cured through pharmacological interventions
☐ C Dementia does not interfere with activities of daily living, such as washing, dressing, eating, personal hygiene and toilet activities
☐ D Dementia is a normal part of aging

17. Which of the following statements best describes treatment options in dementia? Choose only one answer:

☐ A All people with dementia should have access to pharmacological interventions, regardless of specialist availability
☐ B Pharmacological interventions, if started early enough, can cure dementia
☐ C With early recognition and support, the lives of people with dementia and their carers can be significantly improved
☐ D Psychosocial interventions for dementia should only be provided by a specialist, due to their complexity

18. Which of the following best describes symptoms of substance dependence? Choose only one answer:

☐ A Sedation, unresponsiveness, pinpoint pupils following use
☐ B Current thoughts of suicide, bleeding from self-inflicted wound, extreme lethargy
☐ C Strong cravings, loss of control over substance use, withdrawal state upon cessation of use
☐ D Intravenous drug use once per month, but violent towards others when using

19. Which of the following illnesses should you screen for in people who inject opioids? Choose the best answer:

☐ A HIV and hepatitis
☐ B Wernicke's encephalopathy
☐ C Epilepsy
☐ D Thyroid disease

20. Which of the following should you tell the carer of someone who has had an episode of self-harm or a suicide attempt? Choose the best answer:

☐ A Medication will be made available so that they can keep the person sedated
☐ B Restrict the person's contact with family, friends and other concerned individuals in case it is too overwhelming
☐ C Remove access to any means of self-harm and try and provide extra supervision for the person
☐ D Forced vomiting is an emergency treatment option if they suspect any self-harm or suicide

21. Which of the following is part of a psychosocial intervention where the person seeking help witnessed the death of a loved one to violence? Choose the best answer:

☐ A They should talk about the incident as much as possible, even if they do not want to
☐ B It is normal to grieve for any major loss, in many different ways, and in most cases grief will diminish over time
☐ C Avoid discussing any mourning process, such as culturally-appropriate ceremonies/rituals, as it may upset them further
☐ D Refer to a specialist within one week of the incident if they are still experiencing symptoms

22. For the following scenarios, choose the best diagnosis. Choose only one:

i. Depression
ii. Psychoses
iii. Epilepsy
iv. Child and adolescent mental and behavioural disorders
v. Dementia
vi. Disorders due to substance use
vii. Self-harm/suicide
viii. Bereavement

Scenario A: ☐ i ☐ ii ☐ iii ☐ iv ☐ v ☐ vi ☐ vii ☐ viii

Emmanuel is a 20 year-old man who is brought to your clinic by his friends. They are very worried about him because he is afraid that the government are monitoring him, and keeps saying that he can hear people talking about him. When you ask them for more information, they say that he has not been himself for several months, at times does not make sense, and has not been coming to university much. He is about to fail the semester. There is nothing remarkable on physical history, examination or blood tests, and his urine drug screen is negative.

When you speak to him, he seems suspicious of you, does not make a lot of sense, and does not think that there is anything wrong with him. He wants to leave, and starts to become quite aggressive when you ask him to stay, saying that he is unsafe here and people are watching him.

Scenario B: ☐ i ☐ ii ☐ iii ☐ iv ☐ v ☐ vi ☐ vii ☐ viii

Cara is a 17 year-old woman who is brought in by her family after having a period of shaking, rigidity and incontinence at home. She is currently confused and drowsy and does not know where she is. She reports she has always been happy and healthy, did well at school but left last year to start working, which is also going well. She is worried that she has been possessed by a spirit.

When you speak to Cara, she is still not sure what has happened and why she is in hospital. She complains of weakness down one side of her body and feeling sore all over.

Scenario C: ☐ i ☐ ii ☐ iii ☐ iv ☐ v ☐ vi ☐ vii ☐ viii

Marc is a 14 year-old boy who is referred to you by his school teacher. The teacher tells you that Marc has always gotten into trouble at school as he is very disruptive to the other students. He does not seem to be able to concentrate for very long. The teacher wants you to see him in case there is something that can be done.

You meet with Marc, who does not want to sit still to talk to you. In the brief time that you talk he tells you that he hates school and finds it boring. In your assessment you do not think that he is depressed, or that he has any delusions or hallucinations. He denies using any substances. A physical examination is normal.

You meet with Marc's parents, who tell you that they have had trouble with Marc for years. He can never sit still when they take him somewhere, such as church or a friend's house, he is always getting bad reports at school, and wants to constantly be moving around the house and doing something.

