

EXPERIENCES OF A GERMAN-ETHIOPIAN COLLABORATION

**The MSc Course: Integrated Clinical
and Community Mental Health in
Jimma University**

Symposium - Global Mental Health - Mental Health
in Developing Countries
Munich, October 29, 2016

DAAD
Deutscher Akademischer Austausch Dienst
German Academic Exchange Service



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EXCELLENCE CENTERS
FOR EXCHANGE AND DEVELOPMENT



LMU

LUDWIG-
MAXIMILIANS-
UNIVERSITÄT
MÜNCHEN

1. HOW IT ALL STARTED

2. THE CIH^{LMU}


3. MASTER PROGRAM

4. EVALUATION

5. FUTURE PLANS

1. HOW IT ALL STARTED

SITUATION IN ETHIOPIA

1. Brain drain: Migration of highly educated and talented people from Ethiopia to western countries since the living and working conditions are better there.
2. Centralization of medical care: Trained medical doctors work primarily in the capital and major cities:  medical undersupply of the population in peripheric regions.

SITUATION IN ETHIOPIA

- 45% of Ethiopians have access to the health system
- 80% of medical doctors have left the country in recent years
- There are only 900 medical doctors in Ethiopia = 1 doctor per 100,000 inhabitants

Ethiopia: Psychiatric care, Swiss Refugee Help 2009

SITUATION IN ETHIOPIA - MENTAL HEALTH

- 3 non-psychiatric care centers
- 6 inpatient treatment centers
- 1 Psychiatric Hospital in Addis Ababa (WHO 2006)

- 34 psychiatrists, 27 work in the capital

Prevalence of mental disorders in Ethiopia 15% in adults, 11% in children

Ethiopia: Psychiatric care, Swiss Refugee Help 2009

2. THE CIH^{LMU}

CENTER FOR INTERNATIONAL HEALTH^{LMU}



DAAD
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German Academic Exchange Service

exceed "excellent center for exchange and development"
EXCELLENCE CENTERS
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- Department of Tropical Medicine
- Department of Surgery
- Department of Occupational Health
- Department of Pediatric Neurology
- Department of Psychiatry and Psychotherapy

Partner Universities world wide: Chile, Colombia, Brazil, Bolivia, Ethiopia, Mocambique, Peru, South Africa, Tanzania, Vietnam



LMU Centre for International Health **CIH^{LMU}**

Mission:

Integrating Teaching, Research, Consulting & Practical Implementation of Health-related Topics in Developing Countries to achieve the MDGs



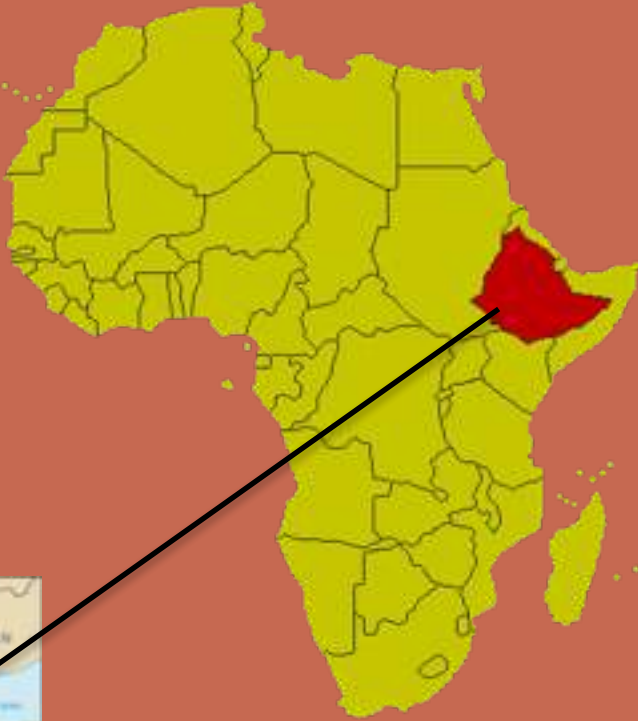
Aims:

