



The CONTROL

**(COgNitive Therapy for depRessiOn in tubercuLosis
treatment) to improve outcomes for depression and TB in**

Pakistan and Afghanistan

Funded by: RIGHT3, NIHR

Reference: NIHR201773

**“One-day Refresher Training on
mhGAP for Medical Officers”**

3rd January 2024

Khyber Medical University



EXECUTIVE SUMMARY

Under the capacity development component of the CONTROL study, one-day refresher training on the Mental Health Gap Action Programme (mhGAP) for medical officers was held on 3rd January 2024 at the video conference room in Khyber Medical University (KMU).

As Workpackage-2 is on the verge of commencement, it is imperative to prepare medical officers by providing them with insights into depression and anxiety, guidance on assessing physical conditions, and knowledge of psychosocial interventions. This preparation is essential for conducting a session on mhGAP tailored for TB patients experiencing depression. The session on mhGAP is part of the Enhanced Treatment as Usual (ETAU). This report is a narrative description of the activities conducted in refresher training on mhGAP.

INTRODUCTION

Facilitator:

- ▶ Dr. Muhammad Firaz Khan Clinical Trial Coordinator, CONTROL
- ▶ Dr. Aamir Aziz Clinical Research Fellow, CONTROL

Workshop Proceedings:

“One-day refresher training on mhGAP for MOs” was held on 3rd January 2024 at the video conference room in Khyber Medical University (KMU) from 10:00 am to 03:00 pm.

Significance of the Workshop:

As the initiation of the pilot phase under Work Package 2 approached, it became crucial to prepare medical officers with the necessary knowledge of mhGAP. Once patients undergo pre-screening, they will be directed to medical officers for a session on mhGAP, as a part of the ETAU. Specifically, patients with both TB and Depression will receive a dedicated mhGAP session. Simultaneously, participants need hands-on training to effectively know about depression and its treatment.



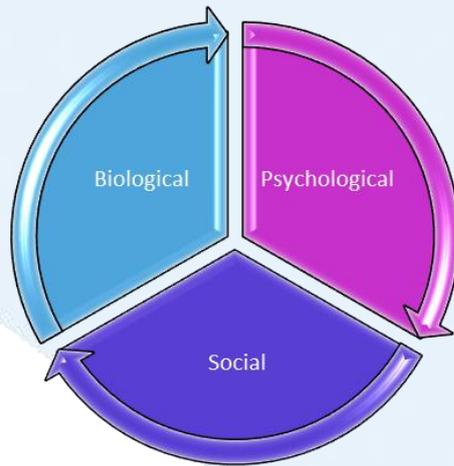
Participants:

The workshop was attended by 20 participants including medical officers from TB facilities of Haripur and Peshawar and senior staff of CONTROL.

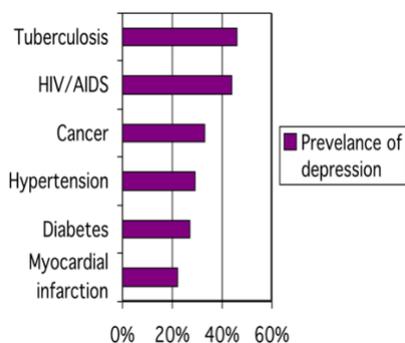
Workshop proceedings:

The refresher training commenced with Hessam ul Haq, Administrator, CONTROL, reciting the Holy Quran. Following that, Ms. Saara Khan, the communication officer, and CBT master trainer in the CONTROL, introduced the participants to the session details and conducted a pre-test of the mhGAP.

