TRAINING ON PERINATAL DEPRESSION

Primary audience: ANC and PNC nurses from health centers and HEWs from health posts
Secondary audience: Health Center Public Health Officer /GP/ or Psychiatric nurse (where available), for training on PHQ-9 and counselling. Note: Consider a separate 1 day training for this group.
Maximum 25 participants per training

DAY 1 – TRAINING ON PERINATAL DEPRESSION

TIME	TOPIC	STEPS	MATERIALS
8:30- 9:00	Opening and registration Pre-test Tools on your table	1) Ask everyone to prepare their name card 2) Do registration 3) Conduct pre-test 4) Open the training 5) Explain what materials are on the table (Agenda, Job aid)	
9:00-10:30	What is perinatal depression Why should we be concerned	1) Read and discuss the story of Fatuma (see end of the agenda): • How was Fatuma feeling? Do you think it was a depression? What makes you think so? • What were some things that made her feel worried or sad? • How did Fatuma's state affect her actions? • What happened as a result? • Have you ever met women like Fatuma, in your work? 2) Share the presentation on perinatal depression 3) Discuss: • What did you already know? And what was new?	Story of Fatuma* Presentation

10:30-11:00	**BREAK**		
11:00-11:45	Job aid for perinatal depression	1) Ask to review the job aid in groups and answer the following questions: 1. What does job aid include? (A checklist, and a set of counselling cards) 2. Who and where will screen and counsel women on depression? 3. Which women will be screened? (all) 4. How will women be screened for depression? 5. In what case will the women be referred? 6. Where will the women be referred? 7. What will GP do when s/he receives the woman? 8. In what case will the women be counselled? 9. What tool will be used for counselling? 10. What are the basic steps in counselling, if you were asked to summarize? 2) Invite one group to respond to question 1, and the other groups to add if needed. Continue the same way with other questions.	Job aid
11:45-12:30	Simulation of screening and counselling	1) Simulate screening and counselling in PNC, with support of one volunteer. *Volunteer should role play an adolescent mother, whose partner abandoned her, and who has little interest in breastfeeding or caring for the newborn.* *Follow the steps outlined in the checklist and on the counselling cards.*	Doll (the baby)

		2) Discuss: • How was the mother when she came in? What did you observe and hear? • What did the nurse do to screen the mother? • What do you think the nurse concluded? • What did the nurse do, to counsel the woman? • Why was praising the mother so important? • How was the mother after the counselling? 3) Discuss: How would screening and counselling be different in ANC? 4) Discuss: Why do we want the MCH nurses and HEWs to do counselling, instead of simply referring? • Because most women may not go to referral facility • Because the woman sees the nurse/HEW frequently and trusts her, and will therefore accept counselling from her • Because it is best to give counselling (first aid) here and now, instead of delaying it • Because depression is affecting the health of both the mother and the baby.	
12:30-14:00	**LUNCH**		
14:00-15:00	Screening with PHQ-2 and PHQ-9 Practice and scenarios	1) Read together and discuss the 2 questions in PHQ2. Draw attention that these 2 questions already appear on the job aid. *2)* Discuss why each question has 2 smaller questions inside: *the first one is asking whether the woman ever felt this way, and the second is asking how often she felt this way.*	PHQ2 and PHQ9 copies Job aid

		3) Read together and discuss the remaining PHQ9 questions. Ensure clear understanding of the questions. 4) Review who will administer PHQ2 (MCH nurses and HEWs) and PHQ9 (PHOs, GPs, Psychiatric Nurse). 5) Ask the participants in each to form pairs and to practice administering the PHQ2 to each other in local language. 6) Discuss if any questions were difficult to understand and brainstorm possible solutions. 7) In the same pairs, distribute scenarios for screening (some for PHQ-2 and some for PHQ-9, see Annex 1). 8) Ask the groups to work on the answers for each scenario. Give 20 minutes. 9) They should also record the result of screening on the respective ANC or PNC page (for PHQ2) or on the Follow up tool (for PHQ9). 10) After 20 minutes, discuss the scenarios and the answers on the tool, one by one. Ask a different group to answer each time, and the others to add if needed 11) Discuss what are referral options, in case a woman needs to be referred, and a process to follow.	Annex 1: Scenarios for screening Pages from ANC and PNC register books for each group Depression follow up list

15:00-16:00	Counselling	1) Review counselling steps (Annex 2) 2) Discuss the logic behind counselling steps: • Why do we discuss two drawings? • Why is there focus on "doing something", as the first step out of depression? • Why is there need for the provider to practice attentive listening and empathy? • Why is appreciation and praise so important in counselling? 3) Give the groups 4 scenarios for counselling. 4) Stress that they should do 2 things: 1) identify relevant cards; 2) counsel using the cards, following the steps in the job aid. 5) During role play, ask the group members to take turns being mother, provider, and observer. 6) Walk around and support the groups to follow the counselling steps effectively. 7) Then, in the big group, review the selection of cards for each scenario. 8) Select 1 group who you think did best during practice, to role play their counselling for everyone. Review.	Annex 2: Counselling steps (for each pair) Annex 3: Scenarios for counselling
16:00-16:30	**BREAK**		
16:30-17:00	Preparation for practice at health facility	1) Provide information about tomorrow's practice: • Health facility/ies • Touchpoints (ANC, PNC, waiting rooms) • Practice pairs 2) Make sure everyone brings their job aid tomorrow	

