



South Africa - HIV

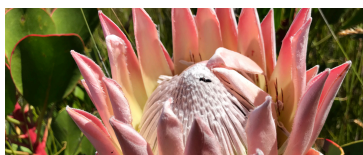
**ATTC**

Addiction Technology Transfer Center Network  
Funded by the President's Emergency Plan for AIDS Relief through  
the Substance Abuse and Mental Health Services Administration



# South Africa - HIV ATTC

## Mental Health & Substance Use Training



Co-Director

Goodman Sibeko, MBChB, PhD

## Aims



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- Introduction to the South Africa - HIV ATTC
- Overview of training offerings
- Discuss strategies to identify training and technical assistance offerings that meet stakeholder needs
- Engage around your organizations needs and how we can work to meet them

## Background for integrated approach

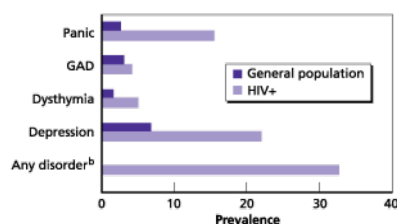


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- Alcohol
  - Increased risk behaviour <sup>1</sup>
  - Increased risk of unprotected sex amongst PLWH <sup>2</sup>
  - Faster disease progression and depletion of CD4 cells <sup>3</sup>
  - Poorer adherence and lower service utilization <sup>4</sup>
- Mental health
  - Higher risk of any disorder than general population <sup>6</sup>
  - Less ill PLWH less likely to seek attention
  - Poor adherence to HAART
- Strong evidence of intersecting and reinforcing risks between alcohol, drugs, mental health, and HIV <sup>5</sup>



1. Scott-Sheldon LA et al. Alcohol Use Predicts Sexual Decision-Making: A Systematic Review and Meta-Analysis of the Experimental Literature. *AIDS Behav* 2016;20 Suppl 1:S19-39.
2. Scott-Sheldon LA et al. Alcohol Use and Sexual Risk Behaviors among Individuals Infected with HIV: A Systematic Review and Meta-Analysis 2012 to Early 2013. *Current HIV/AIDS Reports* 2013;10:314-23.
3. Parsons M et al. Effect of GSTM1-Polymorphism on Disease Progression and Oxidative Stress in HIV Infection: Modulation by HIV/HCV Co-infection and Alcohol Consumption. *J AIDS Clin Res* 2013;4.
4. Azar MM, Springer SA, et al. A Systematic Review of the Impact of Alcohol Use Disorders on HIV Treatment Outcomes, Adherence to Antiretroviral Therapy and Health Care Utilization. *Drug Alcohol Depend.* 2010;112:178-93.
5. El-Bassel N et al. Drug use as a driver of HIV Risks: Re-emerging... issues. *Curr Opin HIV AIDS.* 2014;9:150-5.
6. [https://www.rand.org/pubs/research\\_briefs/RB9300/index1.html](https://www.rand.org/pubs/research_briefs/RB9300/index1.html)

## South Africa HIV ATTC



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Funded by:



Substance Abuse and Mental Health Services Administration  
**SAMHSA**

Partnership  
between:



New England (HHS Region 1)

