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# General Training Toolkit

Sample Package of Training Materials  
for Healthcare Providers and Community Health Workers

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**Partners**  
In Health

# Notice on Adaptation of Resources

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RESOURCES  
INCLUDED:

Overview of General Training Toolkit

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Training Modules

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Example of Training Agenda/Facilitator Guide

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Example of Training Materials for Community Health Workers

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Example of Training Materials for Healthcare Providers

# Welcome!



**The General Training Toolkit on Mental Health is a collection of training materials to train community health workers (CHWs) and healthcare providers on mental health topics.**

- The toolkit contains a collection of modules, grouped into topic areas, that can be mixed, matched, and modified to meet the needs of your program and your site.
- The modules are designed to be stand-alone trainings. They can be combined to form longer or multi-day trainings or be used as single training modules. Modules differ based on the type of provider being trained.
- **Each module contains:**
  - A Facilitator Manual
  - A Participant Manual
  - Pre- and Post-tests
  - A PowerPoint presentation

# Intended Audience and Use:



This toolkit is meant for CHWs, healthcare providers, and program managers to enhance the training of these providers and to build their skills to support patients within the community.



The materials and trainings require a certain level of development of a mental health system of care, including a care pathway and forms/protocols that guide the work within the system. Please consider if your site has the forms/protocols necessary to implement each of the modules.



Similarly, the modules are designed to be adapted to your site and system of care. Suggested and required adaptations are noted in the facilitator manual and PowerPoint.

# How to Use the Toolkit

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## **This toolkit includes resources for:**

Community Health Workers

Mental Healthcare Providers



## **Each individual module contains the following materials:**

A Facilitator Manual

A Participant Manual

A Pre- and Post-Test



A PowerPoint Presentation

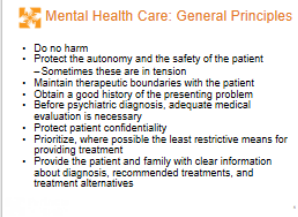
# Sample 2-day Training Agenda for CHWs

Day 1:	Topic:
8:30-9:00	Welcome: Registration, Pre/post tests
9:00-9:30	What is Mental Health?
9:30-10:30	Mental Health and Human Rights
10:30-11:00	Break
11:00-12:30	Mental Health, Culture, Stigma, and Discrimination
12:30-1:30	Lunch
1:00-2:00	Introduction to Epilepsy
2:00-2:30	Break
2:30-4:00	Intro to Agitation, Delirium, & Psychosis
4:00-5:00	Closing

Day 2:	Topic:
8:30-9:00	Welcome: Registration, Pre-post tests
9:00-11:00	Introduction to Depression
11:00-11:30	Break
11:30-12:30	Introduction to Trauma
12:00-1:00	Lunch
1:00-3:00	Introduction to Trauma, Continued
3:00-3:30	Break
3:30-4:30	Conducting Home Visits and Follow-Up
4:30-5:00	Closing: Post-test, evaluations, follow-up, certificates

# Sample Facilitator Guide

Slide Thumbnail	Facilitator Notes
 <p>Partners In Health</p> <p>Initial Mental Health Evaluation for Depression Training for Providers</p>	<p><u>Slide: Initial Mental Health Evaluation for Depression</u></p> <p><u>Do:</u></p> <ul style="list-style-type: none"> <li>• Introductions</li> <li>• Ground Rules, including guidelines around confidentiality</li> <li>• Ice Breaker</li> <li>• Pre-test</li> </ul>
<p> Learning Objectives</p> <p>By the end of this training, participants will be able to:</p> <ul style="list-style-type: none"> <li>• Model appropriate interviewing skills.</li> </ul>	<p><u>Slide: Learning Objectives</u></p> <p><u>Do:</u></p> <ul style="list-style-type: none"> <li>• Read the objectives on the slide.</li> <li>• Remind the participants that they are in charge of their own learning and mastery of the objectives. They should ask questions throughout the training to ensure comprehension of the materials.</li> <li>• Emphasize the importance of working collaboratively with the physician, psychologist, social workers, nurses and community health workers at their sites. A multidisciplinary, integrative approach is essential to the success of this work.</li> </ul>

