



CONTROL

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

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Research and Innovation for Global Health Transformation**

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**One day Capacity building
workshop on Tuberculosis and
Depression”**

By

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&

Ms. Saara Khan

**30th November, 2022
Khyber Medical University**



EXECUTIVE SUMMARY

Under the capacity development component of the CONTROL study, fourth workshop on Tuberculosis and Depression held on 30th November, 2022 at video conference room in Khyber Medical University (KMU). It was conducted to make research team understand the structure of TB centres, how they function and also to help them differentiate between sadness, grief and depression to prepare them well for pilot ethnographies and qualitative work in TB centres. This report is a description of the activities conducted in this workshop.

INTRODUCTION

Facilitator:

Dr. Haroon Khan Latif is serving as Deputy Director Provincial TB Control Program, KPK.

Ms. Saara Khan is a Clinical Psychologist, working as Communication Officer in CONTROL project.

Workshop Proceedings:

One day Capacity building workshop on “Tuberculosis and Depression” was held on 30th November, 2022 at video conference room in Khyber Medical University (KMU) from 10:00 to 03:00 pm.

Significance of the Workshop:

Since the ethnography and qualitative work under work package 1 is about to start so the capacity development team considered it best to equip the research assistants with the detailed working patterns of TB centers and how patients get registered and treated. At the same time, it was important for the participants to differentiate between different types of moods and depression via hands on session

Participants:

The workshop was attended by 35 participants including 30 Research Assistants, Qualitative and Quantitative researchers, admin staff of CONTROL study and 3 Research Assistants from both GCF and POTENTIAL (other funded research programs).

The interactive session started with Pre-Test which included 10 MCQs (5 MCQs were related to TB while 5 of mental health & depression. Participants were instructed to complete the test in 10 minutes. The topic covered during the session were “TB DOTS” and “Mental Health & Depression”

Structure of Provincial TB Control Program:

Dr. Haroon Khan Latif, Deputy Director TB Control Program presented the Provincial TB Directly Observed Treatment (DOTS) profile in which there were 35 reporting Districts, 225 BMUs in Public Sector, and 59 GENE XPERT Machines. He presented the organogram of KPK PTP and four TB programmatic implementation teams i.e., Provincial team, Field team (SR PTP), District team and Health facility teams. TB incidence rate is 264/100,000 population and estimated TB annual incidence is 88752 cases. TB situation in Pakistan is over 580,000-700000 new cases and 200,000 missing cases every year.

Directly Observed Treatment (DOTS)



Directly Observed Treatment (DOTS) is the most cost-effective intervention and has 95 percent cure rate. DOTS prevents new infections among children and adults. Dr. Haroon addressed that TB spreads via airborne particles called droplet nuclei; expelled when person

with infectious TB coughs, sneezes or shouts. Signs & Symptoms of TB disease cause symptoms such as cough for 2 weeks or longer, pain in the chest, coughing up blood or sputum while other symptoms of TB disease are weakness or fatigue, weight loss, no appetite, chills, fever and sweating at night. The sequence of diagnosis, treatment process by using TB facility card & patient card was elaborated to the participants. TB laboratory network, services and TB diagnostic tools were highlighted. Laboratory tests which were approved and recommended & not recommended were discussed in detail. Treatment should be continued for six months. Moreover, treatment and retreatment and further adverse effects of the treatment, Drug(s) probable Responsible and management were addressed by Dr. Haroon. Managing Household Contacts includes identifying & retrieving contacts, screening & managing Contacts, recording of screened contacts, result of the screening. A thorough assessment should be conducted to evaluate co-morbid conditions and other factors that could affect the response to or outcome of TB treatment which includes: Diabetes, chronic liver & kidney diseases, alcohol abuse and mal-nutrition. Dr. Haroon concluded the session with treatment support of TB program which includes HFW Health facility-based worker, LHW Lady Health worker, CHW Community health worker, FM Family Member and CV Community volunteer.



Mental Health:

Mental health is a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to contribute to his or her own community while Mental illness is health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses are associated with distress and/or problems functioning in social, work or family activities.

Ms. Saara Khan Clinical psychologist & Communication officer CONTROL study talked about Mental Health & Depression. Factors that contribute to mental health include Genes or brain chemistry i.e., CACNA1C, CACNB2 (calcium channel gene), a family history of mental problems, environmental factors & life experience such as abuse or any traumatic events. Ms. Saara highlighted the statistics of mental illness i.e., 1 in 4 people experience mental health problems, 1 in 6 workers experience depression, anxiety or stress while 1 in 5 students experience depression, anxiety, stress and substance use.



Modern mental illness treatment includes Medication: Antidepressants, antipsychotics, mood stabilizers, and anxiolytics, Psychotherapy: Cognitive behavioral therapy, psychodynamic,

behavioral therapy, mindfulness, other therapies and Electro-convulsive Therapy. Stigma, limited availability and affordability of mental health care services, poor cultural understanding and lack of education about mental illness were discussed in barriers of few people receive mental health care. Furthermore, stigma of mental illnesses and its impact were discussed as stigma is the disapproval of, or discrimination against, an individual or group based on perceived characteristics that serve to distinguish them from other members of a society and its impact is reluctance to seek help or treatment, believing it is a weakness in their personality, the belief that people will never succeed at certain challenges or that can't improve his/her situation which in results can stop people from accessing appropriate help and creates self-doubt and shame. Some important facts and myths of mental illness were discussed interactively with participants while importance of mental health was highlighted.

Depression is a leading cause of disability worldwide and is a major contributor to the overall global burden of disease. Depression is a common mental disorder. Globally, it is estimated that 5% of adults suffer from depression. Depression is also known as major depressive disorder or clinical depression, is a common and serious mood disorder. The presenter discussed the criterion from DSM-5 to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either depressed mood or loss of interest or pleasure. Following symptoms of depression along with examples were discussed i.e. depressed most of the day, nearly every day as indicated by subjective report or observation made by others, markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day, significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day, insomnia or hypersomnia, fatigue or loss of energy. Psychomotor agitation or retardation, feelings of worthlessness or

excessive or inappropriate guilt, diminished ability to think or concentrate, or indecisiveness, recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Depression, sadness, grief and bereavement was differentiated to make better understanding of the topic. Interview ethics and protocols were addressed and practiced by role play. At the end of session participants were asked to fill post-test.



Role Play on Depression



Group picture of Facilitators with Participants

**One Day Capacity Development Workshop
Tuberculosis & Depression**

Agenda

3rd September, 2022

Time	Topic	Facilitator
10:00 -10:05	Welcome Note	Dr. Saima Aleem
10:05-10:10	Recitation of Holy Quran	Dr. Fayaz Ahmad
10:10-10:20	Introduction of Participants	
10:20-10:30	Overview of Control Capacity Development Program	Dr. Saima Aleem
10:30-11:30	Overview of Provincial TB Control Program	Dr. Haroon Latif
11:30-11:45	Working Tea	
11:45-01:00	TB DOTs Treatment & Reporting Structure	Dr. Haroon Latif
01:00 - 1:30	Lunch	
01:30 - 01:45	Pre-Test on TB& Mental Health	Ms. Saara Khan
01:45 - 03:30	Mental Health Operational Terminologies & Difference between Sadness, Grief & Depression	Ms. Saara Khan
03:30 – 03:45	Post Test	Ms. SaaraKhan
03:45 – 03:50	Closing Remarks	Dr. Saima Aleem
	Group Picture	