Practical Advice Paper

Mental health psychosocial support training lessons learned in Myanmar

Tay Zar LIN[1], Lin Thiha Aung[1], Yu Myat Nandar[1], and May Thu Khant[2]

[1]Faculty of Public Health, Chiang Mai University, Chiang Mai, Thailand
[2]Noble Healthcare Clinic, Yangon, Myanmar

Abstract

Delivery of mental health psychosocial support training programs in diverse environments is crucial for addressing mental health needs of vulnerable populations. However, factors such as cultural, socioeconomic, and language barriers can hinder training program implementation. To demonstrate how these barriers might be overcome in practice, a case study of MHPSS health worker training in a conflict-affected area of Myanmar is presented. Effective training can be achieved through community engagement, culturally adapted training methods, an emphasis on practical skills, and by addressing security concerns, language barriers, and potential psychological stress of trainees.

Keywords:
mental health, health worker training, psychosocial support, Myanmar, conflict zones, cultural diversity

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Email: Tay Zar LIN (tayzar_lin@cmu.ac.th)

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Introduction

Mental health psychosocial support (MHPSS) training for health workers is regarded as critical to meet the mental health psychosocial needs of conflict and disaster-affected individuals.[1] However, numerous barriers and challenges[2] confront the delivery of MHPSS training to support diverse communities, particularly those with ethnic minorities. Culture, language and socioeconomic disparities need to be addressed to tackle the challenges for the implementation of a health worker training program.

This paper discusses the challenges and practical strategies for implementation of a MHPSS training program in a culturally diverse setting. Overcoming these challenges can increase the effectiveness and accessibility of a MHPSS training program and support the mental health and wellbeing of the affected population.

Case study: Myanmar

A northeastern region in Myanmar has been heavily impacted by ongoing conflict, leading to displacement, trauma, and significant mental health challenges among the population. To address the gaps, local organizations, together with the mental health professions, implemented a training program for community health workers in October 2023. Core components of MHPSS[3] include psychological first aid, counselling, psychosocial support activities, and community-based mental health programs. By providing timely and appropriate support, MHPSS can help individuals cope with trauma, reduce stress, and promote resilience.[4] Additionally, MHPSS can strengthen social cohesion, foster community resilience, and contribute to long-term recovery efforts.

Case study methods

The RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework[5] was utilized for program development and implementation as outlined in Table 1.

1. Community Engagement

To determine the target population's specific mental health requirements, the training program started with a community engagement phase. The community needs assessment on mental health was performed as a focused group discussion, using the WHO mental health and psychosocial needs assessment toolkit.[6] Forty-five community leaders who had been participating in the education, health and social support services in that northeastern region were selected with the help of the local non-governmental organization after the focus group discussions. The culturally relevant nature of the

Table 1: RE-AIM Framework

Framework	Description
Reach	Identified and engaged 45 community leaders through a focused needs assessment.
Effectiveness	Demonstrated significant improvements in participants' knowledge, confidence, and practical skills in psychological first aid and stress management based on the MHPSS framework.
Adoption	Facilitated in collaboration with local NGOs, bilingual trainers, and community representatives to ensure the cultural relevance.
Implementation	Delivered a hybrid training model combining self-paced online learning with in-person sessions
Maintenance	Encouraged to establish peer support groups to sustain the program's impact.

program was also discussed during the stakeholder engagement process.

2. Culturally Adapted Training Materials

Training materials were developed in the local language and adapted to the cultural context, with the input of bilingual mental health experts. The materials were reviewed by three community representatives and an independent mental health expert to ensure cultural appropriateness. The materials included:

- Pictures and illustrations customized to local context.
- Training scenarios and role-play scenarios, relevant to the region.

3. Training in Practical Skills

The training emphasized practical skills including stress management and psychological first aid methods. A three-day in-person session was delivered after a self-paced online knowledge learning session. Three three-day sessions were delivered to 15 people at a time, to accommodate the 45 participants. The pre-training knowledge and attitude assessment was performed to compare with the post-training assessment results.

Role Playing and Simulation: Scenarios were co-created with local community leaders to reflect the real-life challenges. The participants and facilitators were also informed in advance about the potential emotional triggers and how to manage their reactions. Participants received immediate feedback to enhance skill acquisition.

Peer Support Training: Community health workers were also encouraged to facilitate peer support groups post-training for the sustainability of the program.

4. Address challenges

Security Concerns: Due to the ongoing conflict status of the area, security measures were implemented including security risk assessment, training in a safe location, safe transportation of the trainers and trainees, and coordination with the local authorities.