 <p>Mental Health Care: General Principles</p> <ul style="list-style-type: none"> <li>• Do no harm</li> <li>• Protect the autonomy and the safety of the patient <ul style="list-style-type: none"> <li>– Sometimes these are in tension</li> </ul> </li> <li>• Maintain therapeutic boundaries with the patient</li> <li>• Obtain a good history of the presenting problem</li> <li>• Before psychiatric diagnosis, adequate medical evaluation is necessary</li> <li>• Protect patient confidentiality</li> <li>• Prioritize, where possible the least restrictive means for providing treatment</li> <li>• Provide the patient and family with clear information about diagnosis, recommended treatments, and treatment alternatives</li> </ul>	<p><u>Slide: Mental Health Care General Principles</u></p> <p><u>Do:</u></p> <ul style="list-style-type: none"> <li>• Review each bullet point.</li> <li>• Be sure to emphasize the important of being aware of your own current emotional states, for example, if tired, upset, hungry, or irritable.</li> </ul> <p><u>Ask:</u></p> <ul style="list-style-type: none"> <li>• Would you like to add anything to this list?</li> <li>• Are there any principles that would be difficult to adhere to?</li> <li>• If a patient thought that you were judging them, what do you think they would do? Ensure the group recognizes that patients who feel uncomfortable in a clinic setting tend to drop out of care.</li> <li>• What other interview skills are important when discussing sensitive health information with a patient?</li> </ul> <p><u>Do:</u></p> <ul style="list-style-type: none"> <li>• Record participant responses on a sheet of flip chart paper.</li> </ul>
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# Training Modules



Foundational Training Modules



Depression Training Modules



Epilepsy Training Modules



Psychosis Training Modules



Advanced Training Modules

# Foundational Training Modules

## For CHWs:

- ❖ Basic Counseling Skills
- ❖ Basic Interviewing Skills
- ❖ Community Education Activities
- ❖ Conducting Home Visits and Follow-Up
- ❖ Helping Families Cope with Mental Health Conditions
- ❖ Informed Consent and Confidentiality
- ❖ Introduction to Substance Abuse
- ❖ Mental Health and Human Rights
- ❖ Mental Health, Culture, Stigma, and Discrimination
- ❖ What is Mental Health

## For Providers:

- ❖ Basics of Interpersonal Therapy
- ❖ Basics of Practicing Interpersonal therapy
- ❖ Biopsychosocial Clinical Formulation
- ❖ Psychotherapy and Family and Patient Education
- ❖ Stigma and Epidemiology of Mental Health Disorders



# Depression Training Modules

## For CHWs:

- ❖ Introduction to Depression

## For Providers:

- ❖ Initial Mental Health Evaluation for Depression
- ❖ Introduction to Mental Health Care for Depression- Epidemiology & Stigma
- ❖ Medication Management and Other Treatments for Depression
- ❖ Screening for Depression
- ❖ Symptoms of Depression and Making a Diagnosis





# Epilepsy Training Modules

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## For CHWs:

- ❖ Case Identification, Triage, Referral and Psychoeducation for Possible Epilepsy
- ❖ Conducting Home Visits about Epilepsy
- ❖ Counseling Patients and Families about Epilepsy

## For Providers:

- ❖ Diagnosing Epilepsy
- ❖ Epilepsy Follow-Up
- ❖ Epilepsy Foundations
- ❖ Epilepsy Medication
- ❖ Epilepsy Psychoeducation
- ❖ Stigma Discrimination and the System of Care
- ❖ Epilepsy Treatment and Management



# Psychosis Training Modules

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## For CHWs:

- ❖ Counseling Patients and Families about Agitation, Delirium, and Psychosis
- ❖ Identifying and Approaching People with Agitation, Delirium, and Psychosis
- ❖ Introduction to Agitation, Delirium, and Psychosis
- ❖ Triage and Referral for Agitation, Delirium, and Psychosis

## For Providers:

- ❖ Follow Up and Documentation
- ❖ Medical Evaluation and Management of Agitation, Delirium, and Psychosis
- ❖ Medication Management of Agitation, Delirium, and Psychosis
- ❖ Psychosis System of Care and the Four Pillars of Emergency Management of Agitation, Delirium, and Psychosis
- ❖ Safety and Management of Agitated Patients





# Advanced Topics Training Modules

## For CHWs:

- ❖ Introduction to Trauma
- ❖ Biopsychosocial Model
- ❖ Identifying Symptoms of Mental Disorders
- ❖ Major Mental Disorders
- ❖ Medication Adherence and Side Effects
- ❖ Suicidality and Self-Harm

## For Providers:

- ❖ Diagnosis of Severe Mental Disorders
- ❖ Screening for Suicidality



# Sample Training Materials

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For Community Health Workers

*\*For Healthcare Provider Training Materials, please contact [xsitementalhealth@pih.org](mailto:xsitementalhealth@pih.org)*



## What is Depression?

- Depression describes feeling low, sad, or miserable. Almost all adults will experience such emotions with the loss of a loved one, loss of employment or other tragic events.
- For most people, these feelings are short-lived and can be considered a 'distress' state in reaction to life difficulties.





