



**2019
edition**

Operational Manager's MhiNT Toolbox

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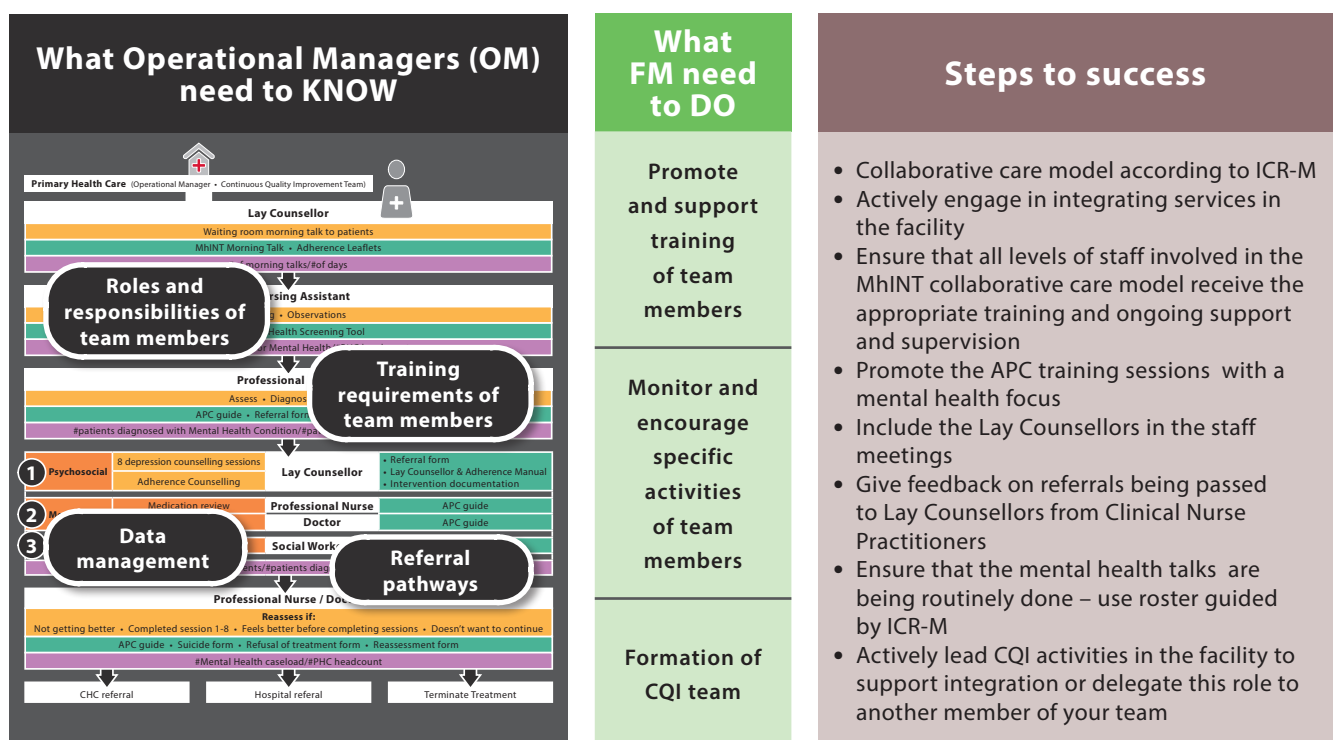
Welcome to your Operational Manager's MhINT Toolbox

Let's all agree that there is no health without mental health!

The 1-day MhINT workshop is designed to help you gain clarity on how this intervention can support you achieve your targets and performance indicators, not only in Mental Health but in ALL clinical programmes.

MhINT and Me

The drawing below summarises what you need to KNOW, what you need to DO and also provides some steps for you to take towards successful outcomes in your facility.



As an Operational Manager, your primary role is one of leadership and coordination. Your leadership skills, your knowledge of the clinical programmes as well as the people who manage them, ensures that the patients you serve get the best care possible.

Please note: *This toolbox is designed to accommodate Facility Managers as well as management teams to educate and prepare members of staff who will be responsible for implementing and monitoring MhINT in a health district. Activities of the 1-day programme can be used and adapted to the specific needs and requirements of the group at hand.*

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How to use the Operational Manager's MhINT Toolbox to successfully enhance your facility's ICR-M dashboard

In your Toolbox you will find a 1-day training programme that you can use to prepare, plan and implement MhINT in your facility. Your experience of being trained during the 1-day workshop will empower you to use the activities in your facility.

The next section explains the contents of the Toolbox. Several of the documents are already in use, for example the APC (PC101) guideline and the Ideal Clinic Manual and implementation processes. MhINT builds on what is already in place with the intention of strengthening all health programmes.

Toolbox documents

- **How to prepare for a 1-day Operational Manager's MhINT Workshop**
- **A 1-day programme for Operational Managers** to be trained in so that they can use and implement in the facilities as needed. The 1-day programme, or parts of the programme can be used by any personnel appointed by a senior management official or by the Facility Manager to inform, educate and empower as many staff members as possible about their role and responsibility in the MhINT programme.
- **The MhINT Implementation Board Game** is a fun and engaging way to introduce the MhINT programme to those who will be implementing MhINT. It is also useful for the District Support Partners (DSP) or those who want to know more about the programme as a whole to gain insight into the programme.
- The following documents to be used to play the Board Game:
 - The Board Game and Dice
 - Instructions on "How to play the Board Game"
 - Model answers to the questions

The documents that follow will be resources to use as you play the board game as well as when you work through the case scenarios and plan for implementation in a facility.

