



ORAL PRESENTATION

Innovative strategies for mental health education in low and middle income countries (LAMICs)

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Abstract

Introduction: The improvement of mental health education in LAMICs has been highlighted as an imperative. Scarcity of resources necessitates innovative and creative approaches to this, such as human factors workshops and mental health simulation training. These have been little researched to date.

Objectives: To examine the feasibility and transferability of innovative mental health education strategies into low resource settings.

Methods: The authors comprise a collaboration spanning the UK, Zimbabwe, France and Sri Lanka, developing training courses for implementation in LAMICs, in collaboration with local partners. One involved multi-professional human factors workshops for mental health (and other healthcare) workers in Sri Lanka, whilst the other was a simulation-based training on the recognition and management of depression for medical students in Zimbabwe. We examined participants' experiences, educational impact, feasibility and acceptability of these interventions in LAMICs.

Results: In Zimbabwe (n=27), student confidence scores in assessment and management of depression increased from mean 15.90 to 20.05 (95% CI = 2.58- 5.71) $t(20) = 5.52$, ($p > 0.0001$) following the simulation session. Feedback was positive overall with students commenting that it was "helpful", "enjoyable" and "boosted confidence". In Sri Lanka (n=196), descriptive data evaluation of 'pre' and 'post' course questionnaires demonstrated an identification of a knowledge deficit in areas covered by the workshops, and clear subsequent post course improvements in understanding. Furthermore, qualitative feedback demonstrated a high level of learner awareness, relevance, satisfaction and engagement.

Discussion and Conclusions: Work in Zimbabwe has demonstrated that simulation-based teaching is effective in improving student confidence and was enjoyable and acceptable. Local stakeholder input is essential in adapting materials to ensure cultural acceptability of interventions. Lack of funding for actors becomes an issue of sustainability. The workshops in Sri Lanka were, we believe the first multi-professional human factors workshops in the country. Evaluation has demonstrated that learners find this learning modality enjoyable, thought-provoking and relevant to improving patient safety across healthcare institutions in Sri Lanka. Innovative strategies for mental health education in LAMICs can be implemented in a cost-effective and effective manner. This implementation must be carefully considered locally in order to ensure cultural acceptability and sustainability.

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