Community Health Worker Algorithm

Partners In Health

There exists a large discrepancy between the number of people suffering from both common mental health conditions (such as depression, anxiety, trauma) and severe mental health conditions (such as psychosis) and the resources that are available to treat them. For this reason, community health workers (CHWs) increasingly play an essential role to address this global mental health treatment gap

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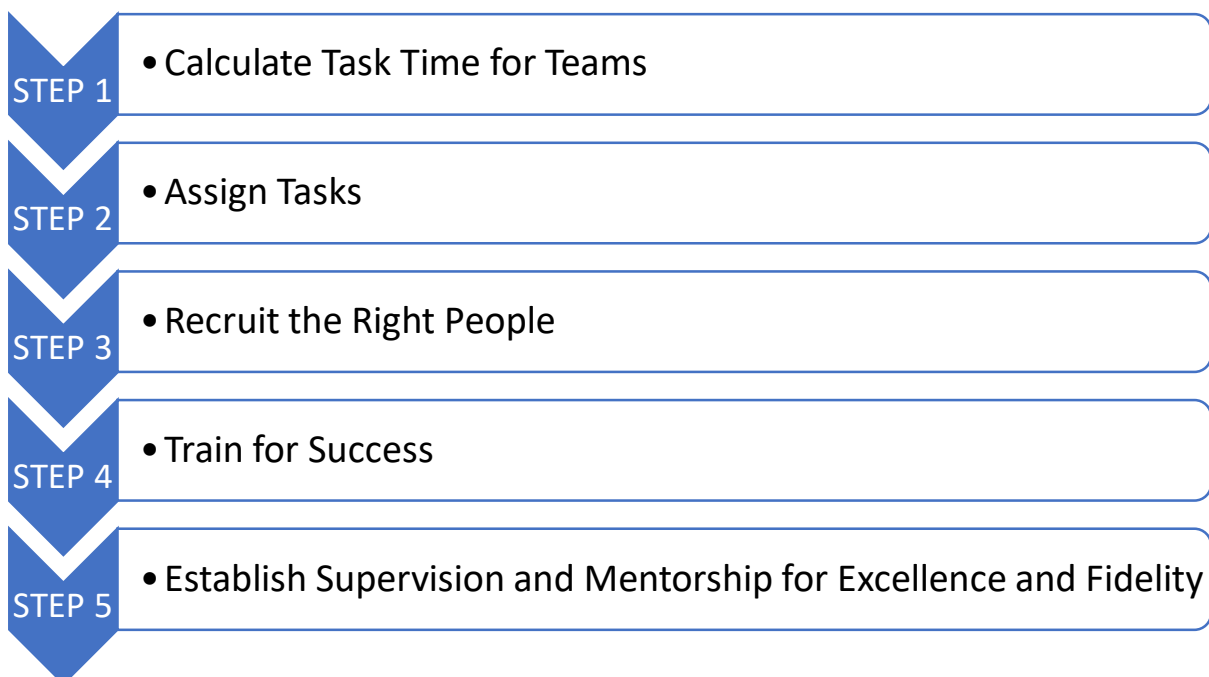
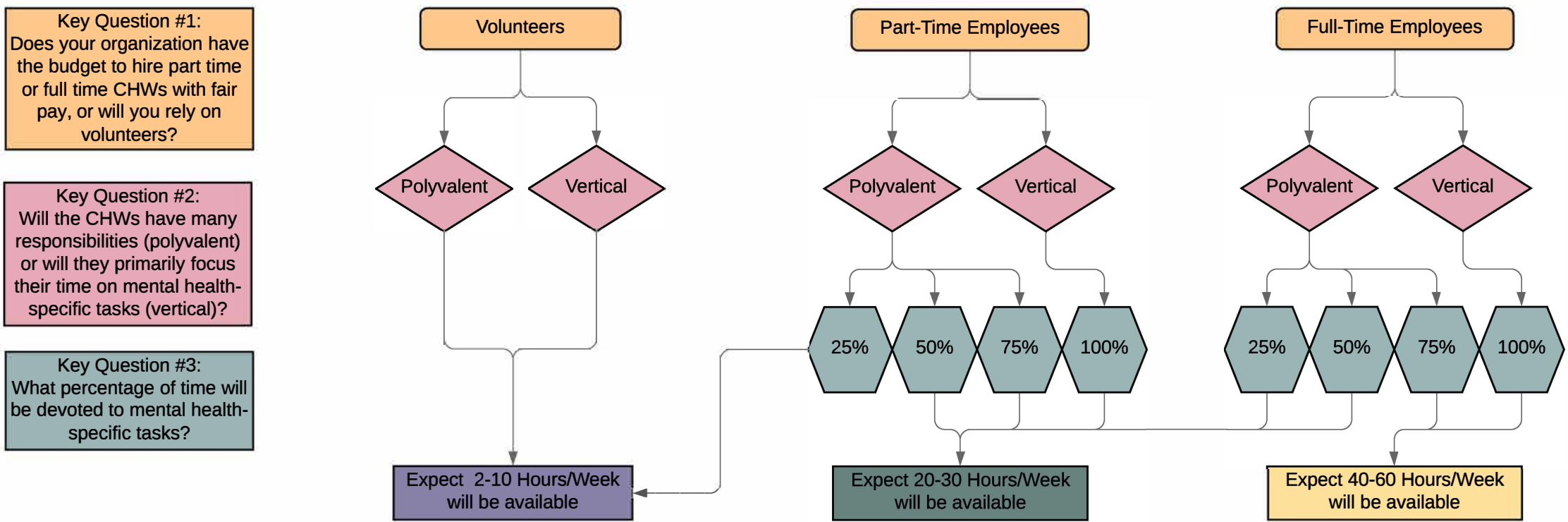## Defining the role of community health workers

