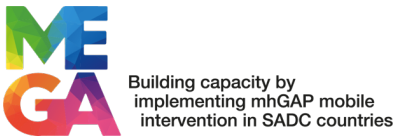

Hamburg University of Applied Sciences

Faculty of Life Sciences

Raising mental health awareness in primary care workers - Recommended actions for MEGA's train the trainer course in South Africa and Zambia -

Bachelor Thesis

In Public Health Sciences

submitted by

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Preface

This thesis evolved over the course of six months. Next to composing the text, I have gained insight into the workings of an international, multidisciplinary project with all its inevitable issues. I am grateful to be given this opportunity and would like to thank Astrid Jörns-Presentati, Prof. Dr. Gunter Groen and Marieke Gerstmann for guiding me throughout the process.

Moreover, I would like to thank my family for their trust and unwavering support.

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1 Introduction

According to Prince et al. (2007), there is no health without mental health. The World Health Organization (WHO) (2014) defines mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community“. Mental health concerns not only individuals but also families, employers, educators and communities. There is a close connection between mental health and physical health as well as relationships, education and achieving one’s potential (Prince et al., 2007). In 2016, more than one billion people were affected globally by mental and addictive disorders (Rehm and Shield, 2019). Those disorders such as depression and post-traumatic stress disorders (PTSD) made up 7% of all global burden of disease as measured in disability-adjusted life years (DALYs) and 19% of all years lived with disability. Rehm and Shield (2019) show that the burden of mental and addictive disorders is high for a large portion of the global population. 10-20% of children and adolescents worldwide suffer from mental illness. 50% of these disorders already occur by the age of 14, 75% by the age of 20 (WHO, 2019). Next to the symptoms of their disease, children and adolescents with a mental health disorder suffer from stigma, isolation and discrimination. The lack of access to health care and education facilities can be seen as a violation of their fundamental human rights (WHO, 2019).

Though Alem, Jacobsen & Hanlon (2008) explain that primary health care is well established in Sub-Saharan Africa with a variable coverage and quality of service, there are only 1.52 psychiatrists per 100,000 population and 0.08 children psychiatrists per 100,000 population (WHO, 2017a) in South Africa. There are no mental health nurses, specialists doctors or paid mental health workers. In Zambia, only 0.06 psychiatrists per 100,000 population can be found (WHO, 2017b). Moreover, there are no psychiatrists reported that focus on children only but 1.43 mental health nurses and 1.4 paid mental health workers per 100,000 population. The comparison to the European Union (EU) shows the difference in health care coverage. The median rate in the EU is 9.9 psychiatrists per 100,000 population and 0.5 children psychiatrists per 100,000 population (WHO, 2019). The treatment gap, especially for children and adolescents in South Africa and Zambia, shows the urgency of tackling this issue. In recent years, the topic of mental health was put in

the spotlight as the introduction of a yearly “Mental Health Awareness Month” in South Africa shows (Sequeira, 2018).

Votruba, Thornicroft & FundaMentalSDG (2016) explain that since the promotion of mental health was integrated into the Sustainable Development Goals (SDG’s), the prevention and treatment of non-communicable diseases such as depression has gained increasing awareness (as cited in Lhati et al., 2019). In the report of the South African Federation of Mental Health (SMFMH), Sequeira (2018) elaborated on the connection between mental health in adolescents and themes such as social media, cyberbullying and gaming, self-harm and suicide, LGBTI issues, substance abuse, poverty, inequality and unemployment, basic education, African culture and western psychiatry, environment, family life, young people and politics, crime, HIV/AIDS, racism and stigma (Sequeira, 2018, pp. 4-5). This numeration shows the vast range of issues influencing the state of mental health in young adolescents. In 2010, Mwape et al. (2010) performed a study evaluating the access of mental health care in Zambia from a care provider’s perspective. The results revealed that going to the commonly known mental health clinic in Chainama is avoided in order not to be confronted with judgement from society. Therefore, it has been suggested to firmly integrate mental health services into hospitals and consecutively lower the inhibition level of seeking mental health support.
The SAFMH study as well as Mwape are in line with the global mental health action plan which strives to bring available treatment to people in need. The WHO (2013) created the mental health action plan for the years 2013 to 2020 to close the treatment gap in mental health. The plan was established as part of a collaboration between Member States, civil society and international partners. Its objectives are to support effective leadership and governance for mental health, provide comprehensive, integrated and responsive mental health and social care services in community-based setting, implement strategies for promotion and prevention in mental health and to strengthen information systems, evidence and research for mental health (Kohl, Saxena, Levav, & Saraceno, 2004, p. 10).

To implement the mental health action plan and to manage the need for professional mental health services, mobile health (m-health) can be used. According to Statista (2018), there are 7.8 billion mobile phone users worldwide as well as a fast

spreading mobile phone network. The high accessibility of mobile phones facilitates a great opportunity for a new way of delivering health services. M-health services are even available in rural areas in low- and middle-income countries where the infrastructure, including the road network, is still underdeveloped. Nevertheless, up until today the use of m-health applications is more common in high income countries, marking the highest activity in the South-East Asia region and the lowest activity in several African countries (WHO, 2011, pp. 5, 11).

A project with the goal of implementing a m-health application into the primary care system in South Africa and Zambia is the MEGA project (Lhati et al., 2019). The MEGA project is funded by the Erasmus+ Programme of the EU and uses a m-health application to assess mental health disorders in children and adolescents. The MEGA m-health application will be used by primary care givers. To educate the primary care givers on the current state of global mental health as well as on how to rightfully use the application, a curriculum for a train the trainer course is developed. The train the trainer course is piloted at the Hamburg University of Applied Sciences (HAW) in April and May 2019 and in South Africa in September 2019. In this thesis, the train the trainer course in Hamburg is evaluated in order to give actions of recommendations for the pilot course in South Africa. The goal is to create a curriculum that not only teaches a basic understanding of mental health but leaves the participants confident in using and applying the application in their everyday work life.

In the following, the MEGA project, its targets and work packages (WPs) will be described. Since the creation of the curriculum is part of the WP5, the ongoing process of the completion of WP5 will be closely explained. In order to create an overview of already existing train the trainer courses with a link to South Africa and Zambia and/or mental health, three courses will be selected and illustrated. After the essential background information is conveyed, the research method of participant observation is introduced. In the following chapters the results will be portrayed and discussed. Subsequently, all collected information will be brought together in a separate chapter which consists of recommended actions and detailed examples for the creation of the curriculum for the second pilot study in South Africa.

2 Background

2.1 Key terms and concepts

In the following, the terms “curriculum”, “train the trainer course”, “mental health literacy” and “pilot study” are introduced in order to ensure the understanding of this work.

Curriculum

According to Thomas, Kern, Hughes & Chen (2016), a curriculum can be defined as “a planned educational experience” (p.1). In the context of this thesis, the term “curriculum” can be understood as a guideline to the workshops. The curriculum offers a timeline, trainer instructions, speech guidelines and didactics for the future trainer to have an easy understanding of the information that has to be conveyed to the trainees.

Train the trainer course

According to Lee and Scott (2009), train the trainer courses educate and enable the participants to be trainers their selves in the taught subject. In addition to a comprehensive training on the specific content, the future trainers gain insight into training didactics such as presentation skills, communication skills and methods on how to lead discussions. After successful completion of a train the trainer course, the participants should be able to reproduce the training in order to train other prospect trainers. This way, the knowledge can spread easily and the largest possible amount of people can benefit from the course (Lee and Scott, 2009). The idea of train the trainer courses comes from the adult learning theory as well as the innovation theory. According to the innovation theory, information is better adapted if the participants are surrounded by people out of their trusted social network (De Beurs et al., 2016). The adult learning theory implies that the efficiency of a training is higher if adults view the education as relevant to their personal context and if the education is connected to previous experiences (De Beurs et al., 2016).

Mental health literacy

Mental health literacy is a concept that emerged in 1997 and evolved from health literacy. According to the WHO (2013, p.4), the scope of health literacy has three district levels. The first level is functional literacy which allows the individual to read forms, medicine labels, and health care information. Additionally, the individual is able to understand written and oral information given by health care professionals, act on directions and is able to keep appointment schedules. The second level is conceptual literacy which describes the skill set a person requires over the course of their lives. These skills allow them to actively seek help, identify and reduce risks and therefore increase the overall quality of life. The third and last level is health literacy as empowerment. At the third level, the individual is able to comprehend their patient rights and realize their ability to navigate through the health care system. The term mental health literacy is in ongoing development and evolution (Kutcher, Wie, & Coniglio, 2016). The original definition described mental health literacy as "knowledge and beliefs about mental disorder, which aid their recognition, management or prevention" (Jorm et al., 1997, p.182). Kutcher et al. (2018) define mental health literacy by numerating its four components. The first two components "understanding how to optimize and maintain good mental health (Kutcher et al., p.4) and "understanding mental disorders and their treatments" are similar to the original definition of health literacy. The components "decreasing stigma" and "enhancing help-seeking efficacy" were added and describe the modern understanding of mental health literacy.

