

Strengthening Mental Health Clinical Practice Placements in Ghana Through the Teaching of Teachers

TEAM C REPORT - VISIT NOV 2011

Supported the International Health Links Funding Scheme (P3.19)

And

International Organisation for Migration – MIDA Ghana Health Project



INTRODUCTION

Team C comprised the following clinical educators:

Mr Paul Harvey – Advanced Nurse Practitioner & Team C leader

Mr Sam Afari – Community Mental Health Practitioner

Dr Moira Ledger – Consultant Psychiatrist in AMH Rehabilitation

This visit to Ghana was between the 19th November 2011 and 10th December 2011. During this period we spent between 2 - 3 days and a week in each of 4 locations: Accra (Greater Accra), Koforidua (Eastern region), Ho (Volta region) and Kintampo (Brong Ahafo Region).

OBJECTIVES

To strengthen the hub and spoke sites by developing:

1. learning experiences for MAP and CMHO students
2. preceptor teaching methods within clinical practice
3. communication strategies between preceptors and UK educators

We were also asked to look at supervision arrangements for preceptors and to identify possible library locations for student literature at the hub sites.

ACTIVITY

Accra with Elvis Akuamoah (In-Service Training Coordinator Pantang Hospital and Lead Preceptor):

- Visited Pantang hospital for orientation
- Introduction to hospital management team
- In depth description of therapeutic community ward for drug/alcohol rehab from one of their team
- Met VSO OT working in Pantang
- Met 8 (of 18) preceptors at Pantang
- Saw MAP student at work (George)

- Met qualified CMHO briefly
- Spoke to medical booksellers on hospital site
- Visited Accra Psychiatric Hospital
- Met 3 (of 5) preceptors - Francesca Ntow, Mr Pappoe, Mr Nsiah
- Met director of nursing, Mrs Alice Asare-Allotey
- Brief introduction to Dr Osei, Head Psychiatrist despite his busy schedule that day
- Attended the opening of the Alkot Foundation ward (newly refurbished by Albert Akoto who we briefly met)
- Saw ECT department which has new modern equipment.
- Visited Accra library and met librarian
- Met all 4 MAP students currently based at Accra Psychiatric Hospital (Fabian, George, Alfred and Aaron)

Kintampo with Mr Patrice Fugah (Tutor at Kintampo College of Health and volunteer with the Kintampo Project):

- Delivered library books and copies of 'Essential Skills' for associate preceptors, as well as preceptor workshop follow-up questionnaires for students and preceptors
- Formal initial meeting with Dr Adjase
- Visited proposed Psychosocial Clinic and met Kingsley (MAP student)
- Attended matriculation ceremony
- Met with Frank, Rehabilitation Social Worker). Mr Ofori gave Frank his 'Essential Skills handbook'
- Met with Mr George Agyapong, CPN & preceptor and Mr Isaac Adjei, qualified CMHO working with George
- Excursion to **Tamale** hub site where we met qualified CMHO Mr Ibrahim Haruna who is also a preceptor
- Saw district and regional hospital sites incl district psychiatric office provided by Basic Needs
- Visited airport at Tamale and gathered some information re: flights
- Met Mr Edward Cudjoe, qualified CMHO from western region attending Kintampo as part of matriculation ceremonies

- Teaching sessions provided for CMHO students covering schizophrenia, depression, anxiety, conflict resolution and how ECT works, normality and abnormality plus Kintampo project presentation
- Teaching session provided for Year 1 MAP students: Kintampo project presentation and schizophrenia (experiential learning)
- Met with Mr Ashithey (deputy director) and Mr Ofori (programme head of MAP programme)
- Met with Mr Peter Adams current tutor and possibly future programme head for CMHOs

Koforidua with Miss Akosua Bonsu (Regional Coordinator for Mental Health and Lead Preceptor)