Given their ability to bridge the gap between health care resources and patients who need them, CHWs play an integral role in health systems across the globe. However, CHWs are often overwhelmed with too many tasks, and not enough support. This happens because health systems are often stretched thin when trying to provide more and more services, but with the same or even less funding.

To address this problem, this algorithm uses 7 key questions to walk through 5 important steps for program implementers and policymakers to understand how to plan for including mental health services into care delivery. By clearly mapping out the expected time and resources needed to accomplish priority tasks, the CHWs will be better positioned to successfully complete their work. The algorithm then helps with planning for hiring, training and supervision of these CHWs who will be including mental health services in their work

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STEP 1 • Calculate Task Time for Teams

STEP 2 • Assign Tasks

STEP 3 • Recruit the Right People

STEP 4 • Train for Success

STEP 5 • Establish Supervision and Mentorship for Excellence and Fidelity
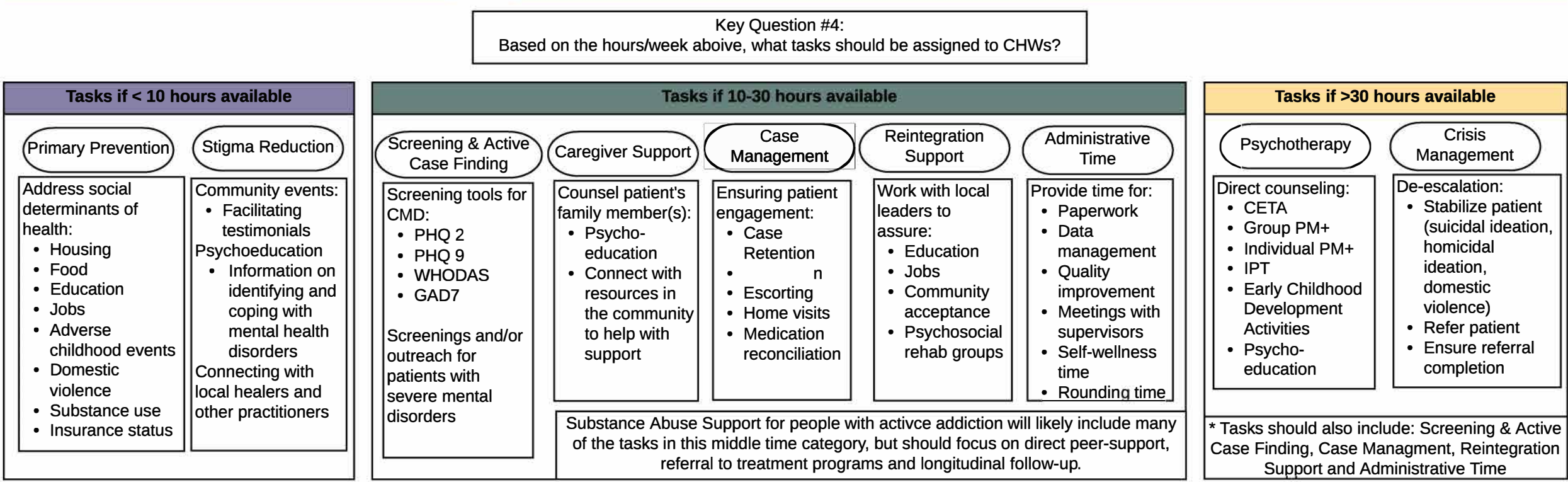
A Community-Based Mental Health Integration Algorithm:
Defining the Role of Community Health Workers

STEP ONE:
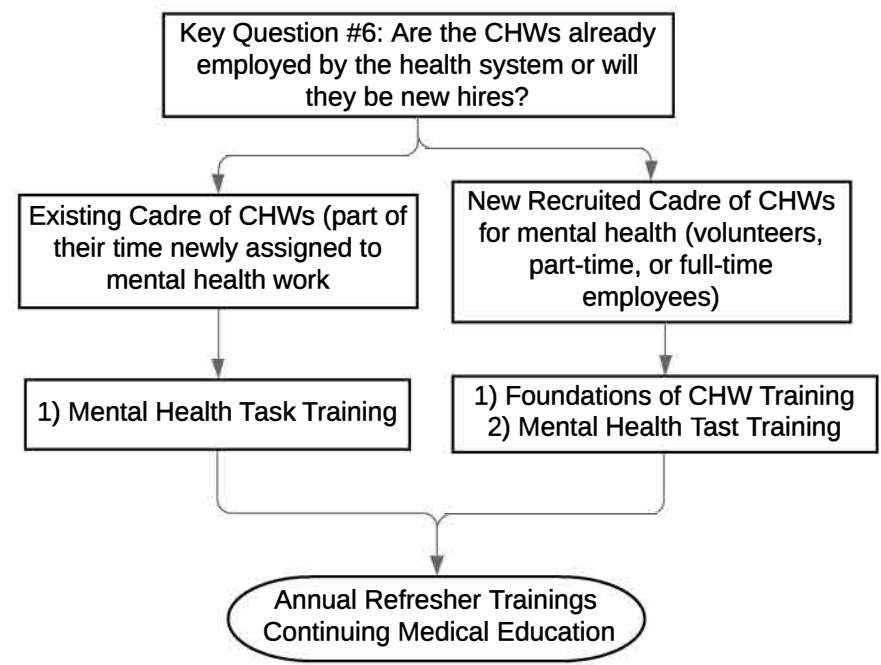## With Adequate Financial Enablers, Calculate Task Time for Teams

Key Question #1:
Does your organization have the budget to hire part time or full time CHWs with fair pay, or will you rely on volunteers?

Key Question #2:
Will the CHWs have many responsibilities (polyvalent) or will they primarily focus their time on mental health-specific tasks (vertical)?

Key Question #3:
What percentage of time will be devoted to mental health-specific tasks?