Pilot study

A pilot study is a small-scale experiment of the proposed research study. The aim of a pilot study is to test the feasibility of the methods and processes for the full-scale study (Razum, Breckenkamp, & Brzoska, 2011, p. 230). Based on this, the methodology of the main study can be adjusted and enhanced.

2.2 MEGA Project

To get an overview of the project and the main targets, the project and its projects partners will be described in the following.

2.2.1 Project description

The project MEGA (Building capacity by implementing mhGAP mobile intervention in SADC countries) is funded by the “Capacity Building in the Field of Higher Education” funding line of the EU Erasmus+ Program from October 2017 up until October 2020. The aim of the project is to improve primary health care for children and adolescents with poor mental health by inducing a growth of knowledge and simplifying diagnostics. Therefore, a screening tool in form of a mobile application is being created which offers identification and general information on major mental health illnesses in childhood and adolescence. The application offers no categorical diagnosis but rather a hint which can be further explored by mental health experts. The mobile application will used by primary health care givers in hospitals and ambulances in South Africa and Zambia (MEGA, 2018).

The course of the study can be divided into four stages. Firstly, the investigation of the mental health literacy of primary health care practitioners to identify areas in need of development (Lahti et al., 2019). The second stage of the study is the development and field testing of a locally relevant m-health application to screen for childhood and adolescent mental health. The application will collect health data which can be saved for up to five years (Lhati et al., 2019). If needed, the data is available for exportation to third parties such as the health ministries of South Africa and Zambia. The third stage of the study involves the evaluation of a tiered education and training program in the use of the m-health application and related mental health content. Lastly, the evaluation of the acceptability and feasibility of the m-health application in primary health care (PHC) centers at sites across South Africa and Zambia is conducted.

2.2.2 Target group

The MEGA study targets participating higher education institutes academics and PHC practitioners in three provinces in South Africa and two provinces in Zambia (Lhati et al., 2019, p. 3). In order to be eligible for the MEGA project, the PHC practitioners have to be registered, enrolled nurses or clinical officers working in the Free State, Gauteng and Western Cape Provinces of South Africa and in Lusaka, Zambia. Additionally, the participants need to be academic staff employed within a university or other relevant teacher institution and should be able to speak, read and write English (Lhati et al., 2019, p. 3). PHC practitioners or clinical officers who are retiring during the course of the project are excluded from participation.

2.2.3 Project partner and work packages

MEGA is a collaborative project formed by the HAW Hamburg, other universities in South Africa (Pretoria, Cape Town, Bloemfontein and Stellenbosch) and Zambia (Lusaka), Finland (Turku University of Applied Sciences) and Latvia (Riga Technical University). The work of the project is split into nine WPs (Mega, 2019a).

WP1 and WP2 are led by team of the Turku University of Applied Science, consisting of five team members. During WP1, whose overall objective is the primary preparation, a project organization is formed, the project plan has been reviewed and the kick-off meeting has been organized and held.
The main goal of WP2 is the mapping of the landscape which involves making a protocol and timetable, preparing the mapping tool, preparing the questionnaires, having the partner meeting, making the collection and analyses and reporting the mapping (MEGA, 2019b).
After the first steps have been initiated in Finland, five members of the Riga Technical University in Latvia are assigned to WP3. The aim of WP3 is the development of the mobile application. The specific task of this work package is the creation of the functional and technical setting of the mobile version, the launch of the mobile application, the implementation of the field trials, the hosting of the partner meeting in Riga as well as internal and external seminars, publishing of the user guide and the creation of recommendations.

WP4 deals with the development continuing professional education using innovation pedagogy of children and adolescent mhGAP part, led by the Turku University of Applied Science. Its task is the creating of the protocol and timetable, the development of eLearning materials and the innovation pedagogy solutions, the organization and holding of the partner meeting and the publishing of a handbook which can be given to the adolescents and children taking the questionnaire of the app.

WP5 is led by the HAW with Prof. Dr. Gunter Groen as lead researcher/project manager and Astrid Jörns-Presentati as the content expert (MEGA, 2019c). The main objective of this work package is the creation of the train the trainer curriculum. The underlying tasks are designing a protocol and timetable, piloting the train the trainer curriculum, training of the higher education institution's (HEI) staff, the education of primary care workers, the organization and facilitation of the educational seminar and partner meeting. Finally, a report including all tasks of the WP should be created after the app and the train the trainer curriculum has been built and tested.

WP6 deals with the implementation and evaluation of the mobile application in SADC countries which will be led by the University of Pretoria in South Africa. Tasks are the creation of the functional and technical setting of the mobile version, the launch of the mobile application, the implementation of the field trials, facilitating a partner meeting in Riga, having the internal and external seminars, publishing of the user guide and the writing of recommendations (MEGA, 2019b).

After the application has been implemented, the HAW is in charge of the monitoring process and quality control in WP7. The task are the development of a quality and management plan, the creation of an internal evaluation report and the publishing of an external evaluation report.

To close the project, the University of Zambia is responsible for WP8 which deals with the dissemination. The task involves the procuring of marketing and dissemination materials, the organization and holding of internal and national dissemination seminars and lastly, the organization of the final dissemination conference. Once the application is being used by primary health care workers, the research team in Finland takes care of the project management. Its goal is to organize the project management trainer (PMT) management and have online

meetings, the organization and holding of annual PMT face-to-face meeting and administrative partner meetings.

2.2.4 Progress Work package 5

At the moment of the submission of this thesis, the process of WP5 is still ongoing. To explain the contextual framework of this work, the progress of WP5 is described in the following.

As mentioned earlier, the main objective is the creation of the train the trainer curriculum. Astrid Jörns-Presentati and Prof. Dr. Gunter Groen decided to test the preliminary version of the curriculum with a pilot study. For the pilot study, the MEGA project was integrated into a compulsory module of students of nursing sciences in the 6th semester. The students were selected for this purpose since they will work in the same environment as the primary care givers in South Africa and Zambia. Early in the process, the dates were set to be the 29th of April, 4th and 20th of May. Next to the author, another graduate student of BA Public Health Sciences, Marieke Gerstmann, joined the MEGA team for WP5 to perform a qualitative and quantitative evaluation of the pilot study. The quantitative evaluation focuses on the increase of knowledge and the mental health literacy scale.

Originally, the curriculum for the pilot study was intended to be created before the start of the first workshop on the 29th of April. Due to the fact that the MEGA m-health application is not finalized up until today, the curriculum could not be created as designated. In preparation of the pilot study, the researchers reviewed similar train the trainer courses which will be described in the next chapter.

During the preparation period, the results of the investigation on the mental health literacy of the target group of the MEGA project had been completed in form of a survey. The survey was completed by 98 nurses in 16 clinics. More than 90% of the participants were female and the vast majority were professional nurses (Van Rensburg-Bonthuyzen, Jansen, & Coetzee, 2018). The findings showed that only just more than half of the participants felt that mental health services are accessible in the district. Around 30% indicated that they experienced problems providing

mental health services due to inadequate access to staff training and staff shortages. 59% of the nurses indicated that they have not received formal training in the diagnosis and treatment of mental health disorders.

Though the vast majority of the nurses were able to recognize the symptoms of a bipolar disorder, major depressive disorder and generalized anxiety disorder and social phobia, nearly half (45%) of respondents agreed that people with mental illness “could pull themselves together” (p. 21) if they wanted to. According to Van Rensburg-Bonthuyzen et al. (2018), 30% indicated that they will be unwilling to have someone with a mental illness marry into their family. 28% expressed that they will be unwilling to employ someone if they knew they had a mental illness.

The survey shows that even though the knowledge of mental health illnesses is rather high, the nurses still hold judgement towards people with mental illnesses. This insight raised the assumption that the pilot study does not need to consist of an extended amount of information and definitions about mental health but rather needs to address the existing stigmas towards people suffering from mental health conditions. The mhGAP Intervention Guide (WHO, 2016) provides a list of general principles of care which feature appropriate communication with people seeking care and their carers as the first principle.