- to empower DC partner universities
- to set their own higher education and research agendas
- to integrate into a network of knowledge management
- to translate research into policy
- to provide crucial information to stakeholders

Structure:

- CIH^{LMU}
- 12 departments at 4 faculties
- Partner universities/institutions
- 21 long-term DC partnerships
 - Core group: Ethiopia, Vietnam, Tanzania, South Africa, Cameroun, Chile (Bolivia, Peru)

- CIH vision: "We empower health professionals"
- CIH mission: "CIH aspires to meet health-related challenges through capacity building in training and research"
- CIH aim: "to empower the partner universities in developing countries to set their own higher education and research agendas based upon local needs"



ETHIOPIA



JIMMA



JIMMA TOWN - PROVINCE KAFFA



JIMMA UNIVERSITY



MARKOS TESFAYE, MD



DEPARTMENT OF PSYCHIATRY, JIMMA



3. MASTER PROGRAM

MAIN IDEA

1. Construction of psychiatric care through training of health officers
2. Multiplication of health workers trained in Psychiatry
3. Decentralization of mental health care in Ethiopia
4. Supply of rural population through health centers

GOALS FOR 5 YEARS

- 1 mental health officer for each regional health bureau
- 1 mental health officer for 50% of the zonal and district hospitals
- 2 mental health officers for the Undergraduate Psychiatry Training Program at the Gonder and Mekele University
- Expansion of the workforce in the Psychiatric Clinic in Jimma

Master of Science (MSc) in integrated clinical and community mental health care

Requirements:

- Health Officer: Bachelor of nursing, bachelor of public health
- 2 years of working experience

Programm:

- 2 years training (clinical work under supervision + 20 theoretical block courses + scientific master thesis)

TRAINING OF NON PHYSICIAN CLINICIANS IN MENTAL HEALTH

Training of health officers:

- Dr. Markos Tesfaye (Jimma University)
- support block courses by foreign lecturers (LMU, Harvard University, Boston, Hebrew University Jerusalem)
- 12 students planned every year, started January 2010



TRAINING OF NON PHYSICIAN CLINICIANS IN MENTAL HEALTH

Subjects:

- Scientific basis of Psychiatry
- Courses on Clinical Psychiatry and related studies
- Supervised Clinical Skills Training
- Outreach activities
- Developmental Team Training Program (DTTP)
- Research

TRAINING OF NON PHYSICIAN CLINICIANS IN MENTAL HEALTH

Subjects in detail:

- Applied Neuroscience
- Psychopharmacology
- Social work and family assessment
- Normal Psychology and Psychological Development
- Clinical Psychiatry I, II, III and IV
- Ethics, Law and Professionalism in Psychiatry
- General Adult Psychiatry
- Social Determinants of health
- Child and Adolescent Psychiatry
- Counseling Psychology
- Research methods in Mental Health
- Mental Health Services Management
- Special topics in Psychiatry
- Consultation-Liaison Psychiatry
- Principles of Psychotherapy
- DTTP
- Master's Thesis

APPLIED NEUROSCIENCE

26 April - 7 May 2010:
Julia Kessler, Andrea Jobst

Contents:

- CNS synaptic gap, signal transduction, neurotransmitter, Limbic System, imaging
- Psychiatric interview, psychopathology, diagnosis

Media:

PowerPoint presentations,
interactive case discussions,
POL, role plays (filmed)



PSYCHOPHARMACOLOGY

14 June - 25 June 2010:
Sandra Dehning, Anja Cerovecki

Contents:

- Pharmacodynamics
- Pharmacokinetics
- Side effects
- Mechanisms of action and use of psychotropic drugs

Media:

PowerPoint presentations,
case discussions, group work,
"teach the teacher"