- **MhINT Process Map**
- **Case studies** including Training, Referral pathways and CQI
- **MhINT manuals** - MhINT Operations Manual, Lay Counsellor, Registered Psychological Counsellor and Psychologist manual
- Copy of all the forms used by the Lay Counsellors associated with MhINT

Documentation and programmes already in circulation in the health system:

- APC guideline
- DoH referral documents
- Ideal Clinic Manual (v16 - 23Jun16 (2) (002)
- Tick Register
- Web-/DHIS Summary Form
- Patient Clinical Registers

About the 1-day Operational Manager's MhINT Workshop

Who can facilitate the Operational Manager's workshop?

- Ideally the 1-day Facility Managers Workshop should be co-facilitated by the a combination of 2 of the following:
 - MhINT Programme Manager or Coordinator
 - MhINT CQI Mentor, PHC Supervisor or District Mental Health Coordinator
- In the health system, the appropriate facilitators would be the District Mental Health coordinator and the PHC supervisor. At least one of the facilitators must be familiar with ICR-M to ensure that the programme is integrated in to the health system and aligned with DoH policies.

Once a Facility Manager (or equivalent) is trained, they will be equipped to adapt the programme for their own district/sub-district. The list of "Who to invite" provides a group of managers who could be involved in assisting with training and mentoring the programme.

Who to invite to the Operational Manager's workshop?

The various levels of management need to be informed about MhINT so that they can help you to successfully drive the programme in a coherent and integrative manner.

The following members of the team need to be invited to the training:

Facility-based staff:

- Operational manager
- APC trainer (CNP)
- Lay Counsellor
- Data capturer/Clinic Support Officer (CSO)

Sub-district staff:

- Sub-District Mental Health Coordinator
- Sub-District PHC Supervisors
- Registered Psychological Counsellor
- Facility Information officer (FIO)

District office staff:

- District Clinical Programmes Manager
- District RTC Coordinator
- District Mental Health Coordinator
- District PHC coordinator
- PHC Member of the District Specialist team
- District HAST coordinator
- CQI coordinator (optional)
- Quality Assurance Manager
- District Psychologist (optional)
- District information officer and/or The Deputy District Director (Monitoring and Evaluation)

MhINT Operational Managers' training programme

Abbreviated programme

Time	Minutes	What	Who
08:00-08:30	30min	Registration	Whole team
08:30-08:45	15min	Welcome	District Director/Facilitators
08:45-09:30	45min	Waiting room talk	Lay Counsellor and/or Registered Psychological Counsellor
09:30-10:30	60min	Board game	Facilitators
10:30-10:45	15min	TEA	
10:45-12:45	120min	Case studies	Facilitators
12:45-13:15	30min	LUNCH	
13:15-13:45	30min	Case studies continued	Facilitators
13:45-15:15	90min	Action plans	Facilitators
15:15-15:30	15min	Closure	Facilitators

Facilitators note:

- Check the list of materials to ensure that there is sufficient for the number attending.
- Check the venue and set up well in advance so that participants will be welcomed on arrival.
- Programme facilitator to organise tea and lunch with Regional Training Centres. If they are unable to provide, please inform participants well in advance to bring their own refreshments including lunch.

Time	What	Possible outcome	Instruction	Equipment/tools
08:00-08:30 (30min)	Registration (and coffee on arrival)	<ul style="list-style-type: none"> Create an atmosphere of welcome to promote a safe learning environment Aim to have representation from each layer 	<ul style="list-style-type: none"> Set up should ideally be in café style to accommodate small groups Staff members from each facility represented to sit together at separate tables District Office staff to sit together Attendance register Complete pre-training evaluation on arrival 	<ul style="list-style-type: none"> Name tags Pens Attendance register Pre-training evaluation
08:30-08:45 (15min)	Welcome and introductions	<ul style="list-style-type: none"> Follow appropriate protocol Set ground rules Set the intention for the day Introduction to the team at the table 	<ul style="list-style-type: none"> The District Director/District Office representative welcomes the facilitators and participants and opens the training MhINT facilitator to respond and welcome everyone to the training Facilitators to share their intention for the workshop Set ground rules as a group e.g. no phones, all to participate, no observers) Invite the facility staff to give themselves a fun name e.g. Champions or The Winners 	
08:45-09:45 (45min)	Morning talk (10min)	<ul style="list-style-type: none"> Start with the WHY to gain insight and to motivate people to take to the heart of the programme. Expose/introduce the group to the heart of the matter from the get-go. 	<ul style="list-style-type: none"> The Waiting Room Talk is done by a confident, easy to understand Lay Counsellor (or equivalent). The Waiting Room Talk is done as it would normally be done in the waiting room. Invite the participants to think of themselves as patients sitting in the waiting room. The “patients” must be given the opportunity to de-role so that they can enter into the discussion. 	<ul style="list-style-type: none"> LC manual Discussion points per table
	Discussion (20min)	<ul style="list-style-type: none"> Help the teams to unpack the potential impact of what happens when something like the morning talk is introduced into a facility. Create an awareness of what MhINT offers. Provide an opportunity for facility and district staff to see how MhINT can enhance their ICR-M. 	<ul style="list-style-type: none"> Small group discussion. Participants in their groups must choose a scribe for their group and answer the questions that are either typed out and given as a handout per table or show on a PowerPoint slide or written on the board: <ul style="list-style-type: none"> What do you think will happen in your facility if this talk on Depression is done regularly in your facility? Whose roles will be affected? What do you think you need to do to accommodate the impact? What systems are already in place for you to monitor the mental health programme? Once everyone has thought through the answers, invite them to think of the top 3 points they want to share with the rest of the group about their discussion. Facilitators to hang the feedback on the walls. 	<ul style="list-style-type: none"> Flip chart paper Pens/markers Discussion points per table or PowerPoint slide with questions
	Summary (15min)	Participants have a sense of what the programme is about in preparation for the next step of learning about components of the MhINT as a whole	<ul style="list-style-type: none"> Invite the speaker from each group to share their 3 points. Ask the participants to be short and to the point. Inform the groups to build on what others have said and not repeat. <p>Facilitators note: <i>If time is limited – provide a brief summary of what you have seen and heard as you circulate when the groups are in discussion, rather than ask groups to provide feedback.</i></p>	

