

Differential Child and Adolescent Mental Health learning outcomes among health cadres in Uganda

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The improvements in CAMH knowledge from a 5-day training of Primary Health Care workers from Eastern Uganda were significantly higher for clinical officers than for nurses and midwives.

Objective

Poor detection of Mental ill health among children and adolescents in low and middle income countries (LMIC) results in a treatment gap which can be met through integration of child and adolescent mental health (CAMH) into primary health care (PHC).

Our objective was to determine the effect of PHC workers' CAMH training on levels of CAMH knowledge.

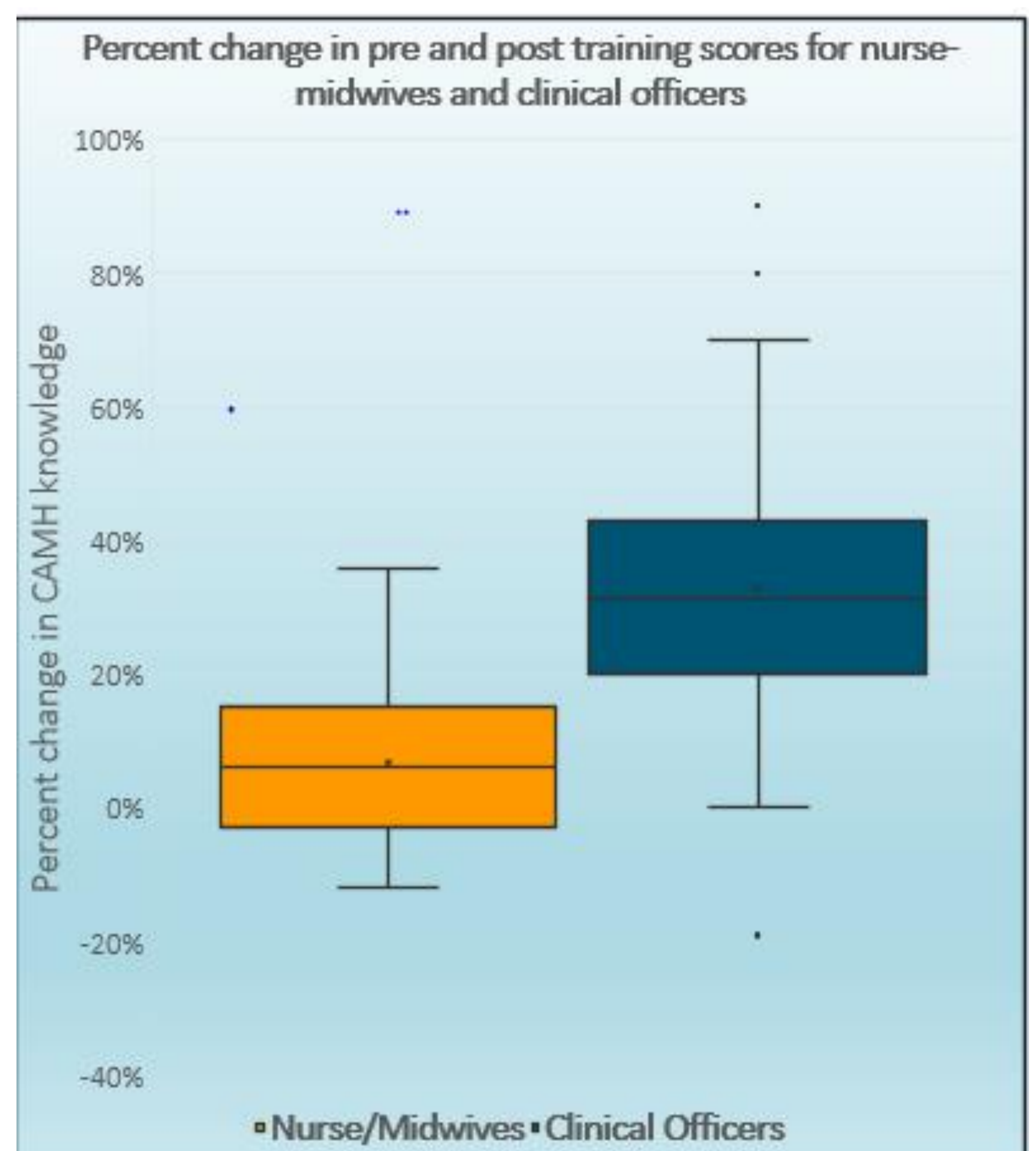


Methods

- We conducted CAMH training based on the WHO mhGAP intervention guide for 5 days for 36 Ugandan PHC staff in October 2015.
- The training was administered by CAMH psychiatrists and psychologists.
- The change in knowledge was assessed for the participant cadres by comparing median percentage scores in the course participants' pre and post training tests. Chi square statistics assessed the differential changes in knowledge between cadres of health workers.

Results

- 53% (n= 19) of the trainees were clinical officers with a diploma in medical practice.
- The median change in knowledge was 12% overall (55% to 67% pre to post-test); 16% (range: -16% – 36%) for clinical officers compared to 8% (range: 12% - 37.5%) for nurses / midwives.
- The proportion of PHC staff who gained 25% or more in knowledge was significantly higher for clinical officers (p=0.019;) than for nurse / midwives.



Conclusion

The improvements in CAMH knowledge from a 5-day training Of Ugandan PHC workers is significantly higher for clinical officers than for nurses and midwives. CAMH integration into PHC in LMIC should involve PHC staff with a diploma in medical practice

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