- Met with Regional Director, Dr Erasmus Agongo and Deputy Director of Clinical Care, Dr W Labi Addo and Dr Aggrey, Deputy Director of Pharmacy for 45 minutes.
- Met with Director of Regional Hospital Dr Daniel Asare
- Visited Koforidua prison and observed mental health education session
- Visited new unopened 12 bed psychiatric unit at Regional Hospital
- Met qualified CMHO Mr Roland Adjetey.
- Met with Ms Akosua Bonsu and Ms Ithiel Korkor, Lead preceptors
- Met with Ms Akosua Bonsu, lead preceptor for Koforidua in order to look at supervision and personal development
- Completed PDP with Ms Akosua
- Looked at hub and spoke model for Eastern Region with Ms Akosua
- Looked at potential sites for local library

Ho with Ms Priscilla Elikplim (Lead Preceptor)

- We looked at hub and spoke model in Volta region with Priscilla
- We completed PDP with Priscilla
- We identified learning objectives for Priscilla on her trip to the UK
- We visited Il Bethil Prayer camp and spoke to the pastor in charge

- We visited another prayer camp, the Lord Pentecostal Church Healing Station, with 2 CMHOs (Gifty and Prudence), Priscilla and Dziadzorm (preceptor and CPN) and observed a health talk translated from Ewe into Twi and observed a outreach mental health clinic involving active clinical assessment and treatment by CMHO graduates
- Met Regional Director for Health Service in Volta
- Visited 12 bed Regional Psychiatric unit
- Met Social worker based in the hospital
- Discussed potential library sites

OUTCOMES:

1. Raised awareness of the Kintampo project amongst Ghana Health Service staff, private mental health institutions, religious groups, the criminal justice system and the wider public through direct contact
2. Increased awareness of the project and provided information on reflective practice and personal development plans via teaching and modelling to students and preceptors
3. Identified Hub and spoke models for Koforidua and Ho. Spoke with preceptors about developing hub and spoke.
4. Increased the confidence of Preceptors to teach and supervise CMHO and MAP students.
5. Agreed systems in Ho and Koforidua for monthly communication between preceptors / supervisors, lead preceptors and UK educators (start date to be agreed)..

Unanticipated Outcomes:

WHAT WENT WELL?

Enthusiasm all round for forthcoming Mental Health Bill and discussion with service leads suggests they are aware of the need to work at its implementation once passed.

Accra

1. Encouraged MAP students and preceptors in using reflection and allowed them opportunity to discuss their successes and challenges

2. Lead Preceptor Mr Elvis Akuamoah arranged an excellent two days orientation including transport and accommodation.
3. Elvis continues to champion the CMHO and MAP programmes at both Pantang and Accra
4. Orientation to inpatient psychiatric setting put the purpose of our visit in clear perspective and informed our later activity.
5. All preceptors at Pantang and Accra report an improved experience of the second CMHO placement.
6. Affordable accommodation has been identified near Accra hospital.
7. Preceptors are using learning objectives and reflection collaboratively with the students,
8. Hospital management are aware of the CMHO and MAP programmes and continue to support the project.
9. 36 students at each site split in to two groups of 18 alternating between inpatient experience and community experience worked well. Allowed manageable numbers improving learning experience.

Kintampo

10. Patrice's support with transportation and orientation at Kintampo permitted us to achieve all our objectives plus additionally being able to visit a preceptor (and graduate CMHO) at Tamale
11. 7 new MAP students and 102 CMHO students are matriculated and have started their training
12. All students were enthusiastic and showed keen interest in the programme
13. Class prefect allowed us to make the most of our teaching time with CMHOs by supporting us with resources and guidance
14. Teaching received with enthusiasm and gratitude
15. Mr Adams, who we understand to be taking on responsibility for the CMHO programme , is fully up to date with the challenges of transportation and accommodation faced by students
16. Frank (Social Worker) prepared to act as associate preceptor. Demonstrated good understanding of preceptorship and eagerness to work closer with mental health services.
16. George Agyepong, preceptor in Kintampo already working closely with two CMHO graduates. He has created a hub and spoke diagram. Including fetish priest, social welfare officer and police as well as local health settings.
17. Isaac, graduate CMHO, able to give examples of work he has done preventing admission and managing mental health issues in the community.

