

Assessment of Knowledge of Community Health Officers (CHOs) on Screening and Basic Management of Mental Health ailment at AAM- SHCs in Sarguja District of Chhattisgarh



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INTRODUCTION

- India's healthcare landscape has shifted towards Comprehensive Primary Health Care (CPHC).
- AAMs, led by Community Health Officers (CHOs), offer an Expanded Service Package (ESP) covering preventive, promotive, curative, and rehabilitative care, including mental health services.
- Mental health disorders pose a significant burden globally and in India, with a large treatment gap. The National Mental Health Survey (NMHS) revealed high prevalence rates and treatment gaps, emphasizing the need for integrated mental health services at the primary healthcare level.
- CHOs play a crucial role in early screening, intervention, and management of mental health ailments, bridging the treatment gap and enhancing accessibility to care.

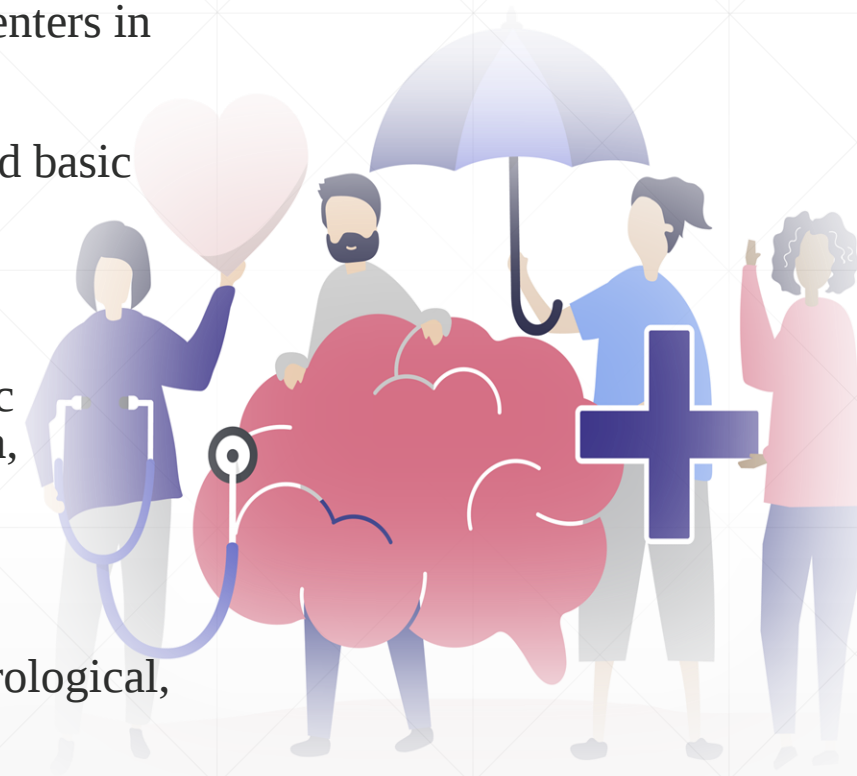


Literature review

1. Priyamadhab , Amudhan SR, Rishab, Anindo , Arun,Mohan . (2018)	Adapting the Stepped Care Approach for Providing Comprehensive Mental Health Services in Rural India: Tapping the Untapped Potential	The paper highlights the significant mental health burden in rural India, with nearly 150 million people requiring intervention. Challenges include a lack of strategy and trained professionals. It proposes a stepped-care approach integrating Community Health Workers (CHWs) into mental health service delivery. This model aims to improve mental health literacy, reduce stigma, screen for priority disorders, ensure treatment compliance, and facilitate rehabilitation. Leveraging existing health systems, particularly Ayushman Bharat's Health and Wellness Centres, and integrating technologies like telepsychiatry enhance accessibility. The stepped-care approach aligns with national health policies and addresses the critical human resource gap, aiming for comprehensive mental health care delivery.
2. Ayano , Haile , Chaka , Haile , Solomon , Yohannis , ,Assefa , Awoke , Jemal . (2017)	Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on KAP	From October to December 2016, a study in Ethiopia looked at how effective mhGAP training was for primary healthcare professionals. It showed positive changes in their understanding, attitudes, and practices related to alcohol use disorders, depression, psychosis, and epilepsy. After the training, there were notable improvements in knowledge (up to 54.22%), attitudes (up to 55.32%), and the ability to identify cases (up to 62.78%). The research concluded that this training significantly boosts the capabilities of primary healthcare workers, making it easier to integrate mental health services into basic healthcare systems, especially in low- and middle-income countries where mental health care is a major challenge.
3. Sobha , Mehul , Rajat . (2021)	KAP on Mental Health among health workers serving a block of a district of Western India	The research aimed to understand how healthcare workers in rural and tribal areas perceive and handle mental health issues. It discovered that on average, these workers had a moderate level of knowledge at 63.46% and a good attitude towards mental health practices at 72.78%. They were familiar with common mental health conditions like psychosis, anxiety, and depression. Interestingly, many also mentioned faith healing and traditional methods as treatment options. The study suggested that there's a need for specific support programs to better equip these frontline healthcare workers, especially in regions with limited mental health services.