Time	What	Possible outcome	Instruction	Equipment/tools
09:30-10:30 (60 min)	<p>Board game</p> <p>Time management:</p> <ul style="list-style-type: none"> • 5-10 minutes to settle into groups and provide instructions • 40 minutes to play the game • 10 minutes to wrap up 	<p>Team members will be familiar with the components of MhINT.</p> <p><i>(Remember this is a taste of what the programme entails so that when they work through cases and work on their implementation plans they are familiar with the concepts and documents available to them).</i></p>	<p>Facilitators note:</p> <ul style="list-style-type: none"> • It is not essential that all the groups will complete all the questions on the board. • 40 minutes is enough time to engage with the concepts and materials to ensure an overview of MhINT. • Once the game has been in progress for 30 minutes bring the groups to closure and have a general discussion that includes the following: <ul style="list-style-type: none"> • Ask the participants about their greatest learning • Be sure not to repeat what participants say but be sure that the following is mentioned: <ul style="list-style-type: none"> • MhINT provides support for all programmes • ICR-M will be enhanced by MhINT • Clear roles and responsibilities of all involved • Clear referral pathways • Clear understanding of CQI • Clear understanding that everyone has a role to play and everyone needs training • No health without mental health! 	<ul style="list-style-type: none"> • Board game and instructions • Dice • Documents for participants to look up answers
10:30-10:45 (15min)	TEA			
10:45-12:45 (120min)	Case studies	3 case studies that assist participants to understand training, referrals and CQI pertaining to the Health System and how MhINT is an essential programme to achieve glowing ICR-M dashboards.	<ul style="list-style-type: none"> • Invite the participants to systematically work through the 3 case studies that will allow them to fully understand 3 essential pillars of MhINT. • Allow ±40 minutes for each case. • Facilitators to keep time and inform participants of time. • Facilitators to circulate to check in on discussions and support the facilities to fully explore the case studies. • Encourage the staff to use the documents/manuals provided. 	<ul style="list-style-type: none"> • Case studies • Documents/manuals listed in the Facility Manager's Toolbox • Flip chart paper • Pens/markers
12:45-13:15 (30min)	LUNCH			
13:15-13:45 (30min)	Case study discussion continued	<ul style="list-style-type: none"> • Participants are familiar with their resources. • Participants have a clear understanding of the essence of mental health integration into every day practice and routines in a facility to enable them to devise a concrete plan during the next session. 	<ul style="list-style-type: none"> • Provide succinct answers to the queries that have been collected and collated during the activity. • Provide references to the specific materials when giving feedback. 	

Time	What	Possible outcome	Instruction	Equipment/tools
13:45- 15:15 (90min)	Action plans (90 minutes to plan and present key ideas)	Everyone who attends the workshop knows what to do on Monday!	<p>Change groups as follows:</p> <ul style="list-style-type: none"> • Facility staff to sit together with their Facility Manager so that they can work together as a team to work on their action plans. • Sub-district and district representatives and Service providers to work together. <p>Depending on who is present, this group can be further divided as needed. Do what is practical in the situation.</p> <p>Every facility represented to think about and answer the following:</p> <ul style="list-style-type: none"> • How are you going to orientate your facility to MhINT? • Use the headings: <ul style="list-style-type: none"> ○ PLAN ○ PREPARE ○ PROVIDE 	
	Feedback	<p>The Facility Manager and staff know what they are supported and will get assistance from their next level of management to implement their plans.</p> <ul style="list-style-type: none"> • CQI is clear and everyone know their role and responsibility. • Teams will feel motivated to improve their ICR-M dashboard. 	<p>Facility Manager's to present</p> <ul style="list-style-type: none"> • an overview of their plans • what help they need • who they need help from to achieve their goals <p>Facilitators note: <i>There is not enough time for detail). What is important is that the teams have a plan and that there is someone who will hold them accountable to it in some strong and gentle way.</i></p>	
15:15- 15:30 (15 min)	Closure	<ul style="list-style-type: none"> • Complete post-training evaluation form • Facility staff feel recognised and have an opportunity to be celebrated! 	<ul style="list-style-type: none"> • Complete post-training evaluation • Invite each team to think of the 1 thing that makes them unique and that they want to be known for in terms of their successful integration of MhINT in their facility. • Teams must provide one group body movement to express this / or write one short sentence that they will read out loud. • Close with a prayer or song 	