While researching the significance of effective communication, the book “Communication skills for mental health nurses” by Jean Morrissey and Patrick Callaghan (2011) was discovered. Morrissey and Callaghan (2011, p.1) emphasize the importance of communication skills in mental health nursing as a crucial component of all therapeutic interventions. The most important skills in communication are active listening, paraphrasing, summarizing, questioning and non-verbal communication (Morrissey, & Callaghan, 2011). Two activities addressing communication skills were integrated in the pilot study in form of active listening and a worksheet of characteristic of a helpful person.

Next to communication skills, the research team decided to convey key facts of mental health promotion and stigma, youth mental health and signs and symptoms of depression. To limit the input and avoid overwhelm, all three workshops focused exclusively on the depiction of depression. The initial plan to also integrate anxiety, alcohol use and trauma/PTSD was abandoned.

After noticing that the participants were overwhelmed with the information on the day of the first workshop, the amount of material was kept to a minimum on day 2. To involve the participants, the second workshop was focused on role play and case studies as well as feedback rounds. The content is described in chapter 5.
Since the application was not finalized by the time of the third workshop, the researchers decided to practice with the mhGAP application instead. The largest amount of time was dedicated to the evaluation of the workshops. An overview of the outline for the pilot study is shown in Figure 1.

Date	Content	Didactics/Material	Learning goals
April 29th, 2019 (120 min)	Introduction to the MEGA project Key facts about • Mental health promotion and stigma • Effective communication in mental health nursing • Youth mental health • Signs and symptoms of depression	• Mixed methods • PowerPoint presentation • Group discussion • Worksheet	Students should have a firm understanding of • Importance of mental health promotion and treatment • Examples for effective communication skills that they could apply in an assessment ("helpful person") • Basis signs and symptoms of depression • Examples for questions used in assessment of depression
May 6th, 2019 (120 min)	• First person account about life with depression • Practicing active listening • Assessing depression in a young person in a role play using effective communication	• Short movie "depression is a black dog" • Worksheets • Role play with case study • Feedback • Group discussion	Students • Build awareness and empathy towards the reality of living with depression • Practice active listening and deepen their understanding about the meaning of empathy for people living with mental health problems • Develop the skill of assessing signs and symptoms of depression in a young person as part of a role play
May 20th, 2019 (120 min)	Questions used in the MEGA app mhGAP App – Depression Module • Signs and symptoms of depression/examples on how to phrase questions	• Questions for app on paper • mhGAP app on phones • PowerPoint presentation • Role play with MEGA questions Focus group for evaluation	Students • Reflect on the conditions under which a mental health app can be useful to primary health care workers • Relect under which conditions a train the trainer course can be effective in preparing nurses to assess young people for mental health problems in their daily practice

Figure 1. Overview of MEGA pilot study in Hamburg.

Because of the experimental nature of the workshops, the author decided to analyze the observation of students during to pilot study to identify room for improvement and ultimately state recommended actions for the final creation of the train the trainer curriculum in order close WP5.

3 Overview of train the trainer courses

There are various train the trainer programs with mental health focus which have already been implemented. In the following, three examples of courses are introduced to scan for useful information and methods for the creation of the train the trainer course in South Africa and Zambia.

3.1 Mental Health Training in The Western Cape

The Mental Health Training For Community Health Workers In The Western Cape by Goodman Sibeko (2016) offers a detailed manual on Mental Health education in the Sub-Saharan area. It is divided into eight separate sessions which each consists of three hours. The sessions are split into the following subjects: Introduction and culture, culture and mental illness, mood and anxiety disorders, psychotic disorders, older people, suicide, aggression, intellectual disabilities, substance use disorders and management of mental illness, the role of the community health worker, the mental health care act and admission pathway and community health worker experiences. The introduction of a new mental disorder always follows the same structure. Firstly, a case study is introduced by stating personality traits and environmental conditions of a person suffering from the introduced condition. Subsequently, personal anecdotes and time for reflection are allowed. The participants are also being asked to summarize the symptoms. If the discussion is over, the workshop leader summarizes the features of the case, making sure to cover specific features which are highlighted in the table. If there are risk factors to the disorder, these are also explained. When the participants are asked to reflect on their own knowledge and experiences, the teacher can find different options of speech guidance depending on the level of education of the participants. This way, the workshop leader is able to direct the course of the workshop. If a participant brings up an issue that is supposed to be discussed in another session, the workshop leader is asked to validate the question and refer to the upcoming session. Each session is followed by a daily evaluation form in which the participants can reflect on the sessions and note any uncertainties. The manual itself consists of a table which is divided into color coded sections which provide not only information

about the required speech components but also clear didactics which the trainer has to follow.

Of note, one day of the program is exclusively dedicated to the discussion of culture and mental illness. During this session, cultural idioms and the meaning of dreams are discussed. In South African culture there are terms such as “ukuphaphazela”, “ukuphamabana”, “amafufunyana” and “ukuthwasa” which belong to Xhosa and Zulu traditions and describe symptoms such as madness. Xhosa and Zulu people believe that there are spirits which can take over the body of a person.

3.2 MhGAP Intervention Guide

The WHO (2017c) created a module for child and adolescent mental and behavioral disorders as part of the mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. The module consists of five session which vary in length (15 to 125 min). Total length of the course is 350 minutes. The content is the following: Local perspectives on Mental Health, public health concern, stigma, abuse and discrimination, assessment of children, child development, behavioral and emotional disorders including depression and the management thereof. The guide favors a close interaction with the trainees in the form of roleplays and case histories which teach the use of the mhGAP assessment tool, mhGAP-IG, to identify disorders. Furthermore, tips are being offered on how to cope with arising problems when talking to the carer/adolescent. The supporting material also provides multiple choice questions to monitor the gained knowledge of the trainees.

Next to the practice of the mhGAP-IG, the MhGAP offers a training on how to train a group in their train the trainer program. The mhGAP Training of Trainers and Supervisors (ToTS) Training manual starts with an introduction to the training manual, stating the ToTs training learning objectives and the suggested training schedule. Additionally, training guidelines are given (WHO, 2017c). The participants should learn about the local health-care system, model teaching techniques, use interactive activities, visual and videos, actively use the mhGAP-IG, allow enough time for feedback, evaluate the ToTS and facilitate and develop future plans while being monitored from their master trainer. A master trainer checklist is provided to

prepare the master trainer to give the ToTS training. This checklist consists of the review of materials that have to be reviewed and familiarized with, necessary preparation and a checklist for logistics.

3.3 EQUIP training the trainers

EQUIP is a train the trainer program that has been created by members of the University of Manchester in 2017. It consists of a four-week schedule with one workshop a week, training nine trainers. The program was held by two senior academic clinicians and a supportive academic colleague. The focus of the workshops was the identification of the attributes and values of an effective trainer as well as the basic principles of small group teachings. To understand the trainees' motivation and experiences during the training, an evaluation in form of semi-structured individual interviews was conducted. The findings showed that some participants were attending the program as an opportunity for personal self-development and to learn new skills. Others viewed the training as a way to make a difference and to be of service (Fraser, Grundy, Meade, Callaghan, & Lovell, 2017). Furthermore, the evaluation showed that the participants were enthusiastic as well as anxious about the new responsibility of teaching mental health professionals. Some participants found that the sessions were strenuous due to the large amount of new information presented on each day and wished for more breaks and longer days. After the program was finished, the trainees had to give mental health training their selves and felt most comfortable and prepared when they had an opportunity to meet with the lead trainer prior the training delivery which implied for a high need for supervision and peer support (Fraser et al., 2017).

To conclude this chapter, it can be stated that the Mental Health Training by Sibeko (2016) can function as a model for the creation of the MEGA project due to the detailed outline of the curriculum. The use of a table and different colors to mark speech and instructions make it easy to read and follow. Since the training is tailored to South Africa, significant topics such as cultural idioms are discussed, which can be overlooked by the European members of the MEGA project.
Moreover, the mhGAP intervention guide and mhGAP ToTS Training manual (2017) offer condensed content and a large amount of case studies. There is a module for

child and adolescent mental and behavioral disorders which can be useful when searching examples for case studies. The ToTS gives examples on how to add an additional layer of teaching the future trainer skills on how to lead discussions. Parts of the ToTS can be used and modified for the MEGA curriculum.

Though the EQUIP train the trainer program has been held in a different demographic context, the study offers many findings on how to create a successful train the trainer program. Firstly, the motivation and expectation of the trainees has to be examined before giving the training to best meet their needs during the training. Additionally, the amount of new information given by the teacher in form of presentations should be kept to a minimum in order to prevent over-stimulation of the participants. If it is necessary to give a large amount of information, there have to be elongated breaks and more time in general. Lastly, the need for supervision and peer support has to be taken into account when creating a curriculum. Though the trainers of the program will not be able to be locally available for questions, a contact point has to be created and communicated in form of mail contact or an emergency phone number. The participants of the training should also learn about the importance of peer support and stay in contact after the training ends to possibly answer each other's questions.