Introduction to depression and anxiety



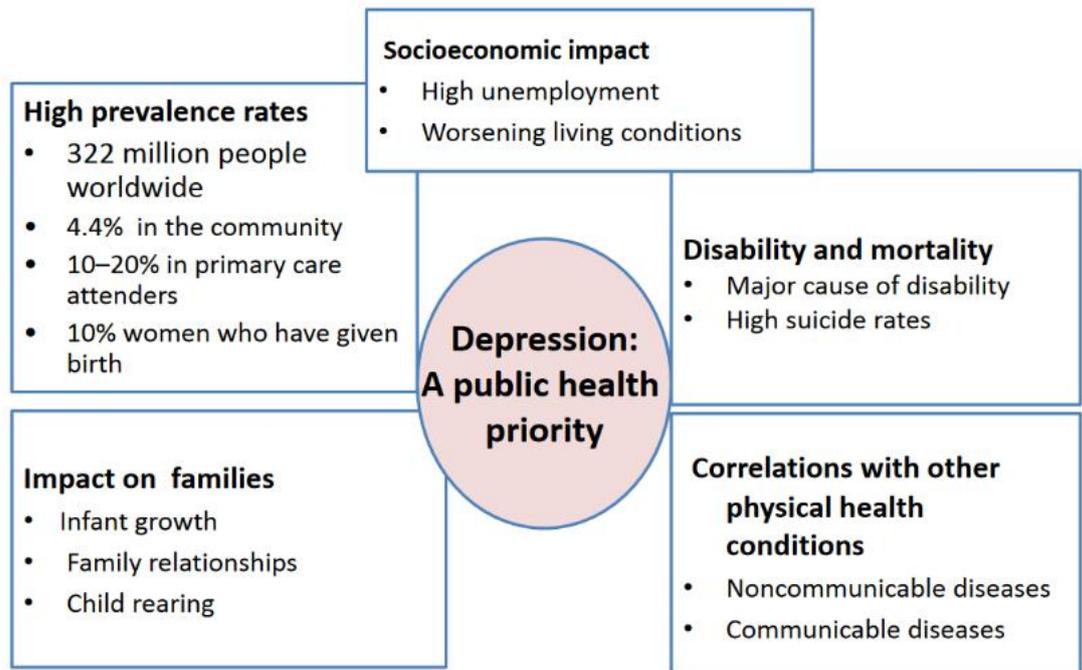
The session, led by **Dr. Muhammad Firaz**, began with an exploration of depression, explaining its signs and core symptoms through relevant examples. The discussion then shifted to anxiety, covering its signs, symptoms, and methods for assessing both depression and anxiety. Local terms and words for depression were examined, along with how individuals with depression are treated and perceived within the local community. Contributing factors to depression were also explored.



Dr. Firaz provided insights into the average prevalence of depression among people with physical diseases across 70 countries.

Assessment of Physical conditions and other MNS conditions: Assessment of physical conditions and other MNS conditions was discussed, emphasizing common presentations such

as low energy, fatigue, sleep problems, persistent sadness, depressed mood, anxiety, and loss of interest or pleasure in normally enjoyable activities.



The participants were informed that if they observed symptoms presenting features of more than one condition, a thorough assessment of all relevant conditions should be conducted. It was emphasized that these conditions apply across all age groups unless stated otherwise. To aid in the understanding of depression assessment, the participants were shown the mhGAP-IG depression assessment video, accessible through this link: <https://www.youtube.com/watch?v=hgNAySuIsjY&index=1&list=PLU4ieskOli8GicaEnDweSQ6-yaGxhes5v>



The video featured a *case study of Sarah*, which was subsequently discussed with the participants. During the discussion, participants were guided to consider various conditions, including those physical conditions resembling depression, such as anemia, malnutrition, and hypothyroidism. Additionally, factors like a history of mania, grief, and the assessment of imminent suicide risk were highlighted for consideration in the evaluation process.



Activity 1: Depression role play

Participants were grouped for a role-play activity where they were tasked with assessing a patient exhibiting symptoms of fatigue, poor sleep, and weight loss in a healthcare setting. The focus was on practicing the use of the mhGAP for assessing potential depression. Following the role-play, the facilitator provided feedback on the participants' performances.

Treatment plan discussion:

Dr. Firaz explained the importance of formulating a treatment plan after assessing depression.

The participants were briefed on the key co

mponents that a treatment plan should encompass:



1. Presenting Problem:

- Identifying the person's health and social needs.

2. Intervention Selection:

- Determining which interventions are most suitable for addressing the person's health and social needs.

3. Action Plan:

- Develop a detailed plan that outlines the necessary steps, goals, and behaviors, specifying who will be responsible for each task and establishing timelines.

4. Risk Management:

- Creating strategies to manage potential risks and crises.

5. Involvement of Person and Carers:

- Ensuring active participation and ownership of the treatment plan by involving both the individual and their caregivers.