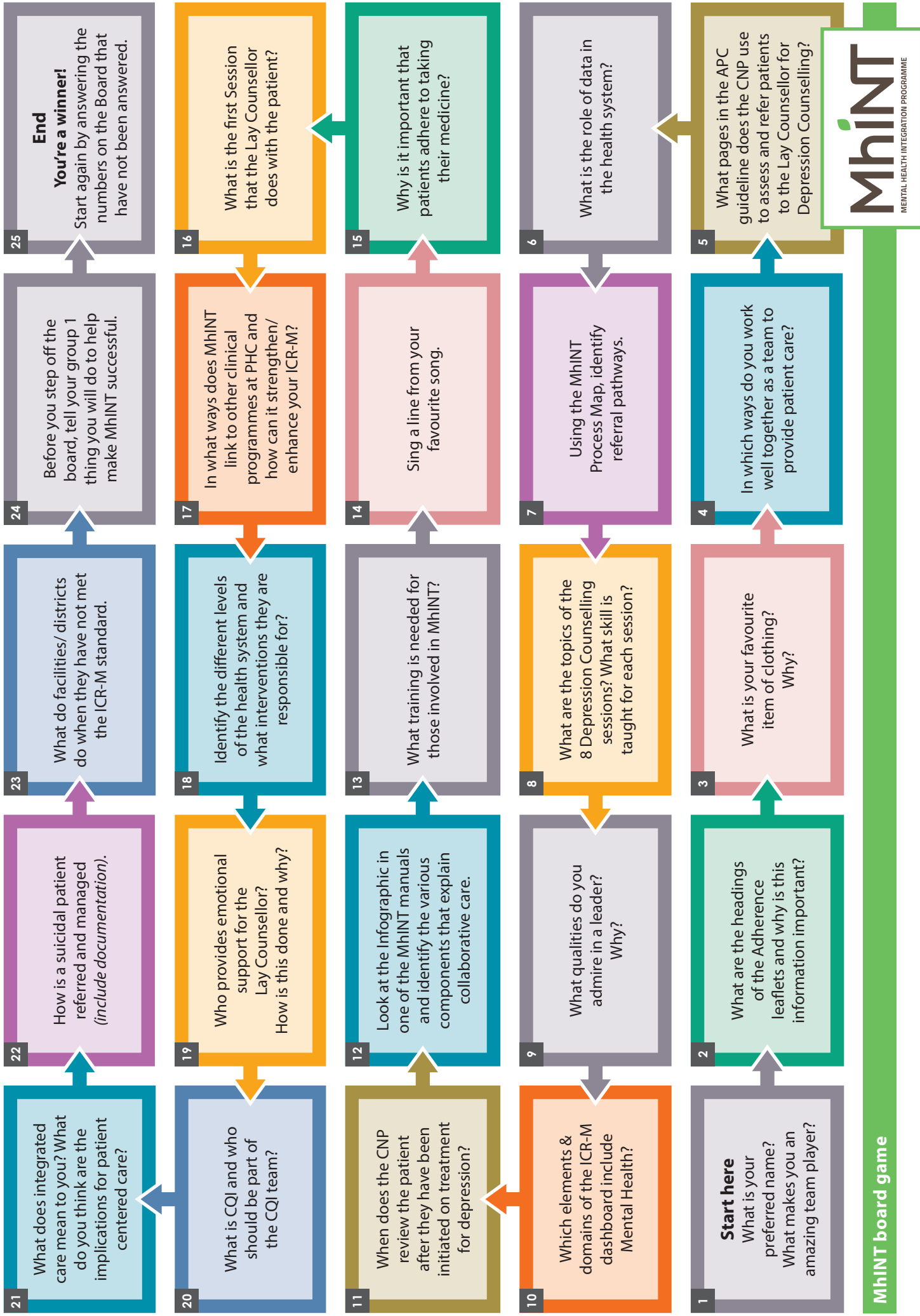
Board Game

How to play the MhINT board game

1. Divide the participants into small groups with a minimum of 4 participants per group
2. Everyone must participate
3. Each participant must find their own symbol e.g. a piece of jewellery, a coin etc
4. Place these symbols on the START block and answer the question in that block
5. Each participant should throw the dice - the highest number starts the game
6. Follow the directions of the numbers on the board
7. Please use the documents in the MhINT pack to answer the questions
8. Participant must answer what is asked on the block on which s/he lands. When participants land on the same block, information can be added or answer the question as the block suggests. For example, no X asks about referral pathways – each person who lands on this block will describe one of the pathways so that at the end of the game all the pathways have been described
9. To confirm the answer, another participant can read the answers provided
10. All players to answer the START and END block
11. Have fun! 😊