AIM & OBJECTIVES

- **Aim:** Evaluation of Community Health Officers' Understanding of Screening and Basic Management of Mental Health Issues at Ayushman Aarogya Mandir Sub-Health Centers in Sarguja District, Chhattisgarh
 - **Research Question :** What are the knowledge of CHOs regarding the screening and basic management of mental health ailments as part of the ESP at AAM-SHC?
 - **General Objective:**
 - To evaluate the knowledge and attitudes of CHOs regarding the screening and basic management of mental health ailments as part of the ESP at AAM-SHCs in Sarguja, Chhattisgarh, India.
 - **Specific Objectives:**
 1. To assess the level of knowledge among CHOs about CMD, SMD, C&AMD neurological, and substance use (MNS) disorder and suicide ideation behaviour.
 2. To determine the proportion of CHOs who correctly identify and use appropriate screening tools for MNS disorders
 3. To evaluate the basic knowledge attitudes of CHOs towards patients with MNS disorders
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METHODOLOGY

Research design :	Cross Sectional Study
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Study setting:	CHOs stationed at various AAM SHCs in Sarguja district, Chhattisgarh
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Sample Size	71 out of a total of 129 CHOs in the district.
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Sampling Technique	Convenience sampling
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Data Collection	Structured questionnaire administered electronically via Google Forms
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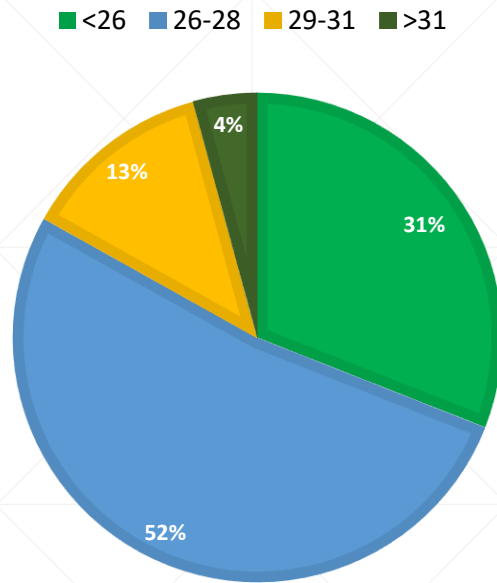
Study Duration	Over a period of two months, April and May 2024
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Research Procedure	Closed-ended questions were be utilized for the assessment
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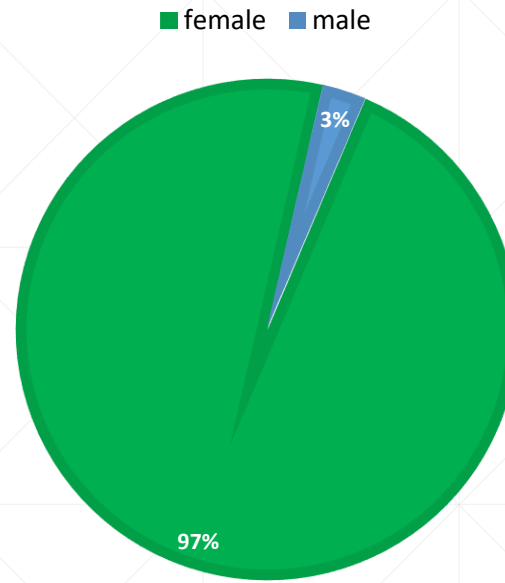
Results:

Demographic Characteristics and Professional Experience of CHOs			
Categories	Variables	Count(n)	Frequency % {(n/N*100) ; N=71}
1. Age group	<26yrs	22	31
	26-28	37	52
	29-31	9	13
	>31	3	4
2. Gender	Female	69	97
	Male	2	3
3. Highest Qualification of the CHO	GNM	13	18
	UG	42	59
	PG	16	23
4. Overall working experience	<2 years	18	25
	2 - 4 yrs	47	66
	>4 yrs	6	8
5. Population Served	0-3000	10	14
	3000-5000	46	65
	5000-7000	15	21
6. MNS training received	YES	58	82
	NO	13	18
7. Number of MNS cases encountered in a month (*case missing:6)	0-10	55	77
	>10	10	14