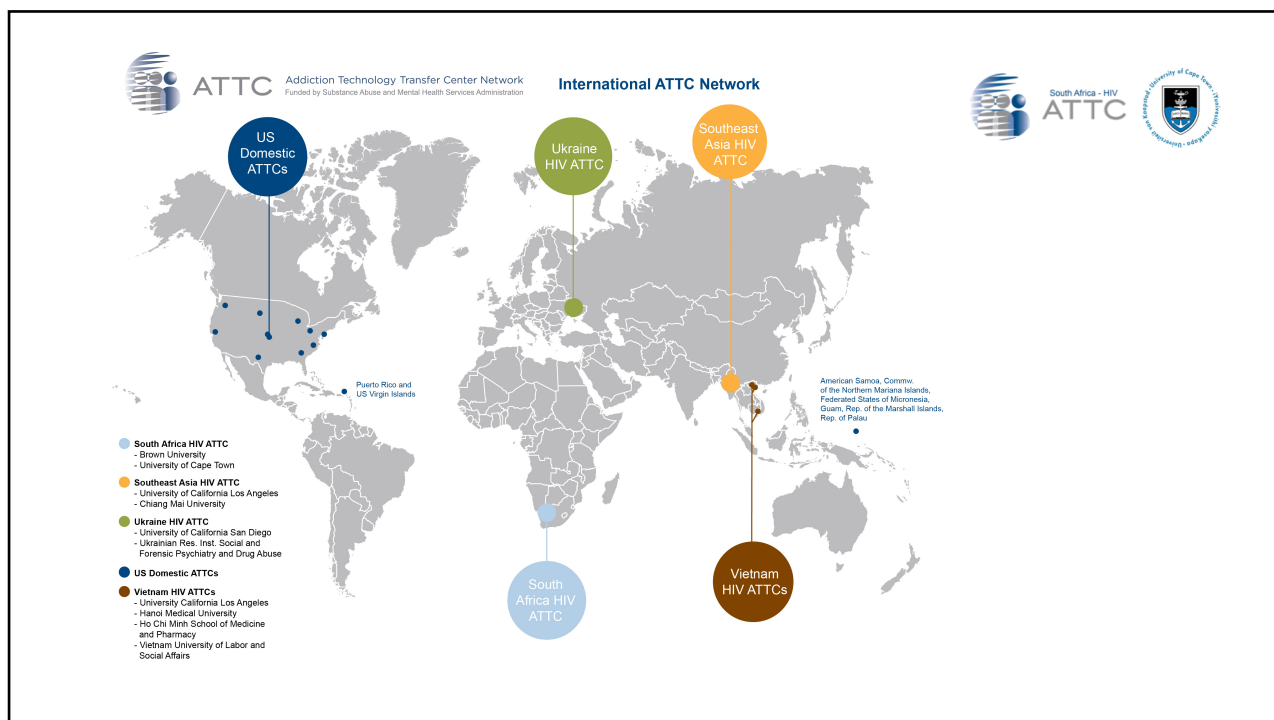
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Addiction Technology Transfer Center Network  
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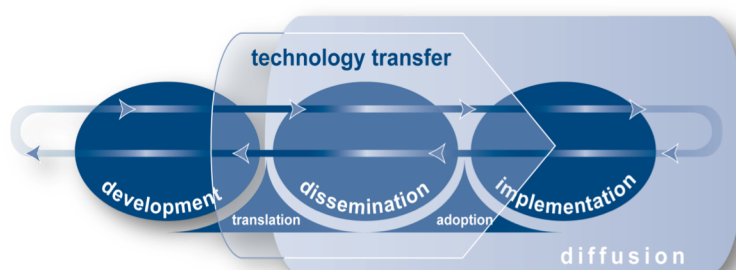
Goals:

Training and Technical Assistance: Substance Use/HIV/Mental Health Care  
Providers/Policy-makers



## Purpose of the ATTC Network

- To accelerate the diffusion of innovations (e.g., evidence-based interventions for substance use, mental health, and HIV), the ATTC Network uses a comprehensive array of **technology transfer** strategies.



## Objectives of South Africa HIV ATTC



- Help organizations to integrate substance use (alcohol and drugs), mental health, and HIV care across client-centered settings
- Develop and deliver training and technical assistance (TA) to front-line treatment providers for integrated HIV-substance use-mental health care
- Strengthen collaborative networks to disseminate evidence-based approaches in support of 90-90-90
  - National Advisory Board
  - Partnering with existing stakeholders including those in government, setting policy, providing services, and preparing the health workforce to achieve 90-90-90 targets

## South Africa HIV ATTC



- ATTC network resource
- Expert Curriculum Development
  - Collab with UCT's Postgraduate Diploma in Addictions
  - Expert consultant Prof Katherine Sorsdahl
- Expert Technical Assistance
  - Collab with SAMRC Alcohol Tobacco and Other Drug Research Unit
  - Expert Consultant Prof Bronwyn Myers
- Liaison and Outreach
  - Via links with National Advisory Board and PEPFAR network
- Guideline and Evaluation coordination





