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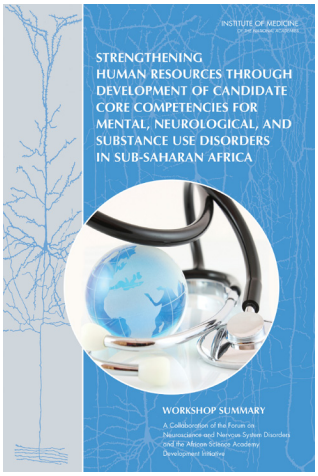
Strengthening Human Resources Through Candidate Core Competencies for Mental, Neurological, and Substance Use Disorders in Sub-Saharan Africa

Workshop Summary



Sub-Saharan Africa (SSA) has one of the largest treatment gaps for mental, neurological, and substance use (MNS) disorders in the world. According to the World Health Organization, an estimated four out of five people with serious MNS disorders living in low- and middle-income countries do not receive needed health services. The ability to provide adequate human resources for the delivery of essential interventions for MNS disorders has been identified as a critical barrier to bridging the treatment gap.

In 2012, the Institute of Medicine's Forum on Neuroscience and Nervous System Disorders convened a workshop with the goal of bringing together key stakeholders to discuss candidate core competencies that providers might need to help ensure the effective delivery of services. The workshop focused on four MNS disorders that account for the greatest burden in low- and middle-income countries: depression, psychosis, epilepsy, and alcohol use disorders. Workshop speakers and individual participants identified a series of candidate core competencies for specialized and non-specialized practitioners treating patients with depression, psychosis, epilepsy, or alcohol use disorders (see table, page 4).

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Challenges and Opportunities for Integration

Speakers highlighted significant challenges but also successful programs concerning the integration of services for patients with MNS disorders. Those challenges and opportunities are outlined in the box on page 2.

Challenges and Opportunities for Integration

Challenges

- Establishment of a need for integration
- Attracting individuals into MNS care specialties
- Sustaining providers within the region once trained
- Lack of defined roles and responsibilities around integration
- Minimal human and financial resources for capacity building
- Overwhelmed providers

Opportunities

- International funding for development of training and research opportunities
- Greater willingness of community/lay workers to be involved in treatment and care initiatives
- Modern technology to deliver training and interventions
- Examples of successful programs integrating MNS disorder treatment and care into the general health care system
- Development of candidate core competencies for other diseases (e.g., HIV) that can be leveraged
- Development of training materials by a cross-section of providers
- Increasing engagement of policy makers and the public

SOURCE: Adapted from presentations by Dixon Chibanda, Jeanne D'arc Dusabeyezu, Sheila Ndyanabangi, Ruben Sahabo, and Tedla Wolde-Giorgis at the Institute of Medicine Workshop on Strengthening Human Resources for Mental, Neurological, and Substance Use Disorders in Sub-Saharan Africa, Washington, DC, September 4-5, 2012.

Workshop Topics

Throughout the workshop, participants discussed mechanisms for moving forward with the development and integration of candidate core competencies into current training programs and health care systems. The following list highlights some of the recurring workshop topics:

- **MNS health care as a complement of general health.** Many participants noted that linking the treatment and care of patients with MNS disorders to general health might facilitate integration of MNS health care into the larger system, encourage development of MNS health policies and legislation, and increase funding for MNS health care.
- **Training and career paths.** Training of mid-level providers (such as clinical officers) revised to offer degrees and career growth was suggested by several participants. While training would be a critical component of any next steps around developing additional candidate core competencies, many participants noted that mentoring, post-training evaluations, and continual education are just as important as initial provider trainings.