Pre- and Post-Test Answer Key

1. = B
2. = D
3. = D
4. = B
5. = D
6. = D
7. = C
8. = D
9. = C
10. = D
11. = D
12. = A
13. = B
14. = D
15. = A
16. = A
17. = C
18. = C
19. = A
20. = C
21. = B
22. A = ii
B = iii
C = iv

mhGAP familiarization exercise

Read the case example below and answer questions using mhGAP-IG.

Case example

A 30-year-old woman is brought to the clinic because of her restless behaviour.

The woman is not willing to sit down and is pushing her husband away from her.

She seems afraid and looks behind constantly. She is refusing to let anyone examine her.

What do you suspect using mhGAP-IG Master chart? Which module should you go to?

Her medical records were as follows:

Blood type O+, antibody screen negative, VDRL (syphilis) negative, PPD (tuberculosis) negative, HIV test negative, hepatitis B surface antigen negative, rubella immune, maternal serum triple screen normal, glucose challenge test normal, haemoglobin electrophoresis 97% haemoglobin A, no fever, not taking medication, no smell of alcohol.

Every time you ask her questions about her symptoms, she stops talking. When you insist on learning more about her symptoms she becomes silent.

When you offer her medication to help her feel more relaxed and calm, she becomes more agitated, saying that she is not crazy and will not take any medications.

You are able to speak to the woman's husband in a private room away from the woman after asking her if it is ok.

Her husband tells you that since the birth of their youngest child three months ago the woman has been having "mood swings and anger problems".

He says that she is neglecting her role as a mother and a wife. It is as if she has become a different person since the birth of her baby.

He says that he has seen her in the house talking to herself.

He also says that she is convinced that the neighbours want to hurt her and her children and as a result she does not want to leave the house.

The pregnancy was normal and there were no problems during delivery.

She has hardly left the house since the delivery but before that she was very sociable and had a lot of friends.

- **What symptoms do you see/suspect?**
- **What additional questions do you want to ask the woman to learn more?**
- **Which protocol do you go to according to mhGAP-IG?**
- **What kind of management do you provide?**

Supervision role plays

Introduction

These role plays are designed to demonstrate different styles of supervision, particularly how supervision can be done badly, and behaviours that future supervisors should avoid.

Each role play should take 40 minutes:

- 3 minutes – reading time
- 20 minutes – role play
- 15–20 minutes – group discussion.

If there is time, each role play can be performed a second time, with the "supervisor" using what they have learned to provide better supervision.

Supervision role play 1

In this role play, the supervisee is struggling with a case of depression that is not improving. The supervisor is displaying generally "disliked qualities" of supervision – they are too busy, unskilled in this area, hierarchical, critical and do not demonstrate respect and dignity for people with a priority MNS condition.

Supervision role play 2

In this role play, the supervisee is struggling with a number of complicated psychosocial and administrative challenges, beyond routine clinical care. The supervisor has strengths, but they are very authoritative in their approach.

Supervision role play 3

In this role play, the supervisee is overconfident and has made a significant clinical error. The supervisor has strengths, but they are too facilitative in their approach, and not direct enough in telling the supervisee that they have made an error.

Supervision role play 1

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISEE (NON-SPECIALIST HEALTH-CARE PROVIDER)

You are recently trained in mhGAP-IG Version 2.0. Imagine it is one month from now and you have gone back to your usual place of work. You have started seeing people with MNS conditions. Mostly you are enjoying the new work, but sometimes there have been some challenging situations.

You have brought a difficult case to discuss at supervision. You first met this lady three weeks ago and identified that she had depression. You provided psychosocial interventions, which you thought went well. She declined medication at the time.

However, she returned to see you one week ago and things seem to have deteriorated. Her mood is still low and she is not sleeping or eating. She is now hearing voices telling her she is a bad person. She is reluctant to take medication but might consider it, although you have never prescribed medication before and are anxious about doing this. She has said to you that if things do not improve she is thinking of taking an overdose of her husband's medication. She does not want you to tell her husband this.

You have come hoping that the supervisor will help you out. You want to know:

- Why is she hearing voices?
- What are the medication options and how should you prescribe them?
- What should you do about the suicidal thoughts?
- How should you deal with the fact she does not want her husband to know?

INSTRUCTIONS

Ask the supervisor for help. Do not stop the interview until you feel you have the help you need.

» At the end, reflect on this episode of supervision.

Supervision role play 1

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISOR (SPECIALIST)

You are the only neurologist in your city of 1 million people. You run outpatient clinics every week day, sometimes seeing up to 50 people in each clinic. You also look after the neurology ward of 20 beds, and sometimes have to help with hospital administration. You often work at the weekend.