## Current activities



- Needs assessment through:
  - Key stakeholder survey
  - Individual organizational interactions
- Engagement with governmental and non-governmental stakeholders
- Engagement with ATTC network, PEPFAR and SAMHSA for training and technical assistance priority setting in light of needs assessments
- Established advisory board for ongoing strategic input
- Provision of both pre-service and in-service training focused on priority intervention models

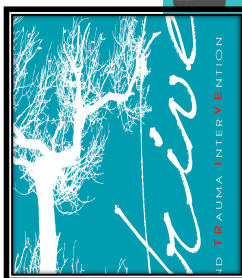


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## Training offerings

- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Motivational Interviewing (MI)
- Basic counselling skills
- Mental health training: Lay workers, Family physicians, Review boards



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## SBIRT



- Designed to improve detection, treatment and linkage to care
- Brief, targeted, and evidence-based approach
- Services can be provided in a myriad of settings
  - Emergency rooms
  - Community health centres
  - Substance rehabilitation
  - Specialized clinics, e.g. HIV, mental health
- Ideal for cross training (for example alcohol treatment in HIV settings and vice versa)
- Advantages
  - Reach
  - Effectiveness
  - Cost
  - Flexibility

## SBIRT Model



- Training can be provided on SBIRT as a comprehensive intervention or on each of the three components:

- Screening
- Brief intervention
- Referral to treatment

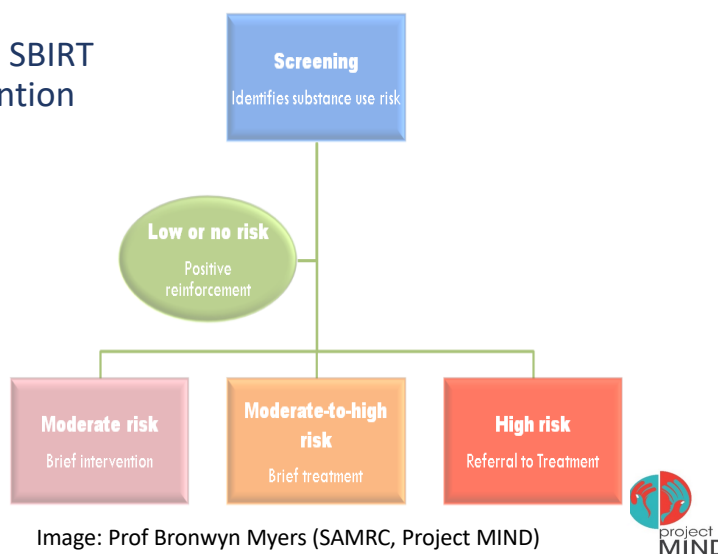


Image: Prof Bronwyn Myers (SAMRC, Project MIND)

## Locally piloted SBIRT: Example



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- Manualized screening and brief MI intervention
- Incorporates
  - Screening for level of risk (The Drug Use Disorders Identification Test [DUDIT] or Alcohol, Smoking and Substance Involvement Screening Test [ASSIST])
  - Visually quantifying risk level for the client
  - Teaching the client about the dangers and effects of drug use
  - Exploring pros and cons of the client's drug use
  - Establishing how ready the client is to reduce drug use
  - Identifying a drug use goal
  - Identifying triggers and high-risk situations
  - Exploring what the client can do when tempted to use drugs
  - Agreeing on a plan for the client when he or she finds him or herself in high-risk situations

## Motivational Interviewing as a Stand-Alone Intervention



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- Counseling approach to promote behavior change through exploration and strengthening of motivation for change
- Directive
- Patient-centered
- Collaborative

## Motivational Interviewing Training



- Online Tour of MI
  - CPD accredited
  - Sourced from ATTC network
  - Self-paced
  - Free of charge
- Face to face teaching
  - Theory reinforcement
  - Practical teaching and supervision
  - Experiential learning
- Follow-up (envisaged)
  - Face to face supervision and retraining session