4 Method

4.1 Participant observation

Within the framework of this thesis, the method of participant observation is used. Participant observation is a qualitative method which is often used in sociology and anthropology (Bachmann, 2009). An observation requires the presence of the observer in the investigation plot since the data is collected at the place and time of the occurrence. Thus, an explicit definition of the investigation plot as well as the selection of appropriate observation-periods, -places and -units are necessary. Another significant trait of an observation is the verbal description and documentation of the observer or a quantitative assessment of prior determined characteristic attributes (Thierbach & Petschick, 2019). The observer becomes a part of a setting and takes notes of observations. In contrast to the common observation, a scientific participation has to be done 1) with purpose, 2) selective and 3) be evaluated (Schöne, 2005). The selective aspect of participant observation is of high importance since the researcher has to be clear on what to observe in the given setting in order not to be overwhelmed by impressions (Vogd, 2005). The method of participant observation allows a flexible evaluation depending on the interest of the researcher. This way, not only direct statements of the participants can be evaluated but also the teaching method, atmosphere and reactions to the content in order to give optimal recommendations of actions for the creation of the curriculum for the pilot study in South Africa. The researcher was the author of the thesis, a 6th semester Health Sciences student with prior knowledge about the topic of mental health.

4.1.1 Preparation

Prior to the workshop, team members of the MEGA project provided the researcher with an overview of the content of each workshop. Since there was no set curriculum for all three workshops of the pilot study, the PowerPoint presentation as well as printed documents were used as primary guideline. Additionally, a table with the observation criteria was created to be used for taking notes during the workshops. The criteria were the following: date and place, topic of the workshop, structure of the workshop, conducting person, present participants, language, conducted

activities, interactivity during the workshop, present participants, used materials, behavior of participants towards the workshop leader, behavior of participants towards each other and atmosphere. The specific criteria were selected in agreement with Astrid Jörns-Presentati, MEGA project content expert and leader of the workshops. Before the start of each workshop, the researcher took time to familiarize with the content of the workshop in order to be able to focus on the interactions and atmosphere instead of solely on the content.

4.1.2 Study setting

The research was conducted during the workshops of the pilot study (29th of April, 4th and 20th of May) of the MEGA project at the HAW Hamburg, Faculty of Social Work. The pilot study was integrated into a compulsory module of the degree course of nursing science, 6th semester. The workshops were facilitated in a regular seminar room with a projector. The desks were arranged in an U-format.

4.1.3 Implementation

During the conduction of the workshops, the researcher noted all impressions in manuscript form. The participants were informed about the conduction of a pre- and post-evaluation as well as notes being taken during the sessions. The aim of the participant observation was not shared directly. The workshops were not recorded except for the focus group which was part of the qualitative evaluation performed by Marieke Gerstmann. Marieke Gerstmann took additional notes which were handed to the author after the session.

4.1.4 Evaluation and post processing

After the completion of each workshop, the handwritten notes were incorporated in a separate word document. Subsequently, the notes were structured in categories and matched with the earlier determined criteria. The completed tables were printed and used as the foundation for the following elaboration and interpretation. As the next step, the observations of the workshops were described as objectively as possible. The objective description is the primary result of the observation. In the discussion, the observations are interpreted and formed into recommended actions for the creation of a new curriculum.

5 Results

5.1 Results Workshop 1

The first workshop took place at the HAW Hamburg, Faculty of Social Work on the 29th of April. Topic of the workshop was the introduction to the MEGA project, key facts on adolescent mental health problems and an introduction to depression and anxiety. The structure was very strict since it was connected to a PowerPoint presentation consisting of great number of slides. The workshop was conducted by Astrid Jörns-Presentati, MEGA project content expert. 13 students (12 females, 1 male) of 6th semester nursing science with no practical mental health experience were present. During the beginning of the workshop it seemed like the topic was not understood and the participants did not seem to follow the presentation. Many of the participants were distracted by their phones and laptops. The language of the presentation was English. In combination with the high amount of new information, some of the participants were overwhelmed or did not pay attention at all. Used materials were a PowerPoint presentation and prints thereof and colored cards for an activity about mental health stigmas. Only some participants used the script of the printed version of the PowerPoint presentation to take notes.

In the beginning of the workshop, the participants had to fill out pre-evaluation questionnaires about mental health literacy and the curriculum. The participants seemed to be confused about the purpose of the questionnaires as they were not explained properly. Furthermore, the evaluation contained questions regarding a train the trainer course, even though the workshop was not introduced as such.

When talking about stigmas surrounding mental health, an activity was intergraded where the participants were given colored cards, each stating a stigma about mental health (e.g. “get yourself together!”). The participants were asked to share their sentence and explain how this statement could be received by a person with mental health problems seeking help or attention by others. During this activity, the participants became more active and alert. They started sharing personal experiences and listened more carefully. The relaxed atmosphere of a game-like activity helped creating conversations between the group members. The participants were familiar with each other, so they were comfortable with sharing their insights.

5.2 Results Workshop 2

The second workshop also took place at the HAW Hamburg, Faculty of Social Work on the 6th of May. Topic of the workshop was the diagnosis of depression and effective communication skills. The workshop was conducted by Prof Dr Gunter Groen, lead researcher of work package 5 of the MEGA project, and Astrid Jörns-Presentati. Since there was no PowerPoint presentation, the structure was more open. 12 students (11 females, 1 male) of nursing science in the 6th semester with no practical mental health experience were present. Even though the number of participants was similar to the first workshop, there were some new participants. The language was German and therefore the activity seemed to be higher. The conducted activities were two role plays, an active listening activity, feedback rounds, a video of the black dog (depicting depression) and the final evaluation of the session. There was a high amount of interactivity and the topic of the MEGA project seemed to be better understood. The participants were shown a video named “I had a black dog, his name was depression” (WHO, 2012), depicting depression. The video showed the impact of depression on the affected person e.g. exhaustion and endless negative thinking patterns. The use of video material seemed to lead to high concentration and engagement. The participants were eager to share their opinions on the video and seemed to be emotionally invested.

The active listening activity was performed in teams of two. Each person was advised to talk for five minutes while the other person was listening. The purpose of this exercise was to understand the concept of empathy. Most of the participants were quick to give advice to their partners instead of understanding their feelings and emphasize with them. The concept of empathy was not understood even though the exercise was explained in detail. Furthermore, the volume level in the seminar room was high due to the fact that the space was limited.

During the second role play, the participants were given information of a person they should embody. Three participants were selected, and the rest of the course was watching. The willingness to take part in the role play was rather low. The aim of the role play was to show the process of assessment. The participants seemed to enjoy playing their roles but did not ask questions that could lead to the diagnosis of a mental health disorder. It seemed that clear guidance was missing.

5.3 Results Workshop 3

The final workshop took place at the HAW Hamburg, Faculty of Social Work on the 20th of May. The workshop was conducted by Astrid Jörns-Presentati, MEGA project content expert. 13 students (12 females, 1 male) of 6th semester nursing science with no practical mental health experience were present. Topic of the workshop was the use of the catalogue of the questions which later will be implemented in the MEGA application as well as evaluations.
The catalogue of questions which was handed out the participants was finalized days before the last workshop. Since the workshop leader did not have time to familiarize with the questionnaire, there were many questions about its proper handling. When trying out the questionnaire to assess depression, there was a great amount of confusion. Some participants used the mhGAP application and also voiced some complaints. The mhGAP application is highly detailed and is used for the assessment of not only depression but also various other mental health disorders. Some participants felt overwhelmed by the amount of information that the application contained.

During the focus group, the participants were asked to give their opinion on the project. Many stated that they do not welcome the use of technology in the assessment of disorders. Furthermore, they criticized the fact that the application replaces an in-depth mental health training which give the primary care givers a greater sense of confidence. The participants also talked about the chance of false positives when using the app. Due to the fact that the assessment of depression is kept short and only consists of a few questions, there is the danger of misdiagnosing a healthy patient with a mental health disorder.

In the end of the last workshop, the post-evaluation forms were handed out. Some participants took a long time to fill out the evaluation and overextended the original time of the workshop.

6 Discussion and limitations

The discussion of the results of the participant observation is divided into the three workshops days. Hereby, the results are scanned for improvement opportunities and converted into recommended actions if possible. Subsequently, the limitations of the methods are discussed.