You were asked to provide supervision for the mhGAP-IG Version 2.0 trainees. You did not particularly want to, but there was no one else available. You feel comfortable supervising regarding a patient with epilepsy or dementia, but you feel pretty ''lost" when it comes to mental health or substance use.

You are meeting your supervisee today. Unfortunately, it has been a busy day – you were up all night on call, there are very unwell patients on the ward and you have double-booked this session. You are hoping it will be done in five minutes, and keep looking at your watch, your phone, yawning and asking "is that all?".
You are really hoping they do not bring a mental health or substance use problem. If they ask you about this, you will try and relate it to a case of epilepsy that you have treated, and you plan to keep your answers deliberately vague so they will not pick up that you are unsure of treatment.

Occasionally, you criticize the supervisee just to demonstrate that you know that you are the one in charge. You mention at least twice that you think they are wasting their time treating mental health, and they should try and treat more epilepsy, like you do.

INSTRUCTIONS

Provide supervision as instructed, without using your prior mhGAP-IG knowledge except for epilepsy.

» At the end, reflect on this episode of supervision.

Supervision role play 2

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISEE (NON-SPECIALIST HEALTH-CARE PROVIDER)

You are recently trained in mhGAP-IG Version 2.0. Imagine it is one month from now and you have gone back to your usual place of work. You have started seeing people with MNS conditions. Mostly you are enjoying the new work, but sometimes there have been some challenging situations. You have brought a difficult case to discuss at the supervision.

You first met this person seeking help two weeks ago. He is a 41-year-old man seeking help for a disorder of substance use. He has been using heroin intravenously for four years. You have been providing some psychosocial interventions to help stop his use, and he is now interested in considering opioid agonist maintenance treatment. You would like to start this next week, and feel quite confident in delivering the pharmacological intervention.

However, you are struggling with other aspects of this case.

- You know the patient has contracted HIV from his intravenous use, but he does not want to start treatment for the HIV.
- Even though you are able to deliver the pharmacological intervention, your hospital manager has told you they "don't want people like that attending every day", and is being obstructive about providing treatment.
- You feel very stressed and overwhelmed.

To complicate matters, you are a bit intimidated by your supervisor, who is very senior at the local hospital.

INSTRUCTIONS

You have come hoping that the supervisor will help you out. You do not want any advice on psychosocial or pharmacological interventions, you feel quite confident in this.

You do want help around the untreated HIV, the obstructive hospital manager and your own levels of stress, however you will only raise these issues if the supervisor makes you feel comfortable to do so.

Supervision role play 2

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISOR (SPECIALIST)

You are a psychiatrist who has agreed to be a supervisor for mhGAP-IG. You are very senior in your hospital and thought it would be good to volunteer your time to help with supervision, as you believe you have a lot that people can learn from you. You consider yourself very "no-nonsense". You are efficient and direct, and do not like to waste time with unimportant things.

When someone asks for your help with mhGAP-IG you go straight to the right page and talk them through it at length. You do not like to be interrupted. You do not like to trouble yourself with matters that you do not see directly related to the issue in front of you.

Your supervisee has come today to discuss a disorder of substance use case.

INSTRUCTIONS

Ask your supervisee what they want help with today. When she says she has a patient with a disorder of substance use, you turn to page 116. You stick to the algorithm and are not willing to discuss anything else, which you believe would be getting "off-track". If the supervisee raises anything else, you direct her back to the algorithm.

Supervision role play 3

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISEE (NON-SPECIALIST HEALTH-CARE PROVIDER)

Imagine it is one month from now and you have gone back to your usual place of work. You are a very experienced health-care provider dealing with physical conditions. You have started seeing people with MNS conditions. You feel very confident about your skills. You are hoping that with this extra experience you will get a promotion at the hospital soon.

Last week you saw a 32-year-old lady who appeared to have an acute episode of mania. She was irritable, elevated and had been behaving recklessly and spending a lot of money. Her husband confirmed that she had been talking a lot and not sleeping at night. She is also in her first trimester of pregnancy.

You didn't even have to look at the mhGAP-IG – you know that sodium valproate is used in mania, so you started that at a high-dose as she was so unwell.

INSTRUCTIONS

You need to discuss a case for supervision. This is the most interesting you case you have seen so far, so you decide to discuss it. You are also quite proud of having diagnosed and prescribed the medication without looking at the mhGAP-IG and you would like the supervisor to recognize how good you are.

