# KNH-UON WEBINAR

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# Mental Health: Your Mind Matters!!
## Monday 8th February 2020 2:00pm – 3:30pm



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University of Nairobi**

*Register online* @:https://us02web.zoom.us/webinar/register/WN_RZmSK7CdQJekDgOEdOmO5A

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# Introduction

- On January 30th, 2020, the WHO finally declared COVID-19 a "Public Health Emergency of International Concern"
- We have now been living with COVID-19 for more than a year globally and in Kenya for about 11 months since the first case was reported in March 2020
- We have reason to be grateful that we have survived indivdually even as we mourn colleagues and relatives and friends that we have lost.
- We have learned to live the "New Norms"
- But even though we have not gone down as a country and as a continent as the world had projected, our health care systems and our health workers continue to carry a heavy load.

# New York Times

- ***A Continent Where the Dead Are Not Counted***

- All 54 African countries put together have registered fewer Covid deaths than France. That doesn't mean people aren't dying from the virus.

# We care and we count our dead Kenya



Current – updates-
https://www.worldometers.info/coronavirus/country/kenya/

- Confirmed cases- 101,819

- 84,361- recovered

- Deaths- 1779

Fatality rate- 1.8% of total cases
Recovery rate- 66.7%

# Pandemics

- Pandemics tend to have a lot of uncertainties.
- This is particularly true of COVID-19, when everyday we wake up to new information
- HCWs have to continue caring for patients- this is one job that can't be done from home
- Shortages and inadequate Personal Protective Equipment (PPE),
- Shortages in healthcare personnel
- Poor information about the disease, which changes from day to day
- A lot of false information.
- Currently we are struggling with information and misinformation on vaccines

# Why we are doing this project

- We are in an unprecedented crisis

- Our health care providers are grappling with a lot of psychological distress

- The rising number of mental health challenges is not equal to the number of specialized providers

# Ct-

- In this project we will be exploring innovative delivery of Mental health service not just for now but for the future.
- This study will serve as a basis on how we set up telepsychiatry/telemental health in our country.
- The study sets a precedence on how we manage future emergencies and the psychological wellbeing of the carerers.

# Psychological distress

- Many studies globally are reporting very high levels of psychological distress- including **increased substance and alcohol abuse and suicide**

- **Psychological distress- frustration, fatigue, exhaustion, burnout, insomnia, anxiety, depression, traumatic stress and even guilt**

- **Moral injury-** specific to HCWs- feelings that one is not able to meet their obligations as a helper-  characterized by negative thoughts about self and others, guilt and shame.

# Fear, Anxiety, depression

- The HCWs experience high levels of stress, fear, anxiety, and depression
- HCWs not only fear for their physical wellbeing but fear taking home the infection to their families and relatives (Lai et.al 2020).
- HCWs also fear carrying infection across from patient to patient
- HCWs- have to deal the despair of dealing with severe illness and constant threat of death – far beyond what they are used to

# Compassion fatigue

- COVID-19 has increased the potential of the HCWs developing compassion fatigue globally

- Compassion Fatigue is a state of chronic physical and mental distress and exhaustion

- Compassion Fatigue impairs not only the wellbeing but also decision making and effective care (Cocker and Joss, 2016).

# Stigma

- The stigma surrounding COVID-19 has complicated things further- increasing the sense of isolation and loneliness that HCWs are experiencing outside the work place.

- HCWs are being stigmatized in the communities where they live and this is extended to their families

These 3 elements of psychological distress call for immediate psychological interventions in answer to the question- *"who is caring for the caregivers"?*

# Support for HCWs Now and continued

- **THE ACCEPTABILITY AND EFFECTIVENESS OF A TELE-MEDICINE BASED APPROACH TO OFFERING PSYCHOSOCIAL SUPPORT TO FRONTLINE HEALTHCARE WORKERS DURING THE COVID-19 PANDEMIC IN KENYA**

- We want to support our Health Workers to be strong to continue living their lives @ the individual, Family, community levels professionally, Socially and spiritually NOW and AFTER COVID
- To develop skills that will make them resilient to future pandemics

**Stress**

**Anxiety and fear**

**Depression**

**Grief**

**Compassion**

**Fatigue and burnout**

## YOUR MIND MATTERS

COVID-19 Frontline Health Care Workers are working under extremely stressful conditions.