DAY 2 – TRAINING ON PERINATAL DEPRESSION

TIME	TOPIC	STEPS	MATERIALS
8:30- 10:30	Practice at health facility: ANC, PNC, waiting room	1) Meet and review screening and counselling steps 2) Explain that when we screen and counsel in ANC or PNC, we cannot take a lot of time like in the waiting room, maximum 5-10 minutes. Is there a way to integrate some of the steps into routine ANC/PNC activities? 3) Brainstom. Point out that asking/observing can happen casually during first part of the consultation, and depression counselling can be joined with other counselling, such as on nutrition etc. 4) Divide into pairs and go to the ANC, PNC and the waiting rooms to screen and counsel. Providers that are in MCH touchpoints can do the whole ANC or PNC service with depression intervention integrated. 5) Each pair should ideally screen and counsel at least 4 women (2 per provider).	Job aids
10:30-11:30	**RETURN AND BREAK**		
11:30-12:30	Debriefing about practice	1) Ask the participants to share, and write down: • How many women they counselled • How many had risk factors (N and %) • How many had PHQ2 of 2 or higher (N and %) 2) Explain that this is how it is likely to be in their routine work: quite a few clients with risk factors for depression, and just 1 or 2 with clinical symptoms of depression. And so our primary job will be to counsel and support the	

		women with risk factors, so that they do not develop depression. 3) Discuss what went well in screening, and what was difficult and could be improved. Write on the flipchart. 4) Discuss what went well in counselling and what was difficult, if anything. 5) Add some of your own observations. 6) Conduct post-test.	
12:30-14:00	**LUNCH**		
14:00-15:30	Next steps	1) Ask the participants to sit together by Health Center 2) Ask them to discuss the following: • When do they plan to start integrating depression screening and counselling into ANC and PNC? • Who steps will they take, to start providing this service? • What collaboration and support will they need from HC directors or MCH leads (see below)? • How many other MCH nurses / HEWs still need to be trained? How can they be trained? • Who will be the focal point on perinatal depression in the HC (and will be responsible for compiling monthly data)? 3) Invite the HCs to present their plans, one by one, and jointly review and improve them. 4) Inform that the trainers will visit each HC/HP monthly, to observe the screening and counselling and to provide needed support.	

		5) Recommend the HCs to review their data on depression regularly, in the routine data review meetings, and generate recommendations for improvement.	

OPTIONAL / SEPARATE SESSION	HF directors' or MCH leads' role	1) Invite HF directors and/or HC MCH leads for this session, or organize a separate meeting:
		• Ask 2 of the participants summarize for the directors/MCH leads what has been learned in this training and its importance
		• Discuss with directors how to optimize the implementation of depression screening and counselling, ex:
		  • Reduce rotation of providers in ANC and PNC
		  • Increase privacy and confidentiality
		  • Reinforce GP's role in follow up and in the use of the follow up tool
		  • Discuss data on depression monthly	

Fatuma's Story

This is the story of a 22 year old Fatuma. Fatuma was three months pregnant. She has been married for the last four years and lived with her husband and his parents and siblings. She had two kids, a 3-year-old boy named Getahun and a 2-year-old girl named Awalet.

Fatuma's husband would leave home early in the morning and come back quite late in evening. Fatuma's mother-in-law had been sick, she had arthritis and diabetes which prevented her from doing the housework. So Fatuma had to take full care of her home and children. Fatuma's brother and sister-in-law were still young and studied in school.

As Fatuma's pregnancy progressed, she started feeling tired all the time. Despite her condition, she tried her best to take care of her children and family. However, she was paying less and less attention to her own health. She would not eat well, but would just finish whatever was left in the pot after the family ate. At the last check up the nurse said that Fatuma did not have enough iron in her blood, and that this could cause the baby to have poor health after birth. But Fatuma just did not have time for herself, and was hoping for the best.

During her last trimester Fatuma started experiencing pains. At night she could not sleep as she lay worrying about her health and her unborn child. She was getting concerned how she would manage her domestic work, without any help, after her third child would be born.

Fatuma's physical health and worries affected her mood. At times she got easily upset over small things and started crying. She was not eager to see her friends anymore. Fatuma's family was unable to understand what was wrong with her. Her mother-in-law thought that someone has cast an evil eye on her. She took her to spiritual healer but it did not help. Fatuma's husband was losing his patience with her. He started spending most of his time outside to avoid her. Her husband's changed attitude made Fatuma feel even more lonely and sad. She often got irritable and expressed her anger by shouting at her children, which she used to regret later.