6.1 Discussion

During the first workshop, many participants were using their phones and laptops and seemed to be distracted. When conducting the next pilot course in South Africa, the use of phones and laptops should be prohibited to avoid distraction of the participants. Only when using the MEGA m-health application, phones can be allowed. The participants also seemed to have language barriers when the taught language was English. After switching to German, the interactivity was higher. If possible, the spoken language should be the native language of the participants or there should be translator to avoid misunderstandings.

The entry to the workshop seems to be crucial to the overall success of the workshops. In the beginning of the pilot study, there was only a short introduction which lacked detailed information about the evaluation forms and an overview of the upcoming sessions. The participants should be welcomed and be given time to become familiar with the topic of the project as well as the person giving the training. Even though the time of the workshops is limited, a reasonable amount of time should be dedicated to creation of a calm and open atmosphere by using an introduction game and giving a brief overview of the upcoming two workshop sessions. If there are pre-evaluation forms, they should be explained carefully and only given out once the purpose of the workshops is understood. The evaluation contained questions about the confidence of the participants in giving the same training. This implied that the pilot study was a train the trainer course even though no training methods were taught nor was the purpose of the training explained. To avoid confusion, the content and aim of the courses have to explained prior to the introduction of the mental health knowledge.

The success of the interactive stigma activity shows how important such activities are when the participants are entirely new to MEGA project. The implementation of interactive activities is highly encouraged.

A printed version of the presentation does not seem to be necessary as most of the participants did not use it. However, prints of tables and more complex graphics were appreciated and are therefore recommended to use.

In the second session, a set of roleplays was performed. Some participants seemed to be confused about the purpose of the roleplays. In order to give clear instructions, the use of an example video is encouraged. The video should show the ideal process of the role play.
The video of the black dog (WHO, 2012) seems not to be appropriate for the integration into the African pilot study. The video showed a white man living an environment of the western world. The implementation of a video about depression to arouse emotions in the participants is encouraged if the style and the depiction of the affected person matches the South African and Zambian culture.

The active listening activity was not perceived well by the participants. The concept of empathy was not understood. It is questionable whether it is necessary to incorporate the activity into the next pilot study. Moreover, the noise exposure in the seminar room was rather high. For the upcoming pilot study, it is important to ensure that the venue is big enough for the implementation of role plays and preservation of privacy, in case some participants want to share something confidential during the one on one exercises.

In the beginning of the third workshop, the preliminary questions for the MEGA m-health application were handed out to the participants. Neither the workshop leader nor the researchers were able to familiarize with the set of questions before the start of the workshop. This resulted in confusion on both sides. Hence, the teaching material should only be handed out once the purpose is understood. If the workshop leader is confused, so are the participants. This occurrence illustrates the difficulty of being dependent on the work and punctuality of team members of other preceding work packages in an international, multidisciplinary project. The use of the

preliminary questions and mhGAP application instead of the MEGA application was only implemented due to a delay in the finalization of the application. For the pilot study in South Africa, the application should be finalized in order to avoid confusion and create the opportunity to receive feedback on the usage and feasibility of the MEGA application.

When the participants were asked to evaluate the application, they came up with many disadvantages and handicaps. In order to keep the participants of the workshops motivated from the beginning, there should be no opportunity for reflection in the beginning of the workshop to avoid reluctance towards the efficiency of the MEGA project. Moreover, it is important to find a way to lower the risk of false positives in order to retain the overall positive impact of the MEGA project.

6.2 Limitations

Firstly, the method of participant observation deals with the risk of a social desirability bias. The social desirability bias describes the phenomenon of participants of a study reporting inaccurately on rather sensitive topics to present themselves in the best possible way, resulting from both self-deception and other-deception (Fisher, 1993). Thus, the validity of the research findings may be affected. Due to the fact that the participants of the pilot study were aware of the presence of two researchers during all workshops, the behavior and overall activity might be not a valid representation of reality.

Another limitation of the used method is the selective perception of the observer (Wittenberg, 1997). This can lead to a researcher bias where the observer has a distorted perception due to personal moral values. Due to the fact that results of the participant observation are based on subjective interpretation, the quality of the study would improve if more researchers performed the same observation and their results were brought together.

Additionally, the level of detail in the observation minutes can influence the quality of the results. In observational studies, a high level of detail is encouraged, though

not always possible due to a limited amount of time. Ideally, the categories of observation should be adjusted after the primary evaluation to ensure an adequate level of detail (Vogd, 2005). In this study, the workshops were not repeatedly given so the categories of observation could not be adjusted. Moreover, the workshops were not audio- or video recorded. Therefore, the researcher had to secure all impressions in their manuscript. Important information could be missing in the results. The decision on where to focus on was unreflective and spontaneous. A high amount of the observation categories was dedicated to content related information. Retrospectively, the categories describing the content could have been reduced since the information was already available prior to the workshops.

Finally, it has to be stated that the study population of the participant observation are German nursing students without working experience in the field of mental health. The results are not representative of the target group of the MEGA study by any means. The impact of cultural differences on the results cannot be estimated.

7 Recommended actions

In this chapter, all retrieved information on recommended actions from the previous chapters will be combined and divided into categories. Some in-depth examples are given to demonstrate the possible layout of the curriculum. Additional sources are used to back up the recommendations.

7.1 Structural and content recommendations

Opening

Since the main product of the MEGA project is the application, it should be introduced in the first session of the workshop. This way, the purpose of the workshop becomes clear and the participants have time to familiarize with the application and to discover possible problems or questions. The same structure can be seen in the mhGAP ToTS Training manual (2017), where the application is introduced after training skills are taught. In the beginning, only the advantages of the application should be conveyed to promote the MEGA project and the application. The discussion on the effectiveness of the mobile application should be held in the end of the last workshop to avoid doubt.

When explaining the MEGA project is has to be emphasized that it is an international project and is supported by the EU. Ideally, the participants realize their part and importance in the success of the project and become more motivated to participate and make use of the app after the workshops are finished.

The opening of the workshop should include an icebreaker in form of an introductory game. Though the time of the workshops is limited, the involvement of the participants from the beginning is crucial to the success of the course. The implementation of an icebreaker in the beginning of a train the trainer course is used in all three courses described in chapter 3. Haberstroh, Neumeyer & Roth (2011, p. 110), explain that in order to feel confident in a group, it is essential that all participants know other and are able to share their personal expectations. Furthermore, all participants should observe the group rules. Thus, it is helpful to integrate an introductory game into the first session of a training or the introduction

of participants. To enhance the group affiliation, the expectations of the participants of the course can be enquired and ground rules established (Haberstroh et al., 2011).

If there are pre-evaluation forms, they should be introduced after the introduction to the topic. This way, the participants have a clear vision on what the evaluation is for and might be less hesitant to ask questions to the workshop leader.
Furthermore, the workshop leader should thoroughly count the returned forms. This information should be noted in the curriculum.

Main part
Since the amount of teaching through PowerPoint presentations is encouraged be limited, the middle part of the curriculum should make use of role plays. Role plays are used in all discussed train the trainer courses discussed in chapter 4 and are an easy way to inspire empathy for people with mental health disorders. Nestel and Tierney (2007) explain that the implementation of role-plays requires the compliance of role play guidelines which include adequate preparation, alignment of roles and tasks with level of practice, structured feedback guidelines and acknowledgment of the importance of social interactions for learning. In order to create a clear guideline for the participants, an example video of a role play has to be shown. Alternatively, the workshop leader and a co-leader can simulate the role play.

Closing
In the end of the workshops, the post-evaluation forms should be handed out. Just like the handing out of the pre-evaluation forms, clear instructions should be given. It is essential that the workshop leader as well as the researcher familiarize with the set of questions and are able to reply to upcoming questions.

7.2 Language and cultural recommendations

As seen in the MEGA pilot course in Hamburg, the participants had some problems with a foreign language. Depending on the proficiency level of the of the nurses in South Africa and Zambia, the use of translator is recommended. Moreover, Sibeko (2016) included a section about South African culture where he explains that, in

traditional African culture, common mental health disorders are often connected to the possession over the human body by a so-called bad spirit.

Sequeira (2018) confirms that African culture may often have different views on mental health compared to those of modern western medicine. Young people are brought up in a rather westernized society including the schooling system, systems of governance, the structure of the economy and also the types of sciences. In opposition to westernized values, they are raised with the ideology of their forebears. An African therapist understands a disorder as a conflict between the patient and another being, in form of a spirit or alive (Mokgobi, 2013). The existence and non-integration of two different health care systems creates a dilemma for the individual consumer. For the creation of the curriculum for South Africa, it is essential to closely communicate with local MEGA team members and discuss whether and to what extent the cultural perception of mental health has to be examined in the pilot study.

