

Abstract

Evaluation of the Community Resilience Model (CRM) for Supporting Integrated Behavioral Health and Healthcare Worker Mental Wellbeing in Sierra Leone

Background: This study reports on a recent pilot project utilizing a task-shifting strategy to scale up behavioral health services in a low-resource hospital in Sierra Leone, West Africa. Primary healthcare services in Sierra Leone is limited and restricted to a network of peripheral health units of varying catchment sizes and capacities, however, many communities do not have these basic health services. CRM is a low dose guided self-help intervention aimed at teaching lay health workers to provide individuals, groups and communities a set of skills geared toward increasing resiliency, regulating the nervous system and reducing distress, all of which are significant components of good mental health. Previous use of the CRM model has focused on first responders working in the aftermath of disaster and traumatic situations, however recent adaptations of this model have been used to train lay health workers to support individuals navigating high stress and living in low resource contexts. This study discusses the impact on the hospital workers' understanding, perceived ability and confidence in addressing trauma, resilience and distress as well as the effectiveness of the CRM model on reducing depression, anxiety, and PTSD-related symptoms among hospital workers in a low-resource hospital setting in Sierra Leone during the COVID-19 pandemic.

Methods: Twelve Community Resilience Model Non-Specialist Behavioral Health Workers provided a 3-day readiness intervention that incorporated the Community Resiliency Model and its use in health care settings to 41 hospital workers. The goal of this project was to evaluate whether non-specialized behavioral health workers can effectively train clinic/hospital workers to understand and work with the emotional, physical and behavioral reactions to trauma and to what degree this training also supported the mental health of these hospital workers. For study 1, the outcome evaluation was conducted pre, immediate post and 6-month post to determine changes in understanding of trauma, perceived ability to manage traumatic stress and confidence in being able to manage traumatic stress. In study 2, we used validated scales to track levels of depression, anxiety, and PTSD to examine the impact of the CRM training on mental health over time among health workers. A series of Repeated Measures ANOVA analyses were conducted to compare the effect of (IV) a 3-day Community Resilience Model (CRM) training on understanding of responses to trauma, perceived ability to manage trauma related symptoms and confidence in providing CRM services to patients at baseline (pre-training), immediately after the 3-day training (post-training), and at 6-months follow-up. Repeated measures ANOVA analysis was also used to examine changes in mental health outcomes pre, immediate post and 6-months after the initial training.

Results: Across all measurements hospital workers had statistically significant improvements in their understanding of trauma, ways to manage stress and anxiety, and confidence in providing trauma services. Additionally, there was a significant reduction of depression, anxiety and PTSD symptoms that still remained significantly lower than baseline even during the COVID-19 pandemic.

Discussion: Delivery of CRM resulted in significant long-term changes in hospital workers' perceptions of feeling able to address stress and trauma in patients. These findings suggest that the Community Resilience Model might be an effective task-sharing strategy for integrating basic mental health services within healthcare settings in low resource contexts. Delivery of CRM also resulted in significant long-term changes in depression, anxiety, and PTSD, making it an effective intervention for persons living during stress and trauma of a global pandemic. Further, since CRM is also a low dose intervention, it has the potential for scalability and capacity building potential in low resource context.

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