TEACHING AT JIMMA UNIVERSITY



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TEACHING AT JIMMA UNIVERSITY



TEACHING AT JIMMA UNIVERSITY



TEACHING CHILD AND YOUTH PSYCHIATRY – PROF. REINER FRANK

Tesfaye et al. *Child and Adolescent Psychiatry and Mental Health* 2014, **9**:4
<http://www.capmjournal.com/content/9/1/4>



RESEARCH

Open Access

The development of a model of training in child psychiatry for non-physician clinicians in Ethiopia

Markos Tesfaye^{1*}, Mubarek Abena², Christine Gruber-Frank³ and Reiner Frank⁴

Abstract

Background: The lack of trained mental health professionals has been an important barrier to establishing mental health services in low income countries. The purpose of this paper is to describe the development and implementation of child psychiatry training within a graduate program in mental health for non-physician clinicians in Ethiopia.

Methods: The existing needs for competent practitioners in child psychiatry were identified through discussions with psychiatrists working in Ethiopia as well as with relevant departments within the Federal Ministry of Health Ethiopia (FMoHE). As part of a curriculum for a two year Master of Science (MSc) in Mental Health program for non-physician clinicians, child psychiatry training was designed and implemented by Jyväskylä University, FINLAND, with the involvement of experts from Addis Ababa University (AAU), Ethiopia, and Ludwig-Maximilians-University, MÜNCHEN, Germany. Graduates gave feedback after completing the course. The World Health Organization's (WHO) Mental Health Gap Action Program (mhGAP) intervention guide (IG) adapted for Ethiopian context was used as the main training manual.

Results: A two-week child psychiatry course and a four-week child psychiatry clinical internship were successfully implemented during the first and the second years of the MSc program respectively. During the two-week psychiatry course, trainees learned to observe the behavior and to assess the mental status of children at different ages who had a variety of mental health conditions. Assessment of the trainees' clinical skills was done by the instructors at the end of the child psychiatry course as well as during the subsequent four-week clinical internship. The trainees generally rated the course to be 'very good' to 'excellent'. Many of the graduates have become faculty at the various universities in Ethiopia.

Conclusions: Child psychiatry training for non-physician mental health specialist trainees was developed and successfully implemented through collaboration with other universities. The model of institutional collaboration in training mental health professionals in the context of limited resources provides a useful guide for other low income countries where there is a scarcity of psychiatrists.

Keywords: Child mental health curriculum, Low income country, Ethiopia, Teaching, Capacity building, WHO mhGAP intervention guide, Program evaluation



TEACHING CHILD AND YOUTH PSYCHIATRY



Outpatient department clinical practice:

Workshop 2 weeks:

- observe behavior
- train mental status in children
- determine strengths and needs
- develop plan for intervention

Addis child psychiatric clinic:

- 4 weeks clinical practice



MENTAL HEALTH OFFICER, JIMMA

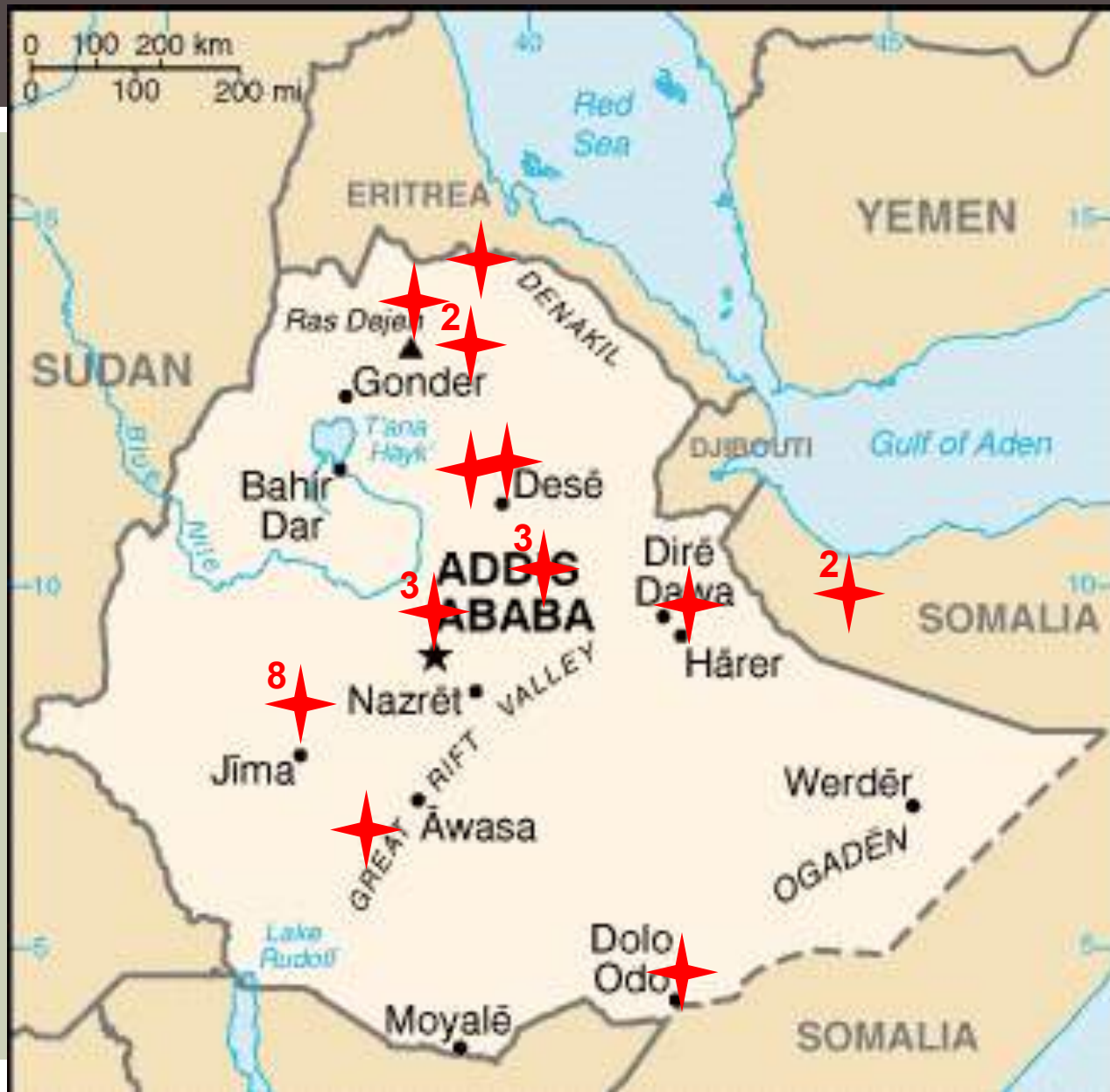
Graduation 2013



Graduation 2014

Graduation 2012

MENTAL HEALTH OFFICER FROM JIMMA SPREAD OVER THE COUNTRY



LIBAN AHMED, MD AND AYANLE SULEIMAN, MD FROM HARGEISA, SOMALILAND



FACULTY BUILDING



Jimma 2015:

Psychiatrists: Markos Tesfaye, Alemajehu Negash, Daniel Tolessa

Mental Health Officers: Mubarek Abera, Worknesh Tesema, Mattiwos Soboka

4. EVALUATION

NETWORK MEETING

First Network meeting: 6 - 8 November 2015 in Addis Ababa

Aims:

- "Get to know each other"
- Introduction of daily work activities of the graduates (PowerPoint)
- Mutual support
- Network building
- Evaluation



Second meeting: planned for September 2016

EVALUATION - GRADUATE CHARACTERISTIC

Graduates:

28 participants of 32 attended the meeting

Study participants:

28 graduates

Gender: male: 23 (82.1 %) female: 5 (17.9 %)

Age:

- 20-29: 16 (57.1 %)
- 30-39: 9 (32.1 %)
- 40-49: 3 (10.7)

Background of graduates:

- BSc nurse: 17 (60.7 %)
- Health officer 10 (35.7)
- Midwifery nurse 1 (3.6)

EVALUATION - WORKING INSTITUTION

		N (%)
EMPLOYMENT STATUS	Government employee	27 (96.4)
	NGO employee	1 (3.6)
WORKING INSTITUTION	Health institution	5 (7.19)
	University	18 (64.3)
	Health science collage	4 (14.3)
	NGO	1 (3.6)

EVALUATION - REGION OF WORK

		N (%)
REGION OF WORK	Amhara	9 (32.1)
	Oromia	7 (25.0)
	Addis Ababa	4 (14.3)
	SNNP	3 (8.3)
	Tigray	2 (2.7)
	Somali region	1 (3.6)
WORK EXPERIENCE	< 1 year	10 (35.7)
	> 1 year	18 (64.3)

EVALUATION - ACTIVITIES

ACTIVITIES	FREQUENCY (%)
CLINICAL WORK	21 (75.0)
TEACHING	22 (78.6)
ADVISING STUDENT'S RESEARCH	5 (17.9)
GIVING TRAINING	4 (14.3)
COMMUNITY SERVICES	6 (21.4)
CONDUCTING RESEARCH	19 (67.9)
DEPARTMENT HEAD	3 (10.7)

EVALUATION - COMPETENCY LEVEL

- Identifying and managing common mental disorders : 100% (n=28)
- Identifying and managing severe mental illness: 100% (n=28)
- Conducting comprehensive psychiatry assessment of children and adolescents:
82.1% (n=23)
- Managing substance use disorders: 89.3% (n=25)

EVALUATION - COMPETENCY LEVEL

Confident in:

- effectively consulting colleague: 100% (n=28)
- recognizing available resources in their area and improving the capacity of their institution: 92.9% (n=26)
- leadership and management skills: 82.1% (n=23)
- undertake research to assess the mental health needs of a given community: 82.1% (n=23)
- effectively communicate with community: 89.3% (n=25)

EVALUATION - SATISFACTION

GRADUATE SATISFECTION WITH	DISSATISFIED <3 N (%)	SATISFIED >3 N (%)
METHODES OF TEACHING	1 (3.6)	27 (96.4)
CLINICAL ATTACHMENT	1 (3.6)	27 (96.4)
TAUGHT COURSES	1 (3.6)	27 (96.4)
LIAISON PSYCHIATRY	8 (28.6)	20 (71.4)
ASSESSMENT METHODES	8 (28.6)	20 (71.4)
CURRENT PROGRAM	4 (14.3)	24 (85.7)
CURRENT POSITION	7 (25.0)	21 (75.0)

EVALUATION - STRENGTH OF THE PROGRAM

- Sufficient time for clinical practice
- Strong supervision
- Presence of morning session
- Presence of bedside discussion
- Presence of ward round
- Comfortable teaching environment
- Collaboration with LMU
- Presence of efficient and committed teacher
- Presence of night duty program
- Availability of beds and medication
- Community mental health services

EVALUATION - WEAKNESS OF THE PROGRAM

- Less priority of research
- Unclear schedule
- Lack of coordination
- High credit hours
- Lack of continuity to the PhD program
- Job description after graduation was not mentioned
- Lack if incentives for night duty
- Few students per year

EVALUATION - SUGGESTIONS FOR IMPROVING THE PROGRAM

Organisation:

- Reducing credit hours
- Including mhGAP training in the program
- Listening students complain and giving leisure time
- Finishing the program as it was intended

Content:

- Practical based learning on research method
- Neuroscience and Psychopharmacology credit hours should be increased
- Skill training on EEG, ECT and psychotherapy should be considered
- Child and adolescent clinical practice should be increased
- Addiction psychiatry clinical practice should be added
- Clinical practice of neurological disorders should get emphasis

5. FUTURE PLANS

FUTURE PLANS

Sustainability:

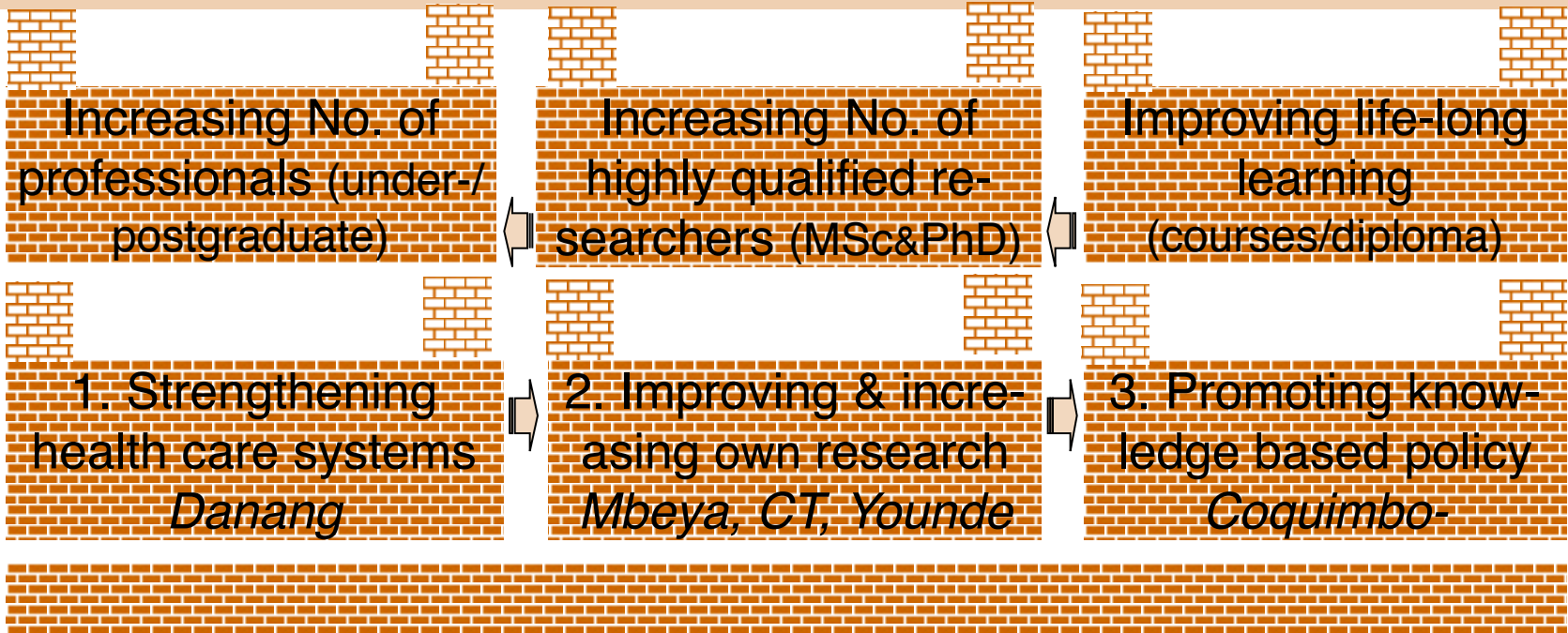
- Support mental health care in peripheral regions of ET
- Promotion of mental health care in refugee camps

Our major goal is to establish an efficient mental health network in Ethiopia that provides mental health supply, research and sustainable mental health education.

Jimma University should serve as a competence center for mental health education



Sustainable international health through local multipliers



**THANK YOU FOR
YOUR ATTENTION**