7.3 Activity recommendations

7.3.1 Mental health states activity

Since the interactive exercise with the stigma cards was well received, the implementation of the same or similar activities is encouraged. In the Mental Health & High School Curriculum Guide for understanding mental health and mental illness by Kutcher et al. (2018, p. 76), a figure of the inter-relationship of mental health states is provided (Figure 2).

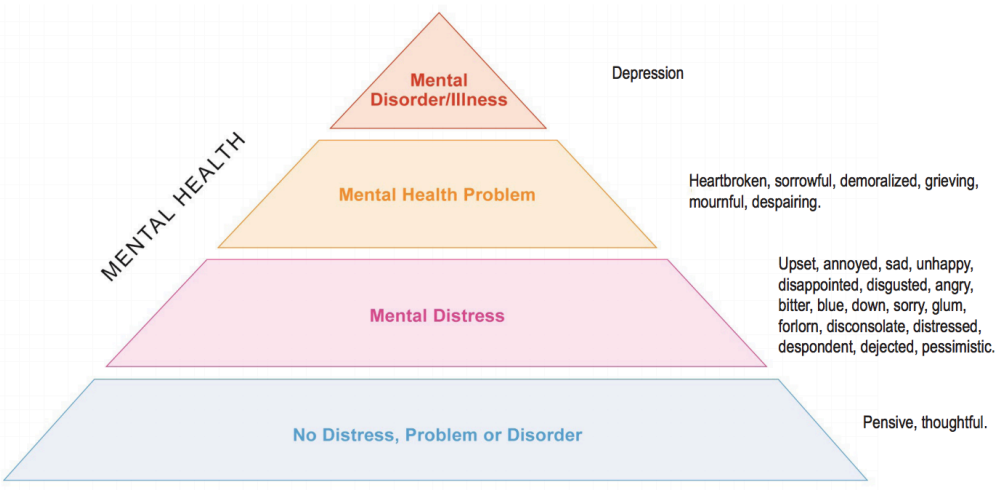

Figure 2. The inter-relationship of mental health states: language matters (Kutcher 2018, p.76).

It is essential for mental health trainers to explain to the participants that mental health states are not a continuum (Kutcher et al., 2018). The pyramid does not display a timeline of mental disorder but rather the various states a person with mental health problems can be in. The experience of more than one states is possible, even the combination of good mental health and a mental illness. This shows the complexity of mental health. Since the nurses in South Africa and Zambia will make use of the m-health application in order to assess the state of mental health of their patients, it is of high significance to sensitize the nurses. The various mental health states require different treatments and are to be viewed and assessed separately. By teaching this knowledge to the participants, the risk of false positives might be reduced.

7.3.2 Activity for group discussion facilitation

Next to the content of the pilot study, information for the trainers and teaching methods has to be provided in the curriculum. The mhGAP ToTS Training manual (2017) offers a great amount of information on how to introduce train the trainer courses. In session 4 of the ToTS manual (p.22), the trainers learn how to facilitate a group discussion and how to use facilitator demonstrations.
In the following, the activity will be modified to match the MEGA training.

1. The workshop leader hands each participant a card with an instruction on how to behave (e.g. a participant that talks too much, a member who will not talk, a participant that turns the discussion into an argument, a person that just wants to tell their own stories and experiences all the time).
2. The workshop leader sits in the center of the group and starts a discussion on a selected element of the MEGA curriculum, e.g. What are the characteristics of a person suffering from depression? What are psychosocial interventions for people with substance use disorder? The participants behave according to their cards.
3. The workshop leader then demonstrates how to lead the discussion.
4. Participants are chosen to take over the role of the workshop leader and continue the discussion or start a different topic for discussion.

5. After a short discussion, and at least four participants volunteering to facilitate the discussion, stop the activity.
6. Facilitate a large group discussion (maximum 10 minutes) about the exercise. How did they find the activity? Was it helpful? Has it changed their view on how they would facilitate a group discussion?

Though the teaching of didactics and training skills is important and required from the curriculum, it has to be kept in mind that other training manuals are designed to be conducted over the course of up to eight days, consisting of 3 hours per session (Sibeko, 2016). The time span of the MEGA pilot study is limited and does not allow the implementation of an in-depth knowledge transfer of teaching methods.

7.3.3 Creation of ground rules

To create an open, concentrated atmosphere, the creation of ground rules is suggested. The ground rules can be created as an activity by asking the pariticpants to offer suggested rules. Some examples are:

- The use of phones and laptops is prohibited except when practicing with the MEGA application
- Only one person is allowed to speak and should be listened to carefully
- The workshop is a safe space where everyone can share their thoughts freely
- If any questions arise, the participants raise their hand

Sibeko (2016, p.17) also suggests the implementation of the following rules:

- The participants should agree to be committed to attending all the sessions and arriving on time as well as trying to contribute to the session
- People's confidentiality should be maintained when reflecting on personal experiences of mental health and mental disorders
- All opinions should be respected, even if they differ from one's own perception

7.3.4 Implementation of video material

Since the participants of the pilot study reacted very well to the use of video material, the curriculum for the pilot study in Africa could also include a video. Due to the fact that the video of the black dog is not suitable for Africa, a short movie from “SOS Children’s Villages – USA” can be used as an alternative. The video is titled “South Africa: Boni Perserveres Through Depression / SOS Children’s Villages” and was publicized in 2017. Though the video primarily promotes the SOS Children’s village, from 00:00 to 01:25 Boni talks about her personal depression history. She states “I started being depressed and seeing everyone as an enemy basically. It made me really feel like I was not wanted” (SOS Children’s Village – USA, 2017). The video might be used in combination with an exercise on empathy where the participants try to sympathize with the personal story of the protagonist. Alternatively, the participants could be asked to recall the essential sentences Boni shared and communicate their opinion on them.

7.3.5 Unconditional positive regard exercise

Teaching communication skills might be a way to strengthen mental health literacy in the course participants. Next to communication exercises, Morrissey and Callaghan (2011) offer information about the concept of unconditional positive regard (UPR). According to Rogers (1995), UPR describes the unconditional acceptance and warm regard towards a person, regardless of their behavior, feelings or condition (as cited in Morrissey & Callaghan 2011, p. 100). Morrissey and Callaghan (2011, p. 100) further explain that UPR also implies the absence of judgement and possessiveness with regard to the person and being able to show acceptance to the client. The actions of another person do not have to be liked or approved by the care giver. Instead, the separation of the person from their behavior has to be taught. This way, the other person can be valued and seen as an individual with their own preferences. Since the internal MEGA survey on mental health literacy showed that the nurses in South Africa and Zambia hold judgement towards people suffering from mental health disorders, it could be beneficial to convey the information that the person exists separately from their disorder. Even though the nurses might not be able to understand or sympathize with diseases such as depression, they might be able to learn how to separate the person from their

disease in order to appreciate and help the individual behind it. The concept of UPR can be introduced in combination with the handout “a helpful person” which has been used in the first pilot study.

7.4 Formal recommendations

When it comes to creating a train the trainer curriculum, there are no set formal requirements. However, the curriculum should include background information about the MEGA project, an introduction and formatting information. This way, the future trainer is reminded of the key facts.
The mhGAP ToTS Training manual (WHO, 2017) included a master trainer checklist to make sure the master training is prepared ideally. The checklist was modified in order to fit the MEGA project (Figure 3).

Tasks completed ✓
Review and familiarization of the following materials: ○ Introduction to the training manual ○ MEGA PowerPoint presentation ○ MEGA supporting material and training forms ○ MEGA pre- and post-training evaluation forms
Preperation of the following: ○ Adapt MEGA training to suit local context and time restrictions
Logistic: ○ Send invitations ○ Reserve venue ○ Presentation materials (projector, laptop, video, flip charts, pens, paper, etc.) ○ Priniting of materials ○ Food and catering for the breaks ○ Pre- and post-training administrations ○ Evaluation forms

Figure 3. Workshop leader checklist (based on WHO 2017, p. 13).

Once the preparation is completed, directions for the workshop leader have to be given. As seen in the Mental Health Training by Sibeko (2016), different manual components can be color coded to give the reader and future workshop leader a clear vision on how to lead the course.

Table 1 shows that there are four different colors which help the future teacher to quickly understand the different components of the table. Furthermore, the table consists of three columns (introductions to trainer, speech guidance and PowerPoint

display). The column “Introductions to the trainer” indicates the subdivisions of the activities, each time a new action is required by the trainer. The following column “speech guidance” is giving the trainer literal examples of the way the information can be portrayed. The examples do not have to be followed or read off but rather set an example and work as a security for the lecturer. The color of the speech guidance can vary. If the text is green, it indicates the required speech for a component. The trainer must ensure that all content coded green is conveyed accurately to trainees. If the text is yellow, the information is additional that may or not may be provided. The orange colored text passages indicate an active speech instruction that must be followed by the trainer within a component.