You do not tolerate criticism and do not want anything to blemish your record. If the supervisor suggests you have done something wrong you disagree and change the subject back to discussing what you have done well.

Supervision role play 3

To experience and better understand different styles of supervision

Duration: 40 minutes

SITUATION: SUPERVISOR (SPECIALIST)

You are a psychiatrist with an interest in psychotherapy. You are very happy to be a supervisor for mhGAP-IG. You are well-liked as a supervisor, as you are very gentle and calm, and do not criticize your supervisees like some of the other supervisors do. You believe in allowing the supervisees a space to release tension in their time with you, and to reflect on their practice. You believe in validating the work a supervisee does. You never tell people outright that they have done the wrong thing, you try and get them to reflect and see for themselves what they could have done differently.

You have met your new supervisee before. You noticed that he seems a bit overconfident and does not take direction well. You are hoping that by taking a very gentle approach with him you can help him improve.

INSTRUCTIONS

The supervisee will present a case to you. Use your mhGAP-IG psychoses module to help with supervision. Even if you do not think the supervisee has done the right thing, you do not say this outright – get them to reflect on what they have done and try and identify this themselves.

Evaluation forms

Participant feedback form for each module

Date of training: . . . . . Location of training: . . . . . .

Name of facilitator(s): . . . . . .

The name of the training module (check only one):

Training of health-care providers
- ☐ Essential care and practice
- ☐ Depression
- ☐ Psychoses
- ☐ Epilepsy
- ☐ Child and adolescent mental and behavioural disorders
- ☐ Dementia
- ☐ Disorders due to substance use
- ☐ Self-harm/suicide
- ☐ Other significant mental health complaints

Training of trainers and supervisors
- ☐ Welcome and introduction
- ☐ Implementation of mhGAP-IG
- ☐ Introduction to mhGAP training
- ☐ Preparing and evaluating a training course
- ☐ Teaching skills (specify: . . . . .)
- ☐ Competency assessment and feedback
- ☐ Participant facilitation exercise (specify: . . . . .)
- ☐ Supervision: Theory and technique
- ☐ Supervision: Practical

Please rate the following:	Poor	Average	Excellent	Additional comments
Quality of content and information – was it relevant, well-researched and organized?	1	2	3	
Quality of slides and handouts – were they easy to read and helpful in learning?	1	2	3	
Quality of trainer – were they engaging, enthusiastic and informed?	1	2	3	
Quality of activities/role plays and clarity of instructions	1	2	3	
Length of module – was it too long, too short or just right?	1	2	3	
Number of opportunities for active participation – too many, too few or just right?	1	2	3	
How confident do you now feel about using what you have learned in this module?	1	2	3	
Overall quality of this module	1	2	3	

What was best about this module?

What did you learn from this module that you anticipate using again?

What would you suggest to improve this training module?

Trainer feedback form for each module

Date of training: . . . . . Location of training: . . . . . .

Name of facilitator(s): . . . . . .

The name of the training module (check only one):

Training of health-care providers
- ☐ Essential care and practice
- ☐ Depression
- ☐ Psychoses
- ☐ Epilepsy
- ☐ Child and adolescent mental and behavioural disorders
- ☐ Dementia
- ☐ Disorders due to substance use
- ☐ Self-harm/suicide
- ☐ Other significant mental health complaints

Training of trainers and supervisors
- ☐ Welcome and introduction
- ☐ Implementation of mhGAP-IG
- ☐ Introduction to mhGAP training
- ☐ Preparing and evaluating a training course
- ☐ Teaching skills (specify: . . . . .)
- ☐ Competency assessment and feedback
- ☐ Participant facilitation exercise (specify: . . . . .)
- ☐ Supervision: Theory and technique
- ☐ Supervision: Practical

Type of staff	**Primary care doctors/ GPs**	**Nurses**	**Others (please specify)**	**Additional comments**
Number of participants				
Please rate the following:	**Poor**	**Average**	**Excellent**	**Additional comments**
Amount of content – too much, too little or just right	1	2	3	
Quality of content – was it relevant, well-researched and organized?	1	2	3	
Quality of instructions and notes – were they helpful and easy to read?	1	2	3	
Quality of activities/role plays – were they engaging and helpful in teaching?	1	2	3	
Length of module – did you have too much, too little or just enough time?	1	2	3	
Engagement of participants	1	2	3	
How confident do you feel the objectives were met?	1	2	3	
Overall quality of this module	1	2	3	

What was best about this module? When were the participants most engaged?

What would you suggest to improve this training module?