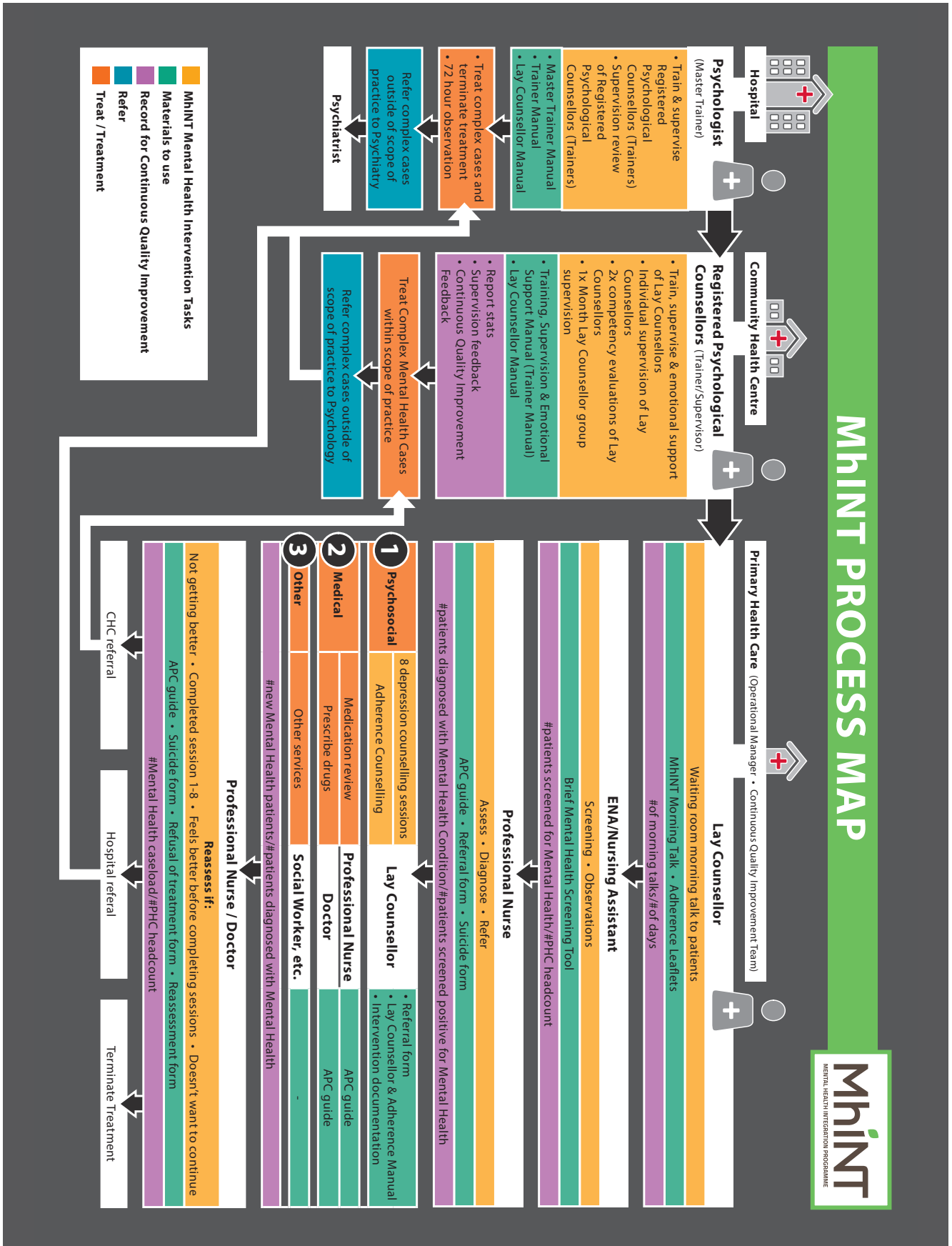
No	Question	Answer/source
1	Start here What is your preferred name? What makes you an amazing team player?	-
2	What are the headings of the Adherence leaflets and why is this information important?	Depression and Adherence Counselling Manual for Lay Counsellors: Section 5
3	What is your favourite item of clothing? Why?	-
4	In which ways do you work well together as a team to provide patient care?	-
5	What pages in the APC guideline does the CNP use to assess and refer patients to the Lay Counsellor for Depression Counselling?	APC guideline pages: • Stressed client/miserable client • Depression and/or anxiety: diagnosis and routine care
6	What is the role of data in the health system?	• Refer to Section 6 in RPC manual • Refer to Ideal Clinic Manual: Commitment for ideal clinical manual elements 156 -161 and District Health Management Information System Policy
7	Using the MhINT Process Map, identify referral pathways.	Refer to MhINT Process Map in any of the 3 training manuals. The answer is self-explanatory when the referral pathways are followed
8	What are the topics of the 8 Depression Counselling sessions? What skill is taught for each session?	Depression and Adherence Counselling Manual for Lay Counsellors: Section 3, Activating the Depression and Adherence sessions diagram
9	What qualities do you admire in a leader? Why?	-
10	Which elements & domains of the ICR-M dashboard include Mental Health?	Refer to the Ideal Clinic Manual, Annexure 2

11	When does the CNP review the patient after they have been initiated on treatment for depression?	Depression and Adherence Counselling Manual for Lay Counsellors: Section 3, Activating the Depression and Adherence sessions diagram
12	Look at the Infographic in one of the MhINT manuals and identify the various components that explain collaborative care.	<ul style="list-style-type: none"> • Depression and Adherence Counselling Manual for Lay Counsellors, or • Depression and Adherence Counselling Trainer's Manual for Registered Psychological Counsellors, or • Depression and Adherence Counselling Master Trainer's Manual for Psychologists
13	What training is needed for those involved in MhINT?	<ul style="list-style-type: none"> • See under "Roles and responsibilities" in one of the manuals listed in no 12 • Refer to MhINT Process Map • Refer to cascade model diagram in Registered Psychological Counsellors and Psychologists Manuals
14	Sing a line from your favourite song.	-
15	Why is it important that patients adhere to taking their medicine?	Refer to MhINT and Me, Section 1 in any of the 3 training manuals
16	What is the first Session that the Lay Counsellor does with the patient?	Depression and Adherence Counselling Manual for Lay Counsellors
17	In what ways does MhINT link to other clinical programmes at PHC and how can it strengthen/enhance your ICR-M?	<ul style="list-style-type: none"> • MhINT will assist clinics in providing access to a full range of health professionals to deliver a comprehensive health service either at the facility or through appropriate referral • Refer to Ideal Clinic Manual, Component 4: Human resources for health and Commitment for Ideal Clinic elements 102-112
18	Identify the different levels of the health system and what interventions they are responsible for?	Depression and Adherence Counselling Toolkit for Facility Managers
19	Who provides emotional support for the Lay Counsellor? How is this done and why?	Depression and Adherence Counselling Manual for Lay Counsellors and for Registered Psychological Counsellors
20	What is CQI and who should be part of the CQI team?	<ul style="list-style-type: none"> • Depression and Adherence Counselling Trainer's Manual for Registered Psychological Counsellors, Section 6 • We are writing for the ideal situation where the CQI manual is available. If we have to test this toolkit before the CQI Manual is developed we will have to provide orientation on the formation of a CQI Team during the workshop
21	What does integrated care mean to you? What do you think are the implications for patient centered care?	-
22	How is a suicidal patient referred and managed (include documentation).	Depression and Adherence Counselling Manual for Lay Counsellors (Red flags)
23	What do facilities/ districts do when they have not met the ICR-M standard.	<ul style="list-style-type: none"> • The PHC Supervisor and the district perfect team for Ideal Clinic realisation develops a quality improvement plan to be implemented and reviewed on a quarterly basis • Refer to Ideal Clinic Manual: 28 District Health Support, pg. 84
24	Before you step off the board, tell your group 1 thing you will do to help make MhINT successful.	-
25	End Start again by answering the numbers on the Board that have not been answered.	-







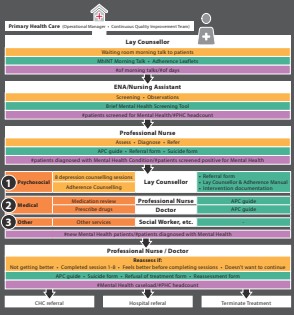
MhINT process map

The MhINT Process Map illustrates the various levels of care, namely Hospital, CHC and PHC and what MhINT intervention tasks are relevant for each level, the materials used, the appropriate referral pathway, and what treatment is being offered at each level. The Process Map also shows what recordkeeping is needed.