The College of Health Sciences UON, Department of Mental health at KNH, KUTRRH and other partners are collaborating to provide telephone based psychosocial group support for **all cadres of frontline health workers**

# Specific Objectives

To:

1. establish the prevalence of **depressive symptoms** among healthcare providers

2. determine the prevalence of **anxiety**

3. evaluate the **acceptability and effectiveness of a remote- online** group support intervention to alleviate the psychological symptoms among the participants

4. Explore the **prevailing fears and coping strategies** employed by the health providers

# Where- Study sites

- Study Sites: KNH, Mbagathi IDU
- Kenyatta University Teaching and Referral Hospital.

# Study Population

All cadres of health workers in frontline work

The participants include:

- Clinicians- Doctors, nurses, clinical officers and Pharmacists, Psychologists

- Laboratory - Pathologists and Laboratory technicians and radiologists

- Supporting staff- Receptionists, accountants, cleaners, kitchen and laundry personnel

- Transport- Ambulance drivers and attendants

# Data Collection

- Data will be collected on the telephone by trained research assistants after consenting.

- Consenting and the questions will be read out as they are written in English and recorded on google forms

- Participants can also request for a link and fill out the questions online

# Intervention

- 2-phase online intervention:

**1. Acute intervention** and **follow-up maintenance**:

- **Acute intervention- Psychological First Aid**

- (a) Prevent the development of psychological distress (poor mental wellbeing)

- (b) Manage psychological distress that may have occurred among participants

**2. Maintenance**: Self-care support groups- Support the health workers maintain a healthy lifestyle and social connectedness through accountability groups
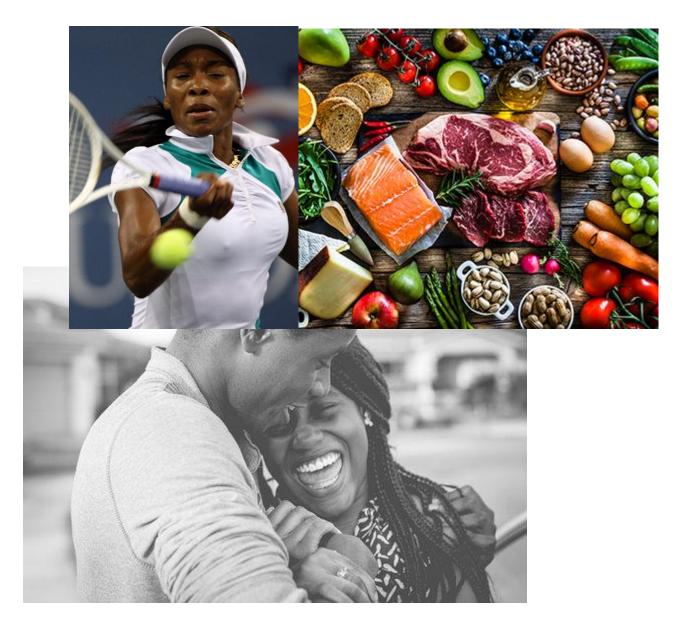
# Psychological First Aid and Self-Care

- PFA is a low-intensity psychosocial support
- PFA is supportive and practical assistance that is humanely provided to a person who is/has recently suffered exposure to serious stressors.
- PFA is non-intrusive, practical care that offers support to the affected person.
- This will be further sustained by initiating a **preventive** and **supportive** program
- Self-care is a concept that empowers the individual to take charge of their health by maintaining a healthy lifestyle.

# Self Care

- WHO has defined "self-care" as *"the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a health-care provider"*
- The concept of self-care looks at promoting a healthy lifestyle on the understanding that a healthy life style is key to prevention of most NCDs
- This has become particularly important at this COVID-19 Pandemic time when usual activities and social interactions are limited
- The risk of developing NCDs is raised and particularly common psychiatric disorders- like depression and anxiety

# SELF-Care- content

- Self-care focuses on 3 main areas:
- a) A nutritious diet;
- B) Physical activity and exercise and
- C) Emotional health.

# Tracking

- we have adapted the concepts of self-care to develop a tracking form that motivates the individual to integrate self care habits into their daily life.