## In-person MI training



- Leveraging expertise of UCT's Postgraduate Program, face-to-face MI training will consist of:
  1. MI principles aimed at developing beginners-level proficiency
  2. Experiential learning through active role play and feedback from the trainer.
- Reiterating the concepts covered during the online Tour of MI and include the following topics.
  1. Discussing the 'Spirit' of MI and the 5 essential goals of MI
  2. Basic counselling skills
  3. Specific strategies in MI
  4. Recognizing change talk
  5. Developing a change plan

## Counselling skills Outline



- Definition of Counselling
  - What can counselling provide?
  - Process of counselling
- Helping Others
- Confidentiality
- Understanding Others and Empathy
- Understand Yourself (Self-Reflection)
- Counselling Skills
- Approaches to Counselling
  - Containment
  - Practical Tips
  - Problem Management
- Therapeutic Relationship
- Caring for the Counsellor

## Masivukeni



- Technology-driven tool
- Promote mental health and substance use screening in the context of an HIV adherence intervention
- Highly scalable
- Could be adapted to deliver additional evidence-based screening tools



Welcome to Masivukeni!

"Masivukeni" means "let's wake up" in English—so what are you waiting for?

[Use Masivukeni Online](#)

# Mental Health Training



Sibeko et al. *BMC Psychiatry* (2018) 18:191  
<https://doi.org/10.1186/s12888-018-1772-1>

BMC Psychiatry

## RESEARCH ARTICLE

Open Access



## Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes

Goodman Sibeko<sup>1\*</sup>, Peter D. Milligan<sup>1</sup>, Marinda Roelofse<sup>2</sup>, Lezel Molefe<sup>2</sup>, Deborah Jonker<sup>1</sup>, Jonathan Ipser<sup>1</sup>, Crick Lund<sup>1,3</sup> and Dan J. Stein<sup>1,4</sup>



# CHW Training (CHW T)



- Research question: Does a manualized mental health training improve knowledge, and improve confidence and attitudes
- Development
  - WC DoH
  - New Beginnings,
  - South African National framework for CHWs as developed by the Health and Welfare Sector Education and Training Authority;
  - “UNESCO Training Guide and Training Techniques” and the “Best Practice Guidelines for Implementing and Evaluating CHW Programs in Health Care Settings” documents
- Format
  - **Manualized, Eight 3-hour session, Registered UCT short course**
  - **Sensitizing CHW on mental health and management**
- Study design
  - Quasi-experiment (before-after cohort)



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. *BMC Psychiatry*. 2018;18:191. doi:10.1186/s12888-018-1772-1.

## CHW T - Sites and participants



- Sites selected in consultation with WC DoH
- First draft
  - 20 CHW's supervised by The Caring Network Khayelitsha
  - 22 CHWs supervised by Arisen Women Foundation in the Klipfontein sub-district.
- Final draft
  - 27 CHW's supervised by Masincedane in Strand and
  - 36 CHWs supervised by Opportunity To Serve Ministries (OTSM) in the Mitchell's Plain sub-district.
- No exclusion criteria



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.

## CHW - T: Outline of training



Session	Topic	Elements
1	Introduction and Culture	Ice breaker session, pre-training evaluation forms, and discussion of culture.
2	Culture and Mental Illness	Introduction of mental illness and it's overlap with local cultural constructs.
3	Mood and Anxiety Disorder	Discussion of the features of these components.
4	Psychotic Disorders, Older People, Intellectual Disabilities, Suicide and Aggression	Discussion of the features of these components and an approach to suicide and aggression.
5	Substance Use Disorders and Management of Mental Illness	Discussion of substance use, abuse and dependence and the management of previously introduced mental illnesses.
6	The Role of the CHW	Discussion of the role of the CHW, a review of mental disorders previously discussed, and a discussion of adherence and general support skills
7	The Mental Health Care Act and Admission Pathway	Discussion of the mental health act, evaluation and admission pathways and processes.
8	CHW Experiences, Case Vignettes, Evaluation Forms and Closure	The CHWs reflect on their training and experience in the field, and complete the post training evaluation documents.

1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.



## CHW T - Outcomes and measures



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Outcome	Measure	Collection point
Knowledge and skill	Clinical case vignettes	Administered before the start of training, and at the completion of training
	Mental Health Knowledge Questionnaire	
Confidence	Mental Health Clinical Confidence Scale	
Acceptability	Daily Evaluation Questionnaire	Completed at the end of each session
Feasibility	Training Evaluation	Completed at the end of the training



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.