What happens at each level of the intervention?

No one works in isolation whether that is an individual or a level of care in the health system. All the levels are dependent on the success of the other. For example, managers at the District level are successful when they are supported and mentored by the managers at a Provincial level. The diagram below summarises the levels of the health system, their tools as well as the interventions they are responsible for implementing.

Health System Level	Tools	Intervention
 <p>National DoH</p> <p>Policies</p>	<ul style="list-style-type: none"> • Universal Health Coverage – WHO • Mental Health Policy Framework and Strategic Plan 2013-2020 • PHC Re-engineering • Ideal Clinic Framework 	<ul style="list-style-type: none"> • Develop and revise policies based on prevalence data, reports from Provinces, and DHIS
 <p>Provincial DoH</p> <ul style="list-style-type: none"> • Targets • Guidelines • M&E 	<ul style="list-style-type: none"> • Mental Health Policy Framework and Strategic Plan 2013-2020 • Provincial Strategic Plan: Mental health Directorate • Ideal Clinic Framework • Annual Performance Plan (APP) 	<ul style="list-style-type: none"> • Translate National Policies into Provincial policies and guidelines • Develop SOP for MH Programme implementation • Set Mental Health programme Indicators • Set targets for Mental Health services • Review DHIS Data
 <p>District</p> <p>Develop Mental Health Plan and embed into District Health Plan (DHP)</p>	<ul style="list-style-type: none"> • Annual Performance Plan (APP) • District Situational Analysis • District Mental Health Care plan • Ideal Clinic Framework • Web-DHIS 	<ul style="list-style-type: none"> • Mental Health task team facilitates embedding of District Mental Health Care plan into District Health Plan • Support implementation of Mental Health Care Services • Review DHIS data
 <p>Sub-District / PHC</p> 	<ul style="list-style-type: none"> • Ideal Clinic Manual • Clinical programmes SOPs • Mental Health Screening tool • APC Guideline • Depression and adherence counselling manuals/ leaflets • Patient files and source documents • Web-DHIS 	<ul style="list-style-type: none"> • Educate • Screen • Diagnose • Treat • Reassess • Refer • Record keeping • Mentor and monitor

Partner involvement: funding/technical support

Case studies

Case studies are effective ways of learning about how an intervention like MhINT works in practice. The cases are designed to help you to fully engage with the materials and MhINT processes. These case studies can be used during a regular meeting in a facility to train, educate and plan implementation.

Case study 1 – Training

Mbali is a Lay Counsellor at Sizabantu Clinic. She has just received training in MhINT depression and adherence counselling. Sr Mhlongo has not received training in APC and doesn't understand why the Facility Manager keeps asking why there are no referrals to Mbali.

Discussion

Discuss what training the different role players would need to ensure that Mbali gets appropriate referrals.

Case study 2 – Referral pathways

Mpho is part of the MhINT depression counselling group at Sizabantu Clinic and during the 3rd session he discloses to the group that he wants to kill himself.

Discuss

Using the resource manuals and documentation provided, discuss what needs to happen for Mpho to get the best treatment.

What are the steps that the Lay Counsellor needs to follow?

Case study 3 – CQI

Sizabantu Clinic has been rolling out the MhINT programme for the last 3 months. They feel as if they are working really hard but they do not see a difference in their mental health data.

The PHC supervisor has also noted that Sizabantu Clinic is not doing well with their HAST programme either.

Discuss

In which ways can Sizabantu Clinic use their CQI tools to rectify the challenges they are experiencing?

What is CQI?

Continuous Quality Improvement (CQI) is a structured problem solving approach or methodology. It consists of continuous processes of developing change ideas to help the system to improve the quality and efficiency in its processes. It also helps a system to respond to change in order to remain relevant to the needs of those who depend on it. In the health system, the CQI methodology has been used extensively to translate new policies and guidelines into action and to ultimately improve health care services for both the health workers and patients. CQI is data-driven, focused on the system, promotes innovation and creativity and values the wisdom and “know-how” of those who are at the forefront of service provision.

Why do we need CQI to achieve Mental Health Integration?

Historically the only mental health care services that have been provided at PHC have been for patients with existing psychiatric conditions to receive medical treatment only. Psychosocial counselling services have typically not been part of the package of care. The call from the World Health Organisation (WHO) to achieve universal health coverage, as well the National Mental Health Policy Framework and Strategic Plan 2013-2020, has necessitated re-engineering of PHCs so that all South African citizens can have access to quality and comprehensive health services at PHC level, including mental health services (both medical and psychosocial interventions).

This means that comprehensive mental health services at PHC is unfamiliar to both patients and health care workers. The MhINT programme provides an evidence-based collaborative care model for how mental health services can be successfully integrated at PHC. However, this model requires facility staff to learn and implement new skills. These skills include providing mental health services using a task-sharing approach; clinical communication skills for patient centred care, MhINT psychosocial counselling skills and even using CQI tools to monitor and improve on the mental health programme. It also requires a shift in thinking, working as a team and trust amongst all those involved in providing health services in the facility. It may even be necessary for the facilities to adjust their patient flow in order to accommodate the mental health procedures and implementation tools that are new to the health system. These changes can evoke anxiety and may even be frightening for some!