- Be accountable through – tracking /charting

| | TIP | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|---|
| 1. | Sleep Routine | | | | | | | |
| | Wake-up Time | | | | | | | |
| | Sleep Time | | | | | | | |
| 2. | Stay connected- | | | | | | | |
| | Call friend | | | | | | | |
| | Call family | | | | | | | |
| 3. | Hobby | | | | | | | |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| 4 | Worry window | | | | | | | |
| | Time: | | | | | | | |
| 5. | Wellbeing Practices | | | | | | | |
| | 1- Meditation/Prayer/Mindfulness | | | | | | | |
| | 2- Exercise | | | | | | | |
| | 3- A gratitude journal | | | | | | | |
| 6. | Eat at least one portion of | | | | | | | |
| | 1-Fresh fruits | | | | | | | |
| | 2-Fresh veggies | | | | | | | |
| 7. | 1-Drink plenty of freshwater | | | | | | | |
| | 2-Avoid- Sodas and sugared juices, alcohol | | | | | | | |
| | DAILY SCORES | | | | | | | |

# Accountability

- Responsible Behaviour- doing what you said you would do when you said you would do it.

- Sharing- loudly/ verbalising to others is a powerful tool.

- Accountability partner- a person helping the other person keep a commitment

- Accountability groups are small groups of persons who meet online or offline and who have goals in common.

- The group members hold each other accountable for meeting their personal goals.

- Our participants' goals will be towards meeting their self-care goals

NOTE- IT IS NOT ABOUT WINNING IT IS BEING PART OF THE RACE

# Accountability group moderator

- Brings the group together

- Calls out members to speak

- Time keeps to ensure all have a chance to present in the given time

- Ensures the rules of accountability groups are adhered to

# Summary

- This is a telemedicine based intervention study to address the stress and trauma associated with COVID 19 among Frontline health workers and support resilience through a group self-care program
- The study will also collect data to determine the levels of stress before and midway and after the intervention to determine the effectiveness of the intervention.
- All data will be collected by trained researcher assistants on telephone or online
- Participants will be assigned to small groups for weekly moderated sessions lasting about 45 minutes
- The moderators are all trained psychosocial support providers

**MENTAL HEALTH**

**YOUR MIND MATTERS**

**Stress**

**Anxiety and fear**

**Depression**

**Grief**

**Compassion**

**Fatigue and burnout**

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### TO LEARN MORE;

Call any one of these numbers for more information and to be part of the program

| | | | |
|---|---|---|---|
| Prof Muthoni Mathai: | *0727329904* | Prof Anne Karani: | *0721850910* |
| Dr Ian Kanyanya: | *0722890679* | Prof Anne Obondo: | *0721849686* |
| Dr Lydiah Maingi: | *0720568901* | Dr Teresia Mutavi: | *0722391236* |
| Dr David Bukusi: | *0721207885* | Dr Maureen Ng'ang'a | *0718369610* |
| Dr Anne Mbwayo: | *0733823896* | Dr Kendi Laiboni: | *0756649980* |
| Dr Neema Araka: | *0704383969* | Dr Catherine Gitau: | *0727114078* |
| Dr Lincoln Khasakhala: | *0722860485* | Ms Catherine Musyoka: | *0721723514* |
| Ms Matilda Mghoi: | *0722375248* | Ms Judith Mugambi: | *0722820671* |
| Ms Susan Ruturi: | *0722719359* | | |

**Partners**

Ministry of Health- Division of Mental Health

University of Nairobi- College of Health Sciences

Kenya Psychiatric Association (KPA)

Kenya Medical Pharmacy and Dentists Union (KMPDU)

Centre for Public Health and Development

# For more information and to register call:
# Recruitment team

| | |
|---|---|
| Dr Teresia Mutavi: | **0722391236** |
| Dr Anne Mbwayo: | **0733823896** |
| Ms Susan Ruturi: | **0722719359** |
| Dr Lydiah Maingi: | **0720568901** |
| Dr Catherine Gitau: | **0727114078** |
| Dr David Bukusi: | **0721207885** |
| Dr Ian Kanyanya: | **0722890679** |
| Prof Muthoni Mathai: | **0727329904** |

# THE END

- STAY SAFE
- STAY ALERT
- STAY HEALTHY IN MIND AND BODY
- THANK YOU