Tamale

18. Ibrahim Harunah (graduate CMHO and preceptor) in Tamale. They have a new Community Psychiatric Unit funded by Basic Needs.

19. Ibrahim familiar with hub and spoke model. Intends to use Tamale as a hub and surrounding districts as spokes plus pharmacy, traditional healers, police and prison.

Koforidua

20. Regional Director in community articulated commitment to treating greater numbers of mental health patients locally and he and the regional hospital director were instrumental in providing resources for our visit (transport in particular)

21. Koforidua has a 12 bed psychiatric unit waiting to be inaugurated at the Regional Hospital.

22. CMHOs observed to be participating in outreach activity and health education

Ho

23. Deputy Regional director had a good knowledge of plans for CMHOs and was clear that they would be going to district sites and eventually future CMHOs would go to sub-districts. The Director and Regional Director were extremely supportive of Priscilla Elikplim (Lead Preceptor) in arranging our trip.

24. Priscilla and her identified deputy, Dziademhave arranged for qualified CMHOs to spend 5 weeks orientation on ward and with Ho district community team before being dispatched to districts

25. Ho has a functioning 12 bed psychiatric unit with a resident psychiatrist

26. Qualified CMHOs have a clear vision for future placement in districts, thereby making a valuable contribution to rural mental health services

Areas of development	Recommendations / Actions
1. Accommodation of students at hub and spoke sites	Encourage lead preceptors to focus on spoke sites outside urban centres to locate affordable accommodation. Students returning to their home regions may alleviate problems of accommodation.
2. Transport of students on placement	Look at opportunities to share transport with other community services e.g. CHPS
3. Transport of supervising staff at hub and spoke sites	As above

4. Lack of Progression pathway for CMHOs and MAPs causing frustration	Identify and disseminate the envisaged progression pathway
5. Lack of Progression of CPNs leading to staff moving away from psychiatry	Support existing initiatives to develop degree level and post degree level in psychiatric nursing specialities
6. MAP students on placement still working in outpatient facilities which limits their time to access community experiences as befits their future role	Promote back fill of MAP students so they can take on new role.
7. MA posts not being backfilled	As above
8. Low numbers of MAs nominated for training	Regional Directors conference crucial to raise awareness of MAP programme. Explore further cause of this.
9. MAP students would not recommend course to their peers	<i>Ensure MAPs are being freed up to do the role they have trained for.</i>
10. MAP application process appears to be unsupported by sponsors – MAPs having to apply directly to Ministry of Health	Ensure application process is clear to sponsoring organisations – regional director’s conference may help in highlighting the sponsor’s role.
11. Disparity between costs paid by MAP students from psychiatric background and those from district hospitals	As above
12. Great variation in formal supervision across areas for staff and students alike (move 10 and 11 after 13 ie after all your points re MAPs)	Initiate training to include models of supervision and include and model in PDPs and educator relationships (this needs re-phrasing I think)
13. Concerns that curriculum is not being followed over emphasis on psychotherapy and psychodynamic counselling	Discuss at meeting and also suggest more manageable counselling models such SFBT or elements of CBT

14. Lack of coordination amongst overseas partnerships particularly noticeable at Accra and Pantang where we saw VSO, Royal College of Psychiatrists and Essex NHS Trust all providing input (move after	Discuss at Kintampo Trust meeting
15. Shortage of internal staff (where? CoH?) due to embargo on recruitment	
16. Delay to opening of psychosocial centre due to ongoing discussion of fringe benefits	-
17. 4 hour teaching slot in middle of day extremely taxing on students	Address during Curriculum review Feb 2012
18. Students having to scavenge for chairs	-
19. Large numbers in a narrow room would benefit from a PA system and a non-shine surface for white board – disincentive to group work	Is this something for the Resource Sub-group to consider.

IMPACT ON UK EDUCATORS:

1. UK clinical educators enhanced their skills and confidence in presenting.
2. Recognised opportunities in community settings for delivery of more mental health education.
3. Communicating optimism to patients and learning how to manage with limited resources

Readers who would like to know more about the Kintampo Project or request other reports should contact either;
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