Fortunately, the CQI framework helps with anxiety and fear related to change! As a Facility Manager, you will be equipped with tools, and strategies to support successful integration of mental health service in your facility! This toolkit provides an outline of CQI processes that you can put in place in order to strengthen teamwork in your facility, reach your mental health targets and even improve your performance in all clinical programmes at your facility.

Using CQI to achieve Mental Health Integration

STEP 1: MhINT orientation and forming the CQI team

Now that you have been orientated to the MhINT programme your first task is to provide orientation to staff in your facility as well. Use the board game and MhINT materials that are part of this toolkit to ensure that your colleagues have grasped the fundamentals of WHAT is the MhINT Programme, WHY is it needed, HOW will it be implemented and monitored!

By ensuring their buy in, you will have accomplished the most important step in building confidence and demonstrating your support for the programme. It will also be the opportunity for identifying members of the CQI team. It is recommended that the team consists of the following members:

- Operational manager (or professional nurse appointed by the OM)
- Facility Based APC Trainer/Champion
- Data Capturer
- MhINT trained lay counsellor/Enrolled Nurse

Remember, the success of this team will rely on the participation and support of leadership at multiple levels; i.e. immediate OM, sub-district PHC coordinators and their district leaders. The team will need to be empowered by these leaders through the creation of time and space to pursue improvement activities. They will also need leaders who maintain an interest in the improvement work, check-in regularly of team's processes, celebrating their successes and helping them through significant challenges.

STEP 2: Orientation to the CQI Model of Improvement

Once the CQI team has been identified, orientate them to the CQI Model of Improvement. There are many approaches to CQI, however, the MhINT programme utilises the Institute for Healthcare Improvement' model of improvement. The IHI Model of improvement asks the following questions:

Question 1: What are we trying to achieve?

This question will help you and your team to think about and define your aim statement as it relates to MhINT. The aim should be "SMART" i.e.:

- **Specific:** it must describe clearly and precisely what you and your team want to achieve and who will benefit (e.g. Specific)
- **Measurable:** data will help you and your team determine whether you have achieved your aim
- **Ambitious but achievable:** initially you may not know HOW you and your team will achieve your aim, but you can declare the aim nonetheless especially if you know that it is what the patients need. If there is a will, ideas can be generated to help achieve the aim.
- **Relevant:** the aim must be in line with patient and health system needs and expectation. It needs to be meaningful to you and others
- **Time-bound:** *You will need to declare a timeframe for when you wish to achieve your aim.* You and your team can also set interim targets or milestones to help you know you are making adequate progress and keep you all motivated.

Remember, the overall aim of the MhINT Programme is to integrate mental health services into routine care in PHC in order to improve patient health outcomes. Based on the South African Mental Health Policy framework and strategic plan, this needs to be achieved by 2020. Question 1 will therefore help you and your team to set a realistic aim statement in relation to the overall aim taking into consideration your particular contextual factors.

Question 2: How will we know that a change is an improvement?

This question in the Model for Improvement speaks to measurement. This is why it is important to have the data capturer as part of the CQI team. You and your team will need to review data in order to know that the changes you make result in improvement. However, before you start making any changes you will need to find out how you are currently performing in terms of your mental health indicators. This will be your baseline. It will help you to set targets as well as stimulate development of change ideas geared towards a desired level of improvement. This may involve reviewing what the mental health targets are for your facility according to ICRM.

All facilities “baseline” mental health data is captured on the District Health Information System (DHIS). Currently the following indicators are available for mental health in PHC:

- # Patients screened for mental illness (18 years and above/18 years and below)
- # New MH patients initiated on treatment (18 years and above/18 years and below)
- # MH Caseload

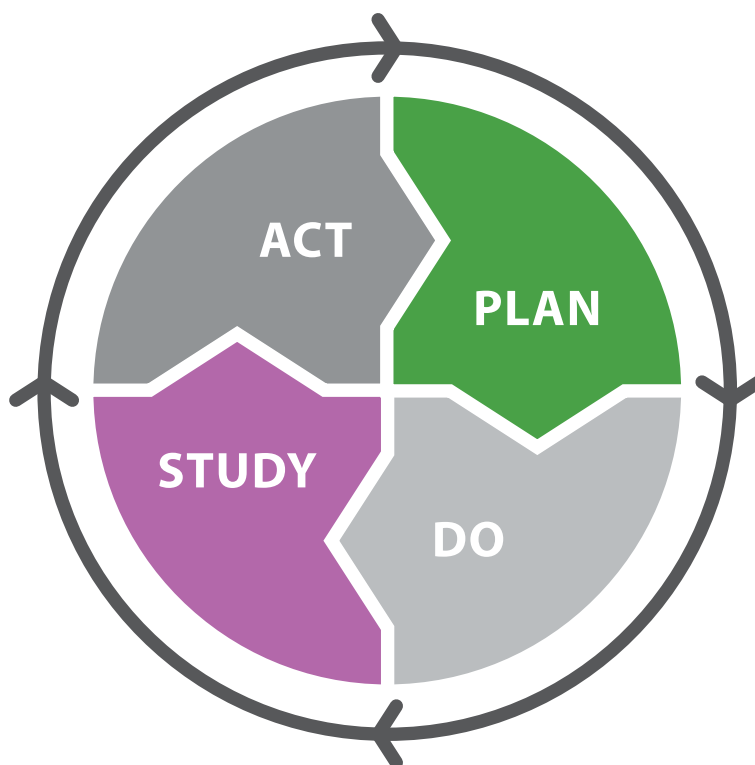
The role of the CQI team will be to observe what happens to your facility’s mental health indicators as you introduce different changes. During this time, it will also be important to monitor the process and document the impact of each tested idea on the overall treatment process in the facility. Given that MhINT aims to integrate mental health services in PHC, the team can simultaneously observe the “baseline” data of another clinical programme alongside that of the mental health data. Remember, patients with chronic medical conditions, especially those with HIV and are on ART, have increased vulnerability to common mental health disorders. As such it is recommended that the team monitor the mental health indicators alongside the HAST programme indicators which are regularly reviewed during the nerve centre/ wedge meetings.

