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Taking Up the Community Health Intervention Package Faces Challenges

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Abstract

Participants thought it was important to consider the fear of disclosure and potential stigma if a mental health intervention is provided by an employer, however, in trying to ensure confidentiality for each CHW, participants also advised against providing generic interventions that do not meet their unique mental health needs. The participants thought this barrier might be overcome if CHWs perceived that a third party provided the intervention. In addition, participants recommended involving influential stakeholders such as religious/ faith and community leaders that CHWs respect and listen to help overcome the stigma of accessing mental health treatment. The participants were concerned that the acceptability and accessibility of digital interventions might be limited by poor internet connectivity in rural areas, low digital literacy, a preference for in-person events, and the costs of acquiring a smartphone or a laptop.

Keywords: Health intervention • Digital interventions • Faces challenges

Introduction

Academic participants thought a combination of quantitative and qualitative methods was necessary to represent the proposed intervention package's impact accurately For quantitative methods, they recommended using before-and-after surveys to evaluate uptake of the interventions and use of self-reported tools (e.g., a resilience scale, anxiety, and depression screening tools). Self-reported tools could be used to assess the prevalence of mental health conditions and track their severity during and after the intervention. These participants also advised on the need to use longitudinal and randomised trials to infer causality and identify evidence-based interventions. For qualitative methods, they recommended individual interviews, reflection sessions and participatory action research methods. Rather than a top-down approach, participants favoured researchers developing the evaluation strategy with CHWs (i.e., a co-design approach). They thought this would elicit feedback that can be used within the life cycle of the intervention [1].

Concerning making conclusions on cause and effect, participants advised on the need to keep in mind that most episodes of depression resolve on their own. Hence, if the prevalence of depression decreased among CHWs after an intervention, this was not conclusive evidence on its effectiveness. Even though participants identified CHWs as the direct beneficiaries of an intervention package, they also commented on the trickle-down effect of CHW mental health and well-being on the community. Hence, they advised on the need to define the impact of a mental health and well-being package from the CHW's perspective and the communities they serve. While debrief sessions may offer benefits for exploring triggers and identifying how best to address mental health symptoms, participants warned that this could be detrimental for some CHWs. They cautioned that discussing mental health triggers might sustain an on-going trauma from past events, for an intervention package that supports the mental health and well-being of CHWs, participants mentioned the need to identify a cohort of CHWs willing to undertake mental health support activities together [2].

Discussion

They also mentioned a hub that could be online or physical, where debriefing occurs, and activities are coordinated. Other components of the intervention package mentioned include a care coordination team that looks after the mental and physical health of CHWs; and a communication system for CHWs to keep in touch with colleagues, members of their family and community. Lastly, participants mentioned training programs to equip CHW with skills to protect their mental health while carrying out their job tasks and an appropriate work design that ensures their safety and job security. For pitfalls that should be avoided during the design and implementation of this package, participants mentioned confidentiality breaches regarding CHWs' personal health information, the use of generic interventions that are not suited to the unique mental health needs of CHWs, and limited access to technology in remote regions [3].

To encourage uptake of such an intervention package, participants advised that these interventions should not compromise the job security of CHWs; they should be sensitive to their unique needs and involve members and available resources in the community. To measure the impact of this package, participants encouraged the use of mixed methods and a co-designed approach. These findings suggest that an intervention package specific for CHWs can be designed to harness the inputs of CHWs, their colleagues, families, members of their communities, and the broader health system. We did not find any studies that explored the creation, implementation, or evaluation of an intervention package specific to CHWs. However, some of the recommended components of the intervention package participants described in this study have been identified as key considerations for mobilising CHWs and supporting frontline health workers during a pandemic. They include virtual psychological therapy, support from peers, family and community members [4].

Similar components have been used to improve the psychological resiliency of medical staff in both LMICs and high income countries. They include having a dedicated physician to attend to the mental health needs of each medical staff, ensuring clear communication from the leadership on the need to protect the mental health of medical staff, effective risk communication, involving mental health specialists and other medical specialists in providing integrated care, and involving medical staff in developing strategies for protecting their mental health. Recipients of these interventions

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generally found them to be helpful. However, these interventions are typically offered as complex intervention packages whose components vary from study to study. There is a lack of well-designed evaluation studies that describe the essential components of psychosocial resilience packages specifically for CHWs. The COVID-19 pandemic has created additional pressure on the work of CHWs globally. These include stigmatisation from local communities, an enormous caseload, a mounting patient death toll, shortages in PPE, and uncertainty about best treatment options [5].

Conclusion

To ensure they perform optimally in response to COVID-19 and continue to provide essential health services, health systems need to plan long-term mechanisms for supporting and sustaining the mental health of CHWs during and beyond the pandemic. An intervention package to achieve this may include a hub (virtual or physical) where debriefing occurs, and activities are coordinated. It may also require a care coordination team, mental and physical health of CHWs) and a communication system for sharing relevant health information and staying in touch with colleagues, members of their family and community. Lastly, it may require a training program (which empowers them to protect their mental health and equips them to perform their job tasks effectively), job security, and a healthy work design.

Acknowledgement

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Conflict of Interest

None.

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