Table 1

Color-coded speech guidance (based on Sibeko 2016, p.6)

Blue	Component details
White	Instruction and information for conduct of a component
Orange	Active instruction that must be followed by the trainer/facilitator within a component
Green	Required speech for a component. The trainer/facilitator must ensure that all content coded green is conveyed accurately to trainees
Yellow	Additional/optional information that may or may not be provided in a component. The instruction panes provide a guide where this applies

The color coding is added to the curriculum to ensure the conveyance of the knowledge that is crucial for the overall understanding of the course material. This way, it is also secured that different trainers teach the same content at different times so the quality of the curriculum stays the same. The right column “PowerPoint display” shows the exact PowerPoint slides which match the speech guidance, so the facilitator of the program can easily see when to change slides.

In the following, an example of the structure of the introduction of session 1 of the workshop is given, adapted from Sibeko’s training manual (Table 2).

Table 2

Curriculum example session 1

Introductions to trainer	Speech Guidance	PowerPoint display
Introduce session	"Good morning. We'd like to welcome you to the first session of our train the trainer workshop." "The whole course is split in three blocks of a duration of three hours." "In the first block we will introduce the MEGA project and we'll get to know each other better and talk about the concept of mental health." "In the second block we will talk in detail more about the mental health disorders." "In the last segment, you will learn how to use the application." "We would ask you to listen to everybody carefully and respect each other."	*Insert screenshot of PowerPoint display*

After the session has been introduced, all following activities are noted in separate tables. Table 3 shows an example of an icebreaker activity.

Table 3

Icebreaker activity

Introductions to trainer	Speech Guidance	PowerPoint display
Participants may do this either standing or seated as they individually wish. Allow some engagement and sharing around members' contributions, while ensuring the comfort of the "speaker".		*Insert screenshot of PowerPoint display*
Introduce and explain ice breaker	"This ice breaker is to help us all *(trainees and trainer)* get comfortable with each other to make it easy to talk to each other and learn from each other."	*Insert screenshot of PowerPoint display*
	1. Have the group stand up and spread in the room. 2. Ask questions and have the participants place their selves in different corners of the room depending on their answer.	*Insert screenshot of PowerPoint display*
	"I am now going to ask you a question and you answer by placing yourself in different parts of the room. The first question is "How old are you?". The youngest will stand on the left, the oldest on the right." 1) Where did you grow up? Country side or urban? 2) What is your working experience/specification? 3) How many years have you been working (1-10 years)?	*Insert screenshot of PowerPoint display*
Close icebreaker session	"Thank you everyone for sharing. You can now sit down again. I hope this has helped us all to get to feel comfortable."	*Insert screenshot of PowerPoint display*

8 Conclusion

As part of the conclusion of this work, a suggestion for the overview of the three-day pilot study in South Africa is given (see Table 4 – 9). The layout is adapted from the mhGAP ToTS Training manual (WHO, 2017). If the pilot study was to be conducted over the course of only one day, the outlines for the three days should be combined and additional breaks be added.

Table 4

Curriculum outline day 1 session 1

<table>
<tr><td colspan="2">

Day 1

Learning objectives

- Understand the MEGA project, its aim and its background
- Understand the importance of mental health care
- Understand the working of the MEGA application
- Provide participants with group discussion facilitation skills
- Refresh and gain knowledge on depression

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Session 1

Welcome, introduction to MEGA project; pre-evaluation; icebreaker; ground rules

Duration:
1 hour and 20 minutes

Slide numbers:
XX – XX

</td><td>

PURPOSE: Welcome participants to the training and create a warm atmosphere; introduce them to the MEGA project, conduct pre-evaluation

OVERVIEW:

- Read through the MEGA checklist to ensure optimal preparation (e.g. are there enough chairs? Does the projector work?)
- Start by introducing yourself, the MEGA project and the purpose of the workshops briefly. Make sure to emphasize the importance of the participants in the project (10 min)

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Session 1 (continued)	• **Activity 1**: Implement an icebreaker activity where the students have to stand up and answer questions by placing their selves in different corners of the room. Additionally, the participants can be asked to share their expectations (10 min) • Hand out the pre-evaluation forms and make sure to explain the purpose of the questionnaire. Be prepared to answer questions and give the participant a sufficient amount of time. Make sure to thoroughly collect all forms (20 min) • **Activity 2:** Ask the participants to think of ground rules that can help the success of the workshop. If there are no suggestions, reveal the prepared ground rules (e.g. no phones, be on time, safe space) (10 min) • Introduce the topic of depression in form of a PowerPoint presentation and combine it with a discussion on African culture and the existence of two different health care systems (20 min) • Show the video “South Africa: Boni Perserveres Through Depression / SOS Children’s Villages” from minute 00:00 to 01:25. Give room for reflection (5 min) • End the session by introducing a 15 min tea break

After session 1 is completed, the participants are invited to have some tea and snacks. The participants are also allowed to leave the room and take a walk outside. As soon as all participants have returned to the seminar room, session 2 is introduced.

Table 5

Curriculum outline day 1, session 2

Session 2 **Introduction to the MEGA m-health application, group facilitation activity** Duration: 30 minutes Slide numbers: XX – XX	**PURPOSE**: Familiarization with the MEGA m-health application, preparation for group facilitation **OVERVIEW:** • Welcome the participants back after the break and ask if there are any questions • **Activity 3:** Introduce the activity for group discussion facilitation. Hand out cards with description of characters (e.g. a participant that talks too much) and show the participant group how to handle a discussion. Then hand over the role of the discussion leader to a participant and give feedback (20 min) • Introduce the MEGA application and give the participants time to download the application. Go through the application step by step and explain the assessment process (10 min) • Give an outlook for the next sessions and advice the familiarization with the app at home

After both sessions of day 1 are completed, the seminar room has to cleaned and scanned for left items.

Table 6

Curriculum outline day 2, session 1

Day 2

Learning objectives

- Further familiarization with the MEGA m-health application
- Introduction to mental health concepts
- Learn about stigmatization

Session 1

Stigma reduction activities; mental health concepts

Duration:
50 minutes

Slide numbers:
XX – XX

PURPOSE: Ensure participants have a deeper understanding of stigmatization and grasp the concept of empathy. Use interactive activities to create a playful atmosphere.

OVERVIEW:

- Start the session by summarizing the activities from day 1. Ask if there are any questions and summarize the symptoms of depression (10 min)
- Give an outlook of the activities of day 2 (10 min)
- **Activity 4:** Introduce the handout “A helpful person” by asking the participants what their perception of a helpful person is. Give out the printed version. In the reflection, introduce the concept of “unconditional positive regard” (15 min)
- **Activity 5:** Hand out cards with statements that involve stigma about mental health disorders. Have them read their sentence and reflect upon it. In the end, introduce the pyramid of the inter-relationship of mental health. Explain how small the gap between mental health disorder and mental health problems or

Session 1 (continued)	distress are. Discuss the risk of false positives 15 min) • Resume session 1 and introduce a 10-min tea break

After session 1 is completed, the participants are invited to have some tea and snacks. The participants are also allowed to leave the room and take a walk outside. As soon as all participants have returned to the seminar room, session 2 is introduced.

Table 7

Curriculum outline day 2, session 2

Session 2 **Case study, role plays** Duration: 1 hour Slide numbers: XX – XX	**PURPOSE**: Encourage participants to actively engage in role plays to strengthen their confidence in using the application **OVERVIEW:** • Welcome participants back after the break and explain that the last half of day 2 is dedicated to role plays to practice using the app. See if there are any questions (10 min) • **Activity 6:** Have the group split up in teams of three. Hand out cards with descriptions of the roles the participants will take on. One person plays a person suffering from depression and another one a mental health expert. The third person is solely observing the conversation. The first role play will be conducted without the use of the app. Play example video or act out the role play with co-workshop leaders in order to give the participants a clear vision on what to do. After the activity is finished, give time for reflection and questions (15 min)

Session 2 (continued)	• **Activity 7:** Repeat the role play from before but add the MEGA application to assess the depression. Again, play an example video or act out an example role play to give clear guidance (15 min). As the participants are conducting the role play, walk around and try to talk to the participants individually. Answer any upcoming problems or questions. • Give time for reflection and talk about problems that arise when using the app. List advantages of the app use. Give more time for further discussion if needed (15 min) • Close day 2 by summarizing the preceding content and activities. Give an outlook to the last day and encourage participants to practice using the application (5 min)

After both sessions of day 2 are completed, the seminar room has to cleaned and scanned for left items.