Question 3: What change can we make that will result in improvement?

This question directs you and your team to thinking about changes that could be made in order to achieve your aim. In CQI terms, these are called “change ideas”. You may have to test a range of change ideas before seeing an improvement. Several techniques and tools can be used to identify changes that are likely to lead to successful mental health integration. For instance, you can:

- Compare yourselves with other facilities who are doing better than you are and work out what they are doing differently. This is called “benchmarking”.
- You could use “root cause” analysis tools to try and discover what is the underlying cause is that of your facility not achieving its aim. An example of a root cause analysis tool is the “5 whys”.
- Map key steps in the processes associated with your aim to help you and your team see where process improvements could be made. This is called “process mapping”.

The IHI Model for Improvement encourages the use of PLAN- DO-STUDY-ACT (PDSA) cycles (diagram on right) to test changes and determine if they are effective in securing improvements before implementing them.



» PDSA cycles

STEP 3: TASKS OF THE CQI TEAM

The CQI team need to meet regularly and follow the following process:

1. Set the aim statement.
2. Draw the facility's mental health process map. Use the MhINT Process Map to help you identify the key service/ procedures in comprehensive mental health care from PHC to District hospital. Focus on the PHC level and on your facility's process map, note where process improvements could be made for existing services, and also plot where your facility can incorporate MhINT activities that are currently not available in your facility.
3. As a team work sequentially through the care pathway you have targeted for improvement. Start at the beginning, review data, establish baseline performance, and establish barriers to care.
4. Using your root cause analysis tools develop change ideas and test them for improvement using multiple PDSA cycles.
5. As clinical performance improves, reflected by data shown on your run charts, move from step to step in the care pathway.
6. When the team has worked through the entire care pathway, evaluate how far the team has come, and how much clinical performance has improved. Reevaluate the aims set at the beginning of the improvement process.
7. If needed, go back to the beginning, setting more ambitious aims and starting at the beginning of the care pathway again, looking for new challenges and new solutions
8. If the care pathway targeted requires no further improvement, evaluate the value of applying these lessons to a new care pathway in your facility.
9. Share successful ideas with other facilities, sub-district, district, provincial and even national level management. This is important as these can affect revisions of SOPs, guidelines and policies to inform quality health care service provision.
10. As new staff join your facility, train them according to the SOPs developed as a result of the improvement process you have engaged in. This will effectively eliminate the "old way" of doing things.



» Provides a summary of the cycle of improvement tasks led by the CQI team

Remember these important tips for successful implementation:

- The mental health Morning Talk helps patients to self-identify and prompts mental health screening.
- Quality mental health screening helps in identifying those patients who need the psychosocial counselling the most.
- APC mental health training enhances professional nurses' confidence in assessing and referring patients to the appropriate referral pathways.
- Only trained lay-counsellors can provide the MhINT psychosocial counselling intervention.
- Supervision is key to ensure competency and emotional well-being of lay counsellors providing the psychosocial counselling intervention
- Data is key to all quality improvement activities. If it is not recorded, it didn't happen!
- The most successful facilities are those with supportive management!

GOOD LUCK!

Pre-training evaluation:
Workshop on the MhINT Operational Manager's Toolkit



Name: _____ Date: _____

Please ✓ the appropriate box BEFORE the MhINT Operational Manager's Toolkit workshop. <i>Remember: There is no right or wrong answer!</i>	Poor 1	Limited 2	Adequate 3	Good 4	Excellent 5
My knowledge about MhINT is					
My understanding of my role in MhINT is					
My understanding of task-sharing is					
My knowledge of policies and guidelines about Mental Health services in PHC is					
My understanding of mental health referral pathways from PHC to District Hospital is					
My exposure to Continuous Quality Improvement (CQI) is					
My experience in using data for improvement is					
My experience in using supporting implementation and monitoring of improvement plans is					

What are you hoping to gain from this training?

What are your concerns about being involved in leading the implementation of MhINT in your facility/sub-district/district?

Thank you for taking the time to complete this form!

Post-training evaluation:
Workshop on the MhINT Operational Manager's Toolkit



Name: _____ Date: _____

Please ✓ the appropriate box AFTER the MhINT Operational Manager's Toolkit workshop. <i>Remember: There is no right or wrong answer!</i>	Poor 1	Limited 2	Adequate 3	Good 4	Excellent 5
My knowledge about MhINT is					
My understanding of my role in MhINT is					
My understanding of task-sharing is					
My knowledge of policies and guidelines about Mental Health services in PHC is					
My understanding of mental health referral pathways from PHC to District Hospital is					
My understanding of Continuous Quality Improvements (CQI) is					
My knowledge on the role of the CQI team is					
My understanding on the importance of data for improvement is					
My level of confidence in supporting implementation and monitoring of MhINT is					

Having had training to use the MhINT Operational Manager's Toolkit, please let us know the following:

What works? And why?

What does not work? And how can it be changed?

What are your concerns about being involved in leading the implementation of MhINT in your facility/sub-district/district?

Thank you for taking the time to complete this form!

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DISCLAIMER: *The advice and information given in this manual is the best we can give based on current evidence-based research and clinical experience in a South African context. The advice offered is to aid health providers in working with individuals in primary care settings to provide psychological education and to enable the patient to make an informed choice about their condition and the support they would like to undertake e.g. group counselling, individual counselling and medication.*