## Depression and Depressive Disorder

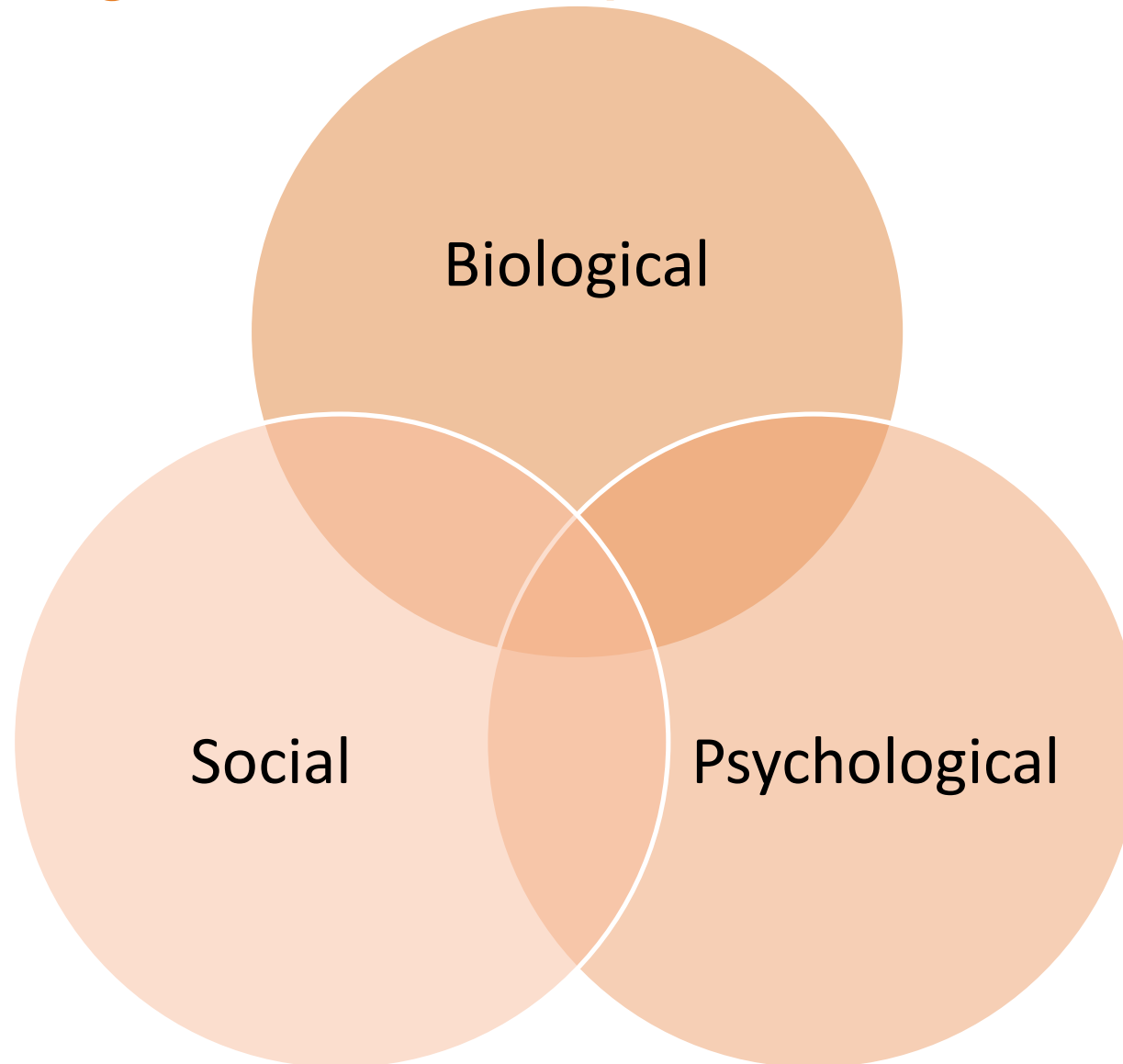
Factors in diagnosing Depressive Disorder:

- A persistent depressed mood
- Decreased interest in or pleasure from activities

Major depressive disorder is not a passing “blue” mood, nor a sign of personal weakness. People with major depression need help to get better



## Contributing factors to depression





# Symptoms of Depression

- Multiple persistent physical symptoms with no clear cause
- Low energy
- Fatigue
- Sleep problems (sleeping too much or too little)
- Anxiety
- Change in appetite or weight (weight gain or loss)
- Beliefs of worthlessness
- Excessive guilt
- Indecisiveness
- Restlessness/agitation
- Hopelessness
- Suicidal thoughts and acts



# Treatment for Depression

Provider can offer:

- Medication
- Counseling, therapy

CHWs can offer:

- Support around:
  - Improved sleep
  - Exercise
  - Social activities
  - Quitting or limiting drugs and/or alcohol



## Key Psychoeducation Messages

- Depression is very common and does not mean that the person is lazy or weak
- Other people may not understand depression because they cannot see it (unlike some other illnesses). The depression is not your fault.
- People with depression can have negative thoughts about their own lives and futures. With treatment and as the depression improves, those thoughts will likely improve, too.



## When to refer

- The person talks about self-harm or suicide or tries either
- There are signs of psychotic symptoms like hallucinations or delusions
- If the person is pregnant or breastfeeding
- In the case of serious side effects from medication

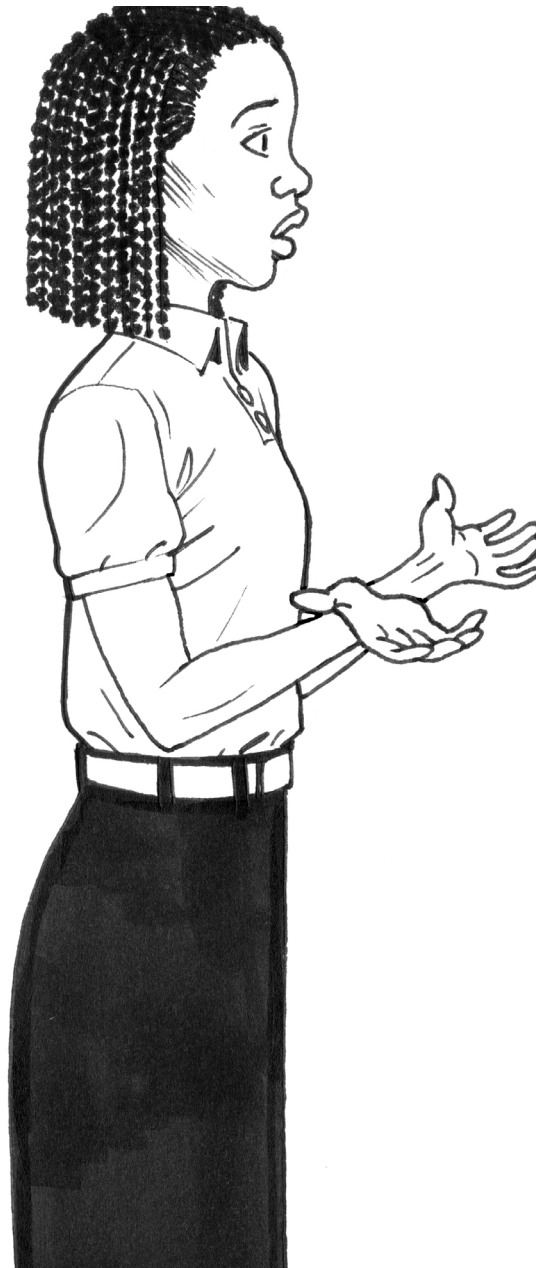


## Role Play 1: Post-partum depression

Alice had a baby a month ago. Up until the birth of the baby, she worked as an accountant in a busy government office. She loved her job and felt like she was an important part of a team.

She had some complications during the birth and the doctor told her to rest as much as possible to recover. Now, she misses her work and misses her social life. She is completely exhausted which makes her feel like she cannot think clearly and has a hard time making even simple decisions. Beyond that, she doesn't like the physical demands of breastfeeding and has begun to resent her baby for needing her so much.

The CHW comes to the house for a regular post-partum check-up and is concerned about Alice.



Questions? We'd love to hear from you!

*Please contact [xsitementalhealth@pih.org](mailto:xsitementalhealth@pih.org) for access to more information & materials, or complete the resource request form [here](#)*

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**Partners In Health, Mental Health Program**



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