Volunteers
- Polyvalent
- Vertical

Expect 2-10 Hours/Week will be available

Part-Time Employees
- Polyvalent
- Vertical
- 25% / 50% / 75% / 100%

Expect 20-30 Hours/Week will be available

Full-Time Employees
- Polyvalent
- Vertical
- 25% / 50% / 75% / 100%

Expect 40-60 Hours/Week will be available

STEP TWO:
Assign Tasks

Key Question #4:
Based on the hours/week above, what tasks should be assigned to CHWs?

Tasks if < 10 hours available

Primary Prevention

Address social determinants of health:
- Housing
- Food
- Education
- Jobs
- Adverse childhood events
- Domestic violence
- Substance use
- Insurance status

Stigma Reduction

Community events:
- Facilitating testimonials
Psychoeducation
- Information on identifying and coping with mental health disorders
Connecting with local healers and other practitioners

Tasks if 10-30 hours available

Screening & Active Case Finding

Screening tools for CMD:
- PHQ 2
- PHQ 9
- WHODAS
- GAD7

Screenings and/or outreach for patients with severe mental disorders

Caregiver Support

Counsel patient's family member(s):
- Psycho-education
- Connect with resources in the community to help with support

Case Management

Ensuring patient engagement:
- Case Retention
- n
- Escorting
- Home visits
- Medication reconciliation

Reintegration Support

Work with local leaders to assure:
- Education
- Jobs
- Community acceptance
- Psychosocial rehab groups

Administrative Time

Provide time for:
- Paperwork
- Data management
- Quality improvement
- Meetings with supervisors
- Self-wellness time
- Rounding time

Substance Abuse Support for people with activce addiction will likely include many of the tasks in this middle time category, but should focus on direct peer-support, referral to treatment programs and longitudinal follow-up.

Tasks if >30 hours available

Psychotherapy

Direct counseling:
- CETA
- Group PM+
- Individual PM+
- IPT
- Early Childhood Development Activities
- Psycho-education

Crisis Management

De-escalation:
- Stabilize patient (suicidal ideation, homicidal ideation, domestic violence)
- Refer patient
- Ensure referral completion

* Tasks should also include: Screening & Active Case Finding, Case Managment, Reintegration Support and Administrative Time

STEP THREE:
Recruit the Right People

Key question #5: Is there a cohort of people within your organization with unique lived experiences related to mental health?

Yes → Clinic Selection* and Support Strategy

No → Community Nomination, then Clinic Selection and Support Strategy

*Common Selection Criteria Often Includes:
- Being from the community (or having a unique relationsihip with the community)
- Speaks local language(s)
- Appropriate level of education
- Common skills such as communication, empathy, nonjudgmental approach
- Contextual factors like age, gender, lived experience (if relevant to tasks for patient population)

STEP FOUR:
Train for Success

Key question #6: Are the CHWs already employed by the health system or will they be new hires?

Existing Cadre of CHWs (part of their time newly assigned to mental health work
→ 1) Mental Health Task Training

New Recruited Cadre of CHWs for mental health (volunteers, part-time, or full-time employees)
→ 1) Foundations of CHW Training
2) Mental Health Tast Training

Annual Refresher Trainings Continuing Medical Education

STEP FIVE:
Establish Supervision and Mentorship for Excellence and Fidelity

Key Question #7:
Are there adequate support systems in place to ensure that the tasks that are assigned to the CHWs are being accomplished with excellence (they can do the task really well) and fidelity (they consistently do the task really well)?
Within the shaded boxes are best practices from the field on how to create a culture of excellence and fidelity.

- Review task responsibilities and expectations
- Direct observation from senior colleague
→ Excellence

- One-on-one time for problem solving
- Peer group sessions
- Career growth and development sessions
→ Mentorship

- Digital health tools
- Feedback questionnaires
- Clinical interview shadowing
→ Monitoring

Mentorship + Monitoring → Fidelity (Consistency)