Table 8

Curriculum outline day 3, session 1

<table>
<tr><td colspan="2">

Day 3

Learning objectives

- Further practice of MEGA m-health application
- Have a clear understanding of rightful use of the application
- Give constructive feedback on the course, application and MEGA project

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Session 1
Role plays

Duration:
50 minutes

Slide numbers:
XX – XX

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PURPOSE: Welcome the participants back to the last session; resume the content of the last days; strengthen the confidence in using the MEGA m-health application

OVERVIEW:

- Welcome participants back to the last day and thank them for their active participation and input. Resume the last session and ask if there are any questions (10 min)
- **Activity 8:** Repeat activity 8 to further practice the handling of the application This time, instruct the health-care provider to do an imperfect job. Have the observer reflect on the role of the health-care provider and make them give recommendations (30 min)
- End role plays by resuming the most important fact on the rightful use of the app (10 min)
- Conclude session 1 by introducing a tea break of 20 minutes.

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</table>

After session 1 is completed, the participants are invited to have some tea and snacks. The participants are also allowed to leave the room and take a walk outside. As soon as all participants have returned to the seminar room, session 2 is introduced.

Table 9

Curriculum outline day 3, session 2

Session 2 **Post-evaluation focus group** Duration: 50 minutes Slide numbers: XX – XX	**PURPOSE**: Introduce the post-evaluation form and explain the aim of an open discussion focus group **OVERVIEW:** • Hand out post-evaluation forms and explain their purpose thoroughly, give enough time and be ready to answer questions or translate words. • Introduce and explain the focus group and open a discussion on the curriculum, the content and the activities. Video- or audio record the focus group • For this session, there is no time guideline. If the evaluation process is over before the expiration of two hours, end the session early • Make sure to collect all evaluation forms and store them cautiously • Give the participants an contact information that they can use if there are any questions or comments after the workshops

After both sessions of day 3 are completed, the seminar room has to cleaned and scanned for left items.

To conclude this thesis, the amount of time available for the conduction of the pilot study and ultimately the train the trainer course in South Africa and Zambia, is insufficient to combine in-depth train the trainer teaching methods, an introduction to history of mental health and mental health literacy, definitions of depression, anxiety, alcohol use and trauma/PTSD, role plays and interactive activities, the introduction and practice of the MEGA m-health application and the evaluation thereof. Other train the trainer courses with a similar aim as the MEGA course consist of up to 8 days with the duration of three hours. In order to create an effective curriculum in spite of the lack of lime, it is essential to decide where to put focus on collectively. As already decided prior to the conduction of the pilot study, disorders like anxiety, alcohol use and trauma/PTSD cannot be covered.

Nevertheless, there are various elements that should be included into the curriculum as a basis. These elements are background information of the MEGA project, curriculum and activity objectives and an overview of the session stating length and structure of breaks. It is also essential to add a section with teacher background and preparation. Moreover, an icebreaker or introductory game should be included as well as role plays in the main part of the workshops and an appropriate number of breaks if the sessions are elongated. The presented suggestion for the outline of the curriculum can hereby function as a model.

Regarding the evaluated pilot study is has to be stated that though the evaluation of the curriculum is helpful, it does not guarantee a successful implementation in South Africa and Zambia. The cultural differences have to be kept in mind and the curriculum has to be modified accordingly when encountering problems during the train the trainers workshop in South Africa. Additionally, the existence and non-integration of two different health care systems in South Africa should be discussed with local MEGA team members.

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Appendix

A. Observation sheet workshop day 1……54
B. Observation sheet workshop day 2……56
C. Observation sheet workshop day 3……..……..58

A. Observation sheet Workshop day 1

Date, Place	29th of April, 2019, HAW Hamburg, Faculty of Social Work
Topic of the workshop	MEGA project, key facts on adolescent mental health problems, introduction to depression and anxiety
Structure of the workshop	- Overview of the content of following content - Introduction of the MEGA project and its partners - Introduction of project team members - Background (burden of disease), showing the importance of interventions in the field of mental health - Relevance of the MEGA project - Goal of the MEGA project - Pre-evaluation (mental health literacy) - Preliminary results of the MEGA survey - Stigma and prejudice (with use of an interactive activity) - Mental health and culture - Relevance of the MEGA project - Communication skills (what is a helpful person?) - Definition of mental health - Mental Health and well-being - Risks to mental health and well-being - Key facts about Adolescent Mental Health - Key facts on Youth Mental Health - Burden of Disease in SA and Zambia - Social determinants of mental health - Adolescent Mental Health in SA and Zambia - Case History (Depression)

	- What is depression? - Symptoms of depression - Most important risk factors of depression - Help for people with depression - Help from relevant others - Self help - Outlook to the next session
Conducting person	Astrid Jörns-Presentati, MEGA project content expert
Present participants	13 students (12 females, 1 male) of nursing science, 6th semester with no practical mental health experience
Language	Starting off with English, switching to German
Conducted activities	- Powerpoint presentation - Stigma activity: Colored cards were handed out, each stating a stigma about mental health (e.g. “get yourself together!”). participants were asked to share their sentence and state how this statement could be received by a person with mental health problems seeking help
Interactivity during the workshop	- Less to no interactivity in the beginning of the workshop (PowerPoint presentation) - High interactivity when the cards with stigmas were presented
Used materials	Printed version of the PowerPoint presentation, colored cards for stigma activity, printed documents of tables which were difficult to see in printed overview
Behavior of participants towards workshop leader	Rather reserved expect three very active participants, new situations, confusion about the project and the importance of the workshops visible

Behavior of participants towards each other	Group of participants is very familiar with each other, many participants talk with each other during the workshops or use their phones/laptops to do other things, especially during the presentation
Atmosphere	Calm, very quiet

B. Observation Sheet workshop day 2

Date, Place	6th of May, 2019, HAW Hamburg, Faculty of Social Work
Topic of the workshop	Diagnosis of depression, communication skills
Structure of the workshop	- Catch up on the last session - Communication with people with mental health issues - Video “Black Dog” - Basic emotional support (importance of empathy) - Communicating effectively (with case study and role play) - Break (15 min) - Role play depression - Feedback role play - Depression chart - Questions to app use in practice - Outlook next session and home work (download mhGAP app and test for feasibility) - Feedback
Conducting person	Astrid Jörns-Presentati (project content expert) and Dr Gunter Groen (lead researcher/project manager)
Present participants	12 students (11 females, 1 male) of nursing science, 6th semester with no practical mental health experience

Language	German
Conducted activities	- Two role plays - Active listening activity - Feedback rounds - Black dog video - Evaluation of the session
Interactivity during the workshop	- High interactivity due to the use of very few slides - Role plays and other interactive activities - The topic of the workshop was better understood → higher interactivity
Used materials	- Printed sheets (communicating effectively, role play, depression charts, basic emotional support) - PowerPoint presentation
Behavior of participants towards workshop leader	- Very open and engaged
Behavior of participants towards each other	Group of participants is very familiar with each other, strong focus on each other during role plays, very concentrated
Atmosphere	Lively

C. Observation sheet workshop day 3

Date, Place	20th of May, 2019, HAW Hamburg, Faculty of Social Work
Topic of the workshop	Diagnosis of depression, communication skills
Structure of the workshop	- mhGAP app use - MEGA suggested app questions - Feedback and evaluation (focus group)
Conducting person	Astrid Jörns-Presentati (project content expert)
Present participants	12 students (11 females, 1 male) of nursing science, 6th semester with no practical mental health experience
Language	German
Conducted activities	- Practice of the use of mhGAP app - Discussion about MEGA suggested app questions - Evaluation (Mental Health Literacy, Learning outcome)
Interactivity during the workshop	- Rather low except for the evaluation
Used materials	- Evaluation sheets
Behavior of participants towards workshop leader	- Initially reserved and quiet (exam period), open and engaged during the evaluation
Behaviour of participants towards each other	Group of participants is very familiar with each other
Atmosphere	Quiet, students are in their exam period

Eidesstattliche Erklärung

Ich versichere, dass ich vorliegende Arbeit ohne fremde Hilfe selbständig verfasst und nur die angegebenen Hilfsmittel benutzt habe. Wörtlich oder dem Sinn nach aus anderen Werken entnommene Stellen sind unter Angabe der Quelle kenntlich gemacht.

Hamburg, der 26.07.2019

Marieke Jensen