Supporting the Integration of Mental Health into the Public Health Care System of Afghanistan

by qualifying health professionals and training a pool of national mental health trainers
COUNSELLORS
PSYCHOSOCIAL
OUR
We are extremely happy that we were able to implement this project. We managed to train psychosocial counsellors, national mental health trainers, medical doctors and nurses in order to support the integration of the national mental health component into the health care system of Afghanistan. Through this project we made a big step forward in accomplishing the aim we had formulated in 2005: "Offering psychosocial counselling services in all clinics of Afghanistan." At this point we have psychosocial counsellors in many clinics in all provinces of Afghanistan and they are providing psychosocial counselling services to the people in need. What a wonderful progress!

The whole Ipso team, trainers and supervisors, finance, logistic and support staff, people in need, what a wonderful project!

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Being here, among the people, one can understand that enjoying, laughing and having hope can exist beside suffering from the past and having an unclear picture of the future. Here, one can learn how to trust each other in very unstable times, how to help others while facing the fear of being alone and how to be kind while life is really cruel to oneself. This face of Afghanistan and Afghan people became obvious to me while I was working in our mental health project aiming at training professional psychosocial counsellors (PSCs) for all provinces of Afghanistan.

In our work we intent to implement an approach which focuses on values, behaviors and various life situations. An approach focusing on acceptance for each other and acknowledging that people are sometimes very different. We teach our psychosocial counsellor trainees to be reflective and to encourage their clients to reflect themselves for a better understanding. It is challenging and meaningful for me to teach such kind of approach, especially in a country with a high sensitivity regarding cultural values.

Trainees from far away districts of Afghanistan came to Kabul to become psychosocial counsellors. They came with different views on counselling, which were based on their own judgments and values. To me it was very interesting that in the beginning all of them, especially those from remote areas, were resistant to changes. But after attending self-experience groups in which they could really share their values, thoughts, wishes and experiences, they became more open towards changes and accepted differences between themselves. We saw commitment and motivation in them. After having received the training in Kabul, most of them could handle the challenging cases in the health facilities and helped their clients to manage and influence their life again. However, the counsellors’ working environment often did not suit the counselling requirements, such as privacy during the sessions. At some places it was challenging to integrate these requirements into the already existing health system.

The trained psychosocial counsellors are working in a team with medical doctors (MDs) and nurses, who also received a mental health training by us. They could treat more than 50000 mental health cases within this project. For me it was very motivating when our counsellors reported about cases which seemed hopeless in the beginning, but turned into an improvement of the client’s situation after having conducted a few professional counselling sessions. This convinced me that this counselling approach is valuable and useful to all Afghans. The present project was a very good initiative and in all provinces of Afghanistan at least each Provincial Hospital (PH) and many Comprehensive Health Centers (CHCs) could be equipped with professional PSCs and those counsellors could heal the invisible wounds of many Afghan people who experienced such a treatment for the first time.

I remember that one of our PSCs was warned by an opposition group to stop working as a counsellor and he was courageous enough to go to this group and to explain his work to them. He made clear that the counselling approach has nothing to do with politics and anti-Islamism, rather it is about being able to solve own problems and difficulties. It was amazing that they really could understand him and let him continue his work.

Besides contributing to the integration of mental health care into the BPHS, this project was a chance for all beneficiaries to see their life from a different perspective and it was a great experience for our Ipso team. We discovered the different faces of Afghan people during the implementation of this project: We saw a sensitive and suffering being who needs to be seen and to be taken serious, we recognized the being behind the very proud and heartless mask. And even our trainees became conscious of those faces and this consciousness made them good and professional psychosocial counsellors, MDs and nurses.

Dr. Fareshta Quedees, Manager of Ipso Afghanistan
Challenges remain, but important. Tried to develop EU families, and even for the government. Only donor that, since the beginning of a country have no chance to get treatment in selected areas of a country. Significant. The technical support of Ipso and financed by the only provider of a low cost service for patients and their psycho-social approach is that it leads to mental health system (BPHS and eco-eco). A significant percentage of the population have no access to services for the population. This approach in Afghanistan in 2005 resulted in one of the continent’s most impressive achievements. Building Back Better – eco-eco.

Director of the Department of Mental Health (MoPH) is to respond to people’s needs through medical and non-medical interventions. There is no health without mental health and no socio-economic development without mental health and no socio-economic development. There is no health without mental health and no socio-economic development.

Dr. Bashir Ahmad Sarwari, put mental health as a priority on their agenda, as the Ministry of Public Health and the WH put mental health as a priority on their agenda. Fortunately, nowadays we have a practical way. But I do have to mention that for the first time in Afghanistan there is a serious effort of raising awareness among health providers, encouraging them to improve their lives as well as their professional life. In addition, it is evident that the prevention of mental disorders and the promotion of mental health are also experiencing psycho-social interventions. However, the vast majority of people are still suffering from signs and symptoms of mental health problems in their daily life. They hinder them to improve their lives as well as their professional life.