## Participant characteristics



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Characteristic	Masinedane (N = 31) (Mean, SD)	OTSM (N = 27) (Mean, SD)
	(Mean, SD)	(Mean, SD)
Age	32.3 (7.72)	41.48 (12.57)
Service	3.86 (3.94)	2.79 (2.44)
Highest Level of education in grades	11 (0.96)	10.81 (1.4)
Children	1.96 (1.16)	1.9 (1.16)
Dependents <sup>a</sup>	4.56 (3.71)	3.06 (2.34)
	%	%
Stable partnership <sup>b</sup>	40.74%	58.06%
Has own medical condition	22.22%	41.94%



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.





## CHW Training Pilot Quantitative Outcomes



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Outcome	Pre-training	Post-training	Statistic (df)	p-value
	(mean, SD, N)	(mean, SD, N)		
Knowledge (MAKS)	41.48 (5.85), N=58	45.57 (4.25) N=56	t = -4.523, (55)	< 0.001
Confidence (MHNCCS)	45.25 (9.97), N=58	61.75 (7.42) N=54	t = -8.749, (54)	< 0.001
Attitudes (CAMI)	Pre-training (mean, SD) N=45	Post-training (mean, SD) N=45		
Authoritarianism	27.87 (2.97)	26.38 (4.1)	t = 2.720 (44)	0.99
Benevolence	37.67 (4.46)	38.82 (3.79)	t = -1.818 (44)	0.04
Social Restrictiveness	24.73 (4.28)	22.4 (5.3)	t = 2.96 (44)	0.002
Tolerance to rehabilitation in the community	36.49 (5.11)	38.09 (4.22)	t = -2.18 (44)	0.02



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.

## CHW T - Training Evaluation



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Component satisfaction	Max Score	Total (n=58)		Masinedane (N = 31)	OTSM (N = 27)
		Mean score	% with Max Score	Mean score	Mean score
		(SD)		(SD)	(SD)
Overall	15	13.98 (1.35)	61.1%	12.44 (4.34)	13.71 (2.4)
Training Benefit	15	13.85 (1.41)	53.7%	12.26 (4.3)	13.65 (2.4)
Training Processes	15	13.57 (1.4)	42.6%	12.15 (4.55)	13.16 (2.37)
Training Setting	10	9.06 (1.14)	51.9%	8.04 (2.88)	8.94 1.59
Training Content	25	22.17 (2.65)	31.5%	19.37 (7.39)	21.9 (4.12)
Trainer	30	28.07 (2.58)	55.6%	25.07 (9.02)	27.35 (4.73)

1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.



## CHW Training - Qualitative



- Content easy to follow and understand.
- aspects of culture and cultural idioms were not fully understood.
- More information was required about bipolar mood disorder and depression.
- Gratitude towards the facilitators
- Training experienced as valuable and worthwhile.
- Informative and interesting.
- Content was perceived as important and applicable to the field of practice
- CHW's felt empowered to make a meaningful contribution to their communities.



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.

## CHW Training - Summary of findings



- Overall improvement in knowledge
- Improvement in confidence
- Overall positive change in attitudes, amongst the trained CHWs in all but the authoritarianism subscale,
- Satisfaction with the content and processes of the training and expression of sentiments of gratitude and feeling empowered.



1. Sibeko G, Milligan PD, Roelofse M, Molefe L, Jonker D, Ipser J, et al. Piloting a mental health training programme for community health workers in South Africa: an exploration of changes in knowledge, confidence and attitudes. BMC Psychiatry. 2018;18:191. doi:10.1186/s12888-018-1772-1.

## Key Takeaways



- South Africa HIV ATTC is a new resource for organizations and programmes seeking training and technical assistance in addressing substance use, mental health, and HIV
- Focus of the South Africa HIV ATTC is to provide training and technical assistance in highly scalable, evidence-based screening tools and interventions
- South Africa HIV ATTC has access to a library of flexible customizable evidence-based training tools through the ATTC Network, which can be adapted and leveraged for scale up



## For more information

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