Language Barriers: Bilingual trainers were employed and the training materials were translated into local languages.

Trauma and Stress: Most of the trainees had experienced traumatic events themselves, which could impact their learning ability and training engagement. To overcome this, trauma-informed practices were incorporated into the training, and opportunities for self-care and stress management were provided.

5. Monitor and evaluate

Pre- and post-assessment on the training knowledge and attitude of the participants were performed. The knowledge and attitude test is based on the WHO MHPSS framework.[7] Post-training assessment and feedback were collected after the training delivery.

6. Consider ethical concerns

Participant information sheets were distributed in advance, given the sensitive nature of the training. Information about the psychological safety measures and support, the culturally adapted nature of the training program, and the outcome of the training were included in the information sheet.

Case study results

56% (n=25) of our trainees were female and 44% (n=20) were male with 44% 20–29 years old, 40% 30–39 years old, and 16% 40–49 years old. Pre- and post-training assessments were performed.

Enhanced Knowledge: Participants demonstrated a significant improvement in their understanding of psychological first aid principles (55% to 92%), stress management techniques (73% to 94%), and strategies for strengthening social support (70% to 90%).

Increased Confidence: The training significantly boosted participants' confidence in applying their newly acquired skills in practical settings (68% to 90%).

Lessons learned

Delivering MHPSS training in diverse settings faces many challenges. Cultural, language, socioeconomic, geographic and political barriers can hinder implementation. The combination of these barriers frequently results in complex problems that require unique and culturally appropriate solutions. Lessons learned are outlined in Table 2.

Addressing Barriers to Implementation

Cultural Barriers

Contextualization of the training format based on local culture and values played a pivotal role in training success. In addition to these efforts, continuous engagement with the community is necessary for the sustainability of the program.[9]

Language Barriers

When the training is not delivered in the participants' primary language, comprehension may be limited[10] and there may be hesitancy to ask the questions. To tackle this challenge, development of the multilingual training materials was performed with bilingual trainers. Involvement of community members in the translation processes improved not only the training efficiency, but also built trust[11] within the community.

Socioeconomic Disparities

Factors such as poverty, illiteracy, and lack of education can limit individuals' ability to benefit from training opportunities. The range of educational levels was an additional challenge—some of our participants were middle school graduates, some were university graduates. Collaboration with local organizations facilitated training in the community.[12] Financial incentives[13] such as stipends to cover expenses were also used to encourage participation in the training.

Geographic Barriers

Barriers such as remote locations, poor infrastructure and transport limitations can significantly decrease accessibility of the training programs. To overcome these challenges, online training or online/onsite hybrid training should be performed based on the situation on the ground.[14]

Political and Security Challenges

Political instability, conflict, and security threats can pose significant challenges to the delivery of MHPSS training. The safety of the trainers and trainees is paramount in training delivery and thus careful security risk assessment must be performed

Table 2: Lessons learned for MHPSS training in diverse settings

Challenges	Mitigation Measures
Cultural Barriers	Cultural adaptation of training materials and activities Recognition of cultural differences and open to learn from others
Language Barriers	Development of multilingual training materials Train the trainer program for multilingual providers Community involvement in translation of materials
Socioeconomic Disparities	Simplification of training materials Partnership with local organizations Flexible training schedule Incentives
Geographic Barriers	Partnership with local organizations Tele-training delivery
Political and Security Challenges	Security risk assessment of the area before training delivery Collaboration with security personnel Tele-training delivery

in advance before the training has been conducted, particularly in conflict areas.[15] Collaboration with security personnel should also be performed for assessment of risk level and risk mitigation measures. The utilization of technology such as remote delivery by tele-training should also be performed in high and very high-risk areas.[16]

Sustainability

Pre- and post-assessments only reflect the short-term effectiveness of the training program. Additional qualitative methods such as focus group discussions and interviews with community members can be used to measure longer term impact.[17,18]

Limitations and Future Directions

While this case study provides key insights to the implementation of the MHPSS training from the challenges perspective, it is also important to note the limitations. Our experience is in Myanmar conflict zones—future research should test the application of our lessons learned in other diverse regions to enhance the generalizability of our findings.

Conclusion

The delivery of MHPSS training in a diverse setting is essential to address the mental health challenges of a vulnerable population. Applying the lessons we learned in Myanmar may enhance the effectiveness of mental health support capacity in other parts of the world. Our program demonstrated that culturally sensitive, community-based training programs can be effective in training the health workforce, so potentially promoting the mental wellbeing of the community.

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Conflicts of interest

The authors declare that there are no conflicts of interest.

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