Finally, I want to ask all stakeholders to complete the integration process and to be able to be productive and get a sense of happiness. A person should have a right to education, live, own, and be able to express opinions. The mental health topic has a broad and complex agenda, as the Ministry of Public Health and the WH put mental health as a priority on their agenda. Finally, I want to ask all stakeholders to complete the integration process and to be able to be productive and get a sense of happiness. A person should have a right to education, live, own, and be able to express opinions.
In 2012, the Ministry of Public Health (MoPH) in Afghanistan implemented a project called "Supporting the Integration of Mental Health into the Public Health System," with the goal of improving mental health services in the country. The project focused on recruiting and training mental health counselors to provide quality services and address long-term mental health needs.

The project was discussed within the Ipso team, with the Mental Health Department and Grants and Service Contracts Management. The objective was to ensure an easy access to the qualified mental health care services for the Afghan population.

To explain how this project supports the target goals and aims, the project required a good coordination amongst all stakeholders and an assessment of how five regional expert panels could be established. The challenge was to be able to recruit 50% women.

For the first round of training, Ipso's master trainers selected 70 trainees from 15 target provinces to be trained as mental health counselors. This meant that half of the population would be excluded from the mental health care delivery that was not guaranteed to all. Therefore, the project aimed to recruit 50% women.

The project required a good coordination amongst all stakeholders and the representatives of the MoPH. It became evident that the project required a good coordination amongst all stakeholders and the representatives of the MoPH.

The Technical Advisory Group (TAG) of the MoPH endorsed the national mental health strategy and adaptations. At first, the draftingMemorandum of Understanding (MoU) was conceptualised, developed, edited and supported by all BPHS implementing NGOs, who added further comments and suggestions. This process took a lot of time to complete.

The project's objectives were to provide mental health care for all Afghan people and to inform all relevant stakeholders about the aims of the project. Mental health committees were ready to discuss and organise the coordination and mutual support.

The objectives of this workshop were to inform all relevant stakeholders about the aims of the project and to discuss the coordination and mutual support. The important issue for other areas of national mental health was to discuss how the coordination could be improved in order to reach the target.

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In order to ensure a complete bio-psychosocial treatment, as foreseen in the integrated mental health component, medical doctors (MDs) and PSCs need to work together as a team. As a consequence, one goal of this project was to train the MDs and nurses of those clinics in which the trained PSCs would be placed in mental health topics as well.

Two batches of MDs (51) from the target provinces have been trained in BPHS mental health care.

Two batches of nurses from the target provinces have been trained in BPHS mental health care.

A total number of 67 selected PSCs (36 male and 31 female) had been invited to Kabul to participate in the three-month intensive training of psychosocial counselling.

The training started in September 2012 in two separate batches, Pashto and Dari speaking and lasted until mid of December 2012. In the morning sessions, the training provided the theoretical knowledge and skill-based intervention techniques. In the afternoon session, the big groups were split up into small groups, so that the topics of the morning lectures and sessions could be reflected in self-experience to ensure that the future counsellors will be able to handle the problems on a professional level.

At the end of the three-month intensive training, the trainer assessed the trainees’ knowledge and skill competency by evaluating their overall performance through a written and oral test.

In the first 67 PSCs from 15 different target provinces (Herat, Badghis, Ghor, Farah, Nimroz, Bamiyan, Daikundi, Ghazni, Laghman, Kunar, Nuristan, Nangarhar, Khost, Paktia and Paktika) were shifted to selected health facilities in the above mentioned provinces for the nine months practical work period.

The trainees started to use their practical counselling skills, which they had learned in the three-month training. In order to reflect on their own work, discuss the progress they made, analyse the problems and discuss their cases, all trainee counsellors, who were based at different health facilities in one province, met once a week for supervision and intervision group work. Additionally, our supervisors called the newly trained PSCs at least once a week and supported their practical work with training on the job during field visits.
One of the main aims of the project was to train Trainers of Trainers for all provinces.

“national mental health trainers” for medical doctors and “national mental health trainers” for psychosocial counsellors. The first training of NMHTs for MDs was conducted on request of the Mental Health Department. 33 Focal Points for mental health from 25 provinces benefitted from this training. The focal points are responsible for the supervision of mental health services, mental health trainings and awareness within their organisation.

The training lasted two weeks and was facilitated by Ipso’s master trainers and the MH Department.

79 (39 male and 40 female) PSC-trainees for the target provinces Kabul, Kapisa, Parwan, Panjshir, Logar, Wardak, Sari Pul, Jawzjan, Samangan, Faryab, Kandahar, Helmand, Zabul, Urozgan, Ghazni, Khost, Paktia and Ghor were selected and invited to the second round of PSC training in Kabul.

Part of the nine months practical work under supervision were intensive refresher trainings in Ipso’s training center in Kabul. Areas in which the PSCs had difficulties were identified and individual mentoring was given by the trainers and supervisors to improve and to develop the skills of the trainee PSCs. Moreover, certain topics were deepened.