Activity 2: Management of depression interventions

Participants were explained before roleplays regarding the opportunity to familiarize themselves with the psychosocial interventions for depression.

- In roleplays they were asked to identify the:
 - ▶ Key elements of a particular psychosocial intervention.
 - ▶ Barriers and risks of using those interventions.
 - ▶ Identify solutions to those barriers and risks.

Referral mechanism:



Medical officers should consider a referral to a mental health specialist (where available and needed):

- ▶ If a person with depression shows any signs of psychotic symptoms (e.g. hallucinations and delusions).
- ▶ If the person presents with bipolar disorder.
- ▶ If the person is pregnant or a breastfeeding woman.
- ▶ In the cases of people with self-harm/suicide.
- ▶ Consider a referral to a hospital:
 - ▶ If a person is non-responsive to treatment.
 - ▶ If a person shows serious side-effects of any pharmacological interventions.
 - ▶ If a person needs further treatment for any comorbid physical condition.
- ▶ There is a risk of self-harm/suicide

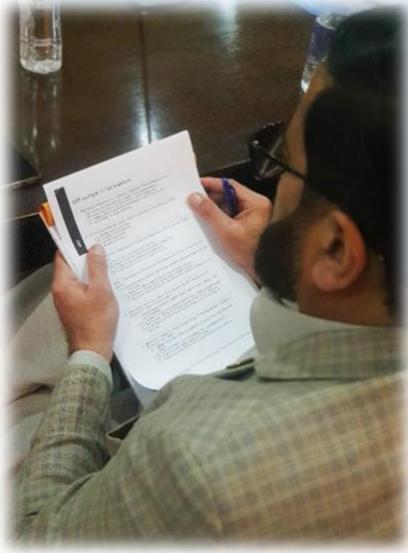
Brief Psychological Treatments:

Dr. Aamir Aziz discussed that as the primary therapeutic approach, healthcare providers may opt for psychological treatments or antidepressant medication. In making this decision, considerations should include the potential adverse effects of antidepressant medication, the feasibility of delivering each intervention (in terms of expertise and treatment availability), and the individual preferences of the person seeking treatment. Brief psychological treatments such as Group Interpersonal Therapy (IPT), Multi-component Behavioral Treatment (PM+), and Cognitive Behavioral Therapy for perinatal depression were highlighted as first-line options.

Pharmacological Interventions:

Participants were educated on situations where antidepressants should not be prescribed, such as when there is no depression (e.g. when symptoms do not last two weeks or do not impair functioning). Additionally, antidepressants should be avoided when symptoms are part of a normal grief reaction, are attributable to a physical cause, the person is pregnant or breastfeeding, or the individual is a child under 12 or an adolescent aged 12–18. Specific information about the *antidepressant sertraline* and its recommended follow-up time was provided to the participants.

Conclusion:



The session wrapped up with an interactive question-and-answer segment, allowing medical officers to seek clarification and engage in discussions. The exchange of questions and answers provided an opportunity for a deeper understanding of the topics covered in mhGAP. Subsequently, a vote of thanks was extended by the facilitators, expressing gratitude to all participants for their active involvement and contributions. The session concluded with a post-test of the mhGAP.

COGNITIVE THERAPY FOR DEPRESSION IN TUBERCULOSIS TREATMENT
(The CONTROL Program)

“One-day refresher training on mhGAP for MOs”

Venue: Video conference room (third floor), KMU

Date & Time: 3rd January 2024, 09:00 AM to 02:00 PM

Topic	Presenter	Activities	Time
Introduction. What is depression Anxiety Assessment	Dr. Muhammad Firaz Khan	Discussion plus role plays	9 am to 10: 30am
Tea break			10:30 am to 10:45 am
Assessment of Physical Conditions Other MNS conditions	Dr. Muhammad Firaz Khan	Discussion plus role plays	10:45 am to 11:45 am
Psychosocial interventions	Dr. Aamir Aziz	Discussion plus role plays	11: 45am to 1 pm
Pharmacological interventions	Dr Amir Aziz	Discussion plus role plays	1 pm to 1:50pm
Feedback Q & A			1:50pm to 2 pm
Lunch			2 pm