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- **System-level competencies.** Many participants noted that training in supervision, teaching, leadership, and advocacy is lacking at all curriculum levels. Several participants noted that increasing training in these and other areas, such as resource mobilization and fundraising, might lead to greater ease of integration of MNS care into general health care.
- **Information technology.** Several participants noted that nurses and medical officers are sometimes put in challenging situations where access to support or other health professionals is limited. With new technologies, support might no longer require that other providers be physically present; instead, remote consultations with experts can take place via telemedicine. These new avenues of engagement might also deliver increased assistance to providers in rural areas or other remote locations. Technology might also be used to enhance training and mentoring.
- **Lessons learned from other areas.** Throughout the workshop, examples of integration of MNS health care into established health systems and approaches to training and engagement were discussed. Many participants stressed the importance of examining successful sustained efforts around candidate core competencies, integration, training, and continuing education. One participant noted that efforts to reduce the treatment gap for MNS disorders need not start from "square one."
- **Collaboration and engagement.** A large number of participants indicated that developing partnerships with a diverse array of stakeholders will be critical for improving care for MNS disorders across SSA. In addition, many participants indicated that collaborations might focus on governments and nongovernmental organizations that can help identify financial resources, engage policy makers, and create collaborations across disease areas with shared competencies.
- **Evidence-based research.** Many participants noted that a challenge to securing government, private-sector, and public support for MNS-related initiatives is the lack of evidence-based information on the burden of MNS disorders in many SSA countries. Throughout the discussions, participants urged investments in research to extend the evidence base for task shifting and task sharing as an approach to the provision of services for patients with MNS disorders.
- **Community-driven public education.** Many participants stressed the need for education about MNS disorders geared toward the public. Increased knowledge about the causes of MNS disorders might reduce stigma and misperceptions. A few participants noted that peer-to-peer education driven from the community level might be more successful because community members would be more familiar with cultural differences.

TABLE Candidate Core Competencies Discussed for All Provider Types Across MNS Disorders[a]

Screening/Identification (SI)
SI.1 Demonstrates awareness of common signs and symptoms
SI.2 Recognizes the potential for risk to self and others
SI.3 Demonstrates basic knowledge of causes
SI.4 Provides the patient and community with awareness and/or education
SI.5 Demonstrates cultural competence
SI.6 Demonstrates knowledge of other mental, neurological, and substance use (MNS) disorders
Formal Diagnosis/Referral (DR)
DR.1 Demonstrates knowledge of when to refer to next level of care/other provider/specialist
DR.2 Demonstrates knowledge of providers for specialized care within the community
Treatment/Care (TC)
TC.1 Provides support for patients and families while in treatment and care
TC.2 Identifies and assists patients and families in overcoming barriers to successful treatment and recovery (e.g., adherence, stigma, finances, accessibility, access to social support)
TC.3 Demonstrates ability to monitor mental status
TC.4 Demonstrates knowledge of how to offer emergency first aid
TC.5 Initiates and/or participates in community-based treatment, care and/or prevention programs
TC.6 Demonstrates knowledge of treatment and care resources in the community
TC.7 Promotes mental health literacy (e.g., to minimize impact of stigma and discrimination)
TC.8 Communicates to the public about MNS disorders
TC.9 Monitors for adherence to and/or side effects of medication
TC.10 Practices good therapeutic patient interactions (e.g., communication, relationship, attitude)
TC.11 Provides links between patients and community resources
TC.12 Identifies available resources to support patients (e.g., rehabilitation, medication supplies)
TC.13 Promotes activities that aim to raise awareness and improve the uptake of interventions and the use of services
TC.14 Protects patients and identifies vulnerabilities (e.g., human rights)
TC.15 Demonstrates respect, compassion, and responsiveness to patient needs
TC.16 Demonstrates knowledge and skills to use information technology to improve treatment and care

[a]This table presents candidate core competencies discussed by one or more workshop participants. During the workshop, all participants engaged in active discussions of candidate competencies. In some cases, participants expressed differing opinions about whether a particular competency could be useful and included in the list. However, since this is a summary of workshop comments and not meant to provide consensus recommendations, workshop rapporteurs endeavored to include all candidate core competencies discussed by workshop participants across providers and disorders. This table and its content should be attributed to the rapporteurs of this summary as informed by the workshop.

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500 Fifth Street, NW
Washington, DC 20001
TEL 202.334.2352
FAX 202.334.1412

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