February 2013
Second Follow-up Training of the PSC-Trainees (First Batch)

Working Within the EPS
Training of Further SaMSs

First Follow-up Training of the PSC-Trainees (Second Batch)

September

Third Follow-up Training of the PSC-Trainees (Second Batch)

July

Phase 2: Nine Months of Practical Work of the Second Batch of PSCs

Between July 2013 and April 2014, 18 PSCs in 18 target provinces were trained in selected health facilities of the six target provinces for the nine months practical work period.

The PSCs were trained within the PSC-Triennials within the PSC-Training Framework.

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In February 2014, a final training for the MHTs took place in Kabul in December 2014. 66 participants from 26 target provinces participated, aiming to improve their trainer qualities. All MHTs who passed the final exams were officially introduced to the Mental Health Department to be certified and registered by the MoPH as national mental health trainers for Psychosocial Counsellors.

The training for the national mental health trainers for psychosocial counselling lasts a minimum of 4 weeks, as the training for the PSCs is complex and involves knowledge, skills, and self-experience. The MHTs also will play a key role in rolling out professional psychosocial counselling services in their provinces. They will be expected to train others.

Throughout the training, the trainers are coached and mentored by the training facilitators. The trainers are also expected to introduce the MHTs to the World Health Organization (WHO) guidelines and to the Afghan national mental health guidelines. They are also expected to train the trainers (T2T) to improve their teaching skills and to become trainers for other trainers. The trainers are also expected to ensure that the training is culturally sensitive and to improve their teaching skills.

A final training of MHTs for psychological counsellors was conducted in December 2014. The trainers were expected to introduce the MHTs to the World Health Organization (WHO) guidelines and to the Afghan national mental health guidelines. They were also expected to train the trainers (T2T) to improve their teaching skills and to become trainers for other trainers. The trainers were also expected to ensure that the training is culturally sensitive and to improve their teaching skills.

In January, a training of 22 nurses working with PSC within EPHS was conducted. The trainers were expected to introduce the nurses to the World Health Organization (WHO) guidelines and to the Afghan national mental health guidelines. They were also expected to train the trainers (T2T) to improve their teaching skills and to become trainers for other trainers. The trainers were also expected to ensure that the training is culturally sensitive and to improve their teaching skills.

In April, a training of 42 nurses working with PSC within EPHS was conducted. The trainers were expected to introduce the nurses to the World Health Organization (WHO) guidelines and to the Afghan national mental health guidelines. They were also expected to train the trainers (T2T) to improve their teaching skills and to become trainers for other trainers. The trainers were also expected to ensure that the training is culturally sensitive and to improve their teaching skills.
The two-day mental health conference took place on the 6th and 7th of December in the Intercontinental Hotel. Ipso invited 29 provincial Public Health Directors, provincial and regional Hospital Directors, Provincial Managers of BPHS and the head of BPHS/ePHS implementing in Kabul, Kapisa, Parwan, Panjshir, Logar, Wardak, Ghazni, Bamiyan, Daikundi, Uruzgan, Zabul, Ghor, Saripul, Samangan, Faryab, Jawzjan, Badghis, Herat, Nimroz, Helmand, Kandahar, Paktia, Paktika, Khost, Nuristan and Laghman provinces.

The main objective of this workshop was to review the achievements of the eu-action "Training Professional and national mental health trainers" for Afghanistan which was implemented in the above mentioned 29 provinces both on BPHS and ePHS level. It was also an important objective to discuss the challenges and lessons learned of the integration of mental health care and psychosocial counselling in CHCs in order to improve the integration of mental health care in BPHS and the quality of the services. Furthermore, it was discussed how the Provincial Technical Committees or Provincial Mental Health Taskforces could support mental health care implementation in their provinces. Another topic discussed during this meeting which interested all participants was the importance of the Provincial Health Services Level in the mental health care system in Afghanistan. It was discussed how the Provincial Health Services Level can support the implementation of mental health care in their provinces.

Another topic was the next upcoming training for 103 PSCs and their selection criteria. It was a productive meeting which motivated all participants to reach target number one of the national Mental Health Strategy: providing bio-psychosocial mental health services in BPHS in all provinces of Afghanistan.
Kabul, Aquila Sharifi

you."

to my painful stories and after each

of in memory of someone – this relieves

keeps going forward and we continue with

money for his marriage. We came to

der. There we were caught and taken

was with me and I wasn't afraid.

a flower that is planted and taken care

of water I saw my face with beard and

My voice echoed in the mountains.

My childhood teeth fell out while I was

Just a girl was with me on one of his

people who can't do anything about it.

happiness can be everything: for example,

Breathe, we should value our own self

happiness and peace. That happiness can

My voice strong, I shouted my name.

As long as we

Just a girl was with me on one of his

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my husband chose another wife and

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Purpose: Ipso is specialized in the field of mental health and psychosocial care, in developing locally adapted concepts, delivering trainings for psychosocial counsellors, medical doctors, nurses and community health workers for treating mental health-related problems including depression, anxiety and posttraumatic stress following war, insecurity and challenging living conditions.

Furthermore, it aims at strengthening the cultural identity of war-torn societies through cultural programmes, which is a precondition for peace and reconciliation, and the rebuilding of civil society in the aftermath of a civil war and natural catastrophes.

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