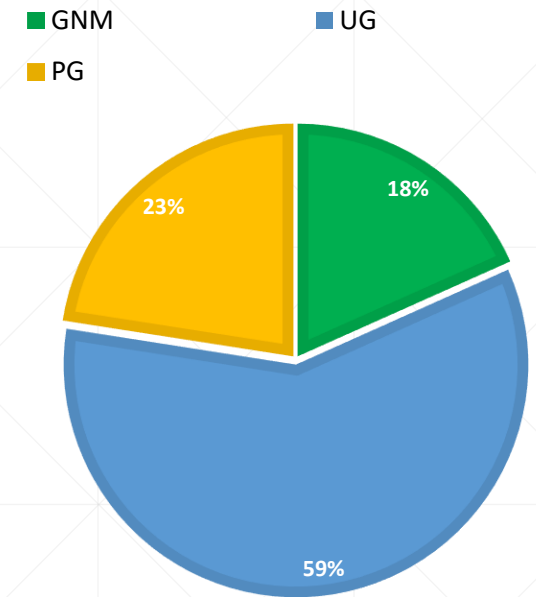
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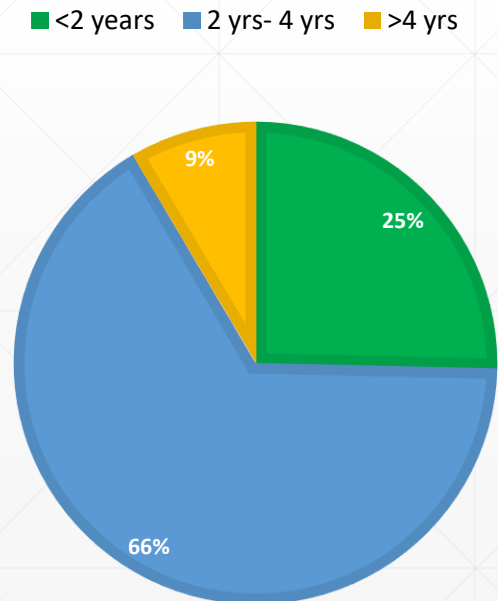
GENDER



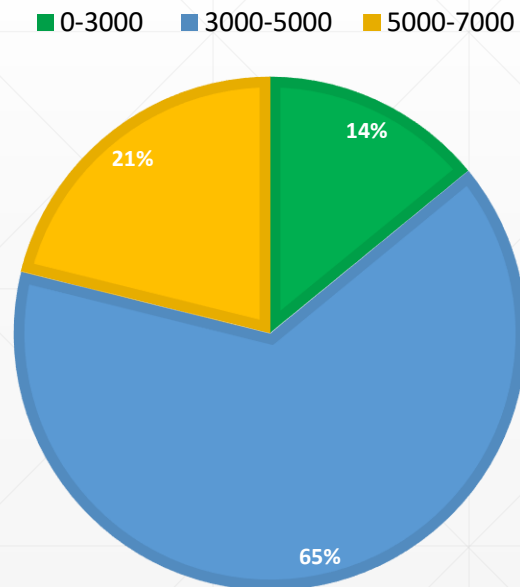
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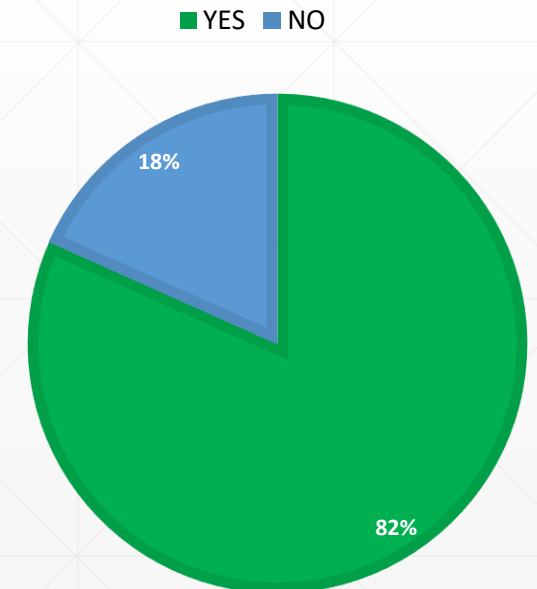
OVERALL WORK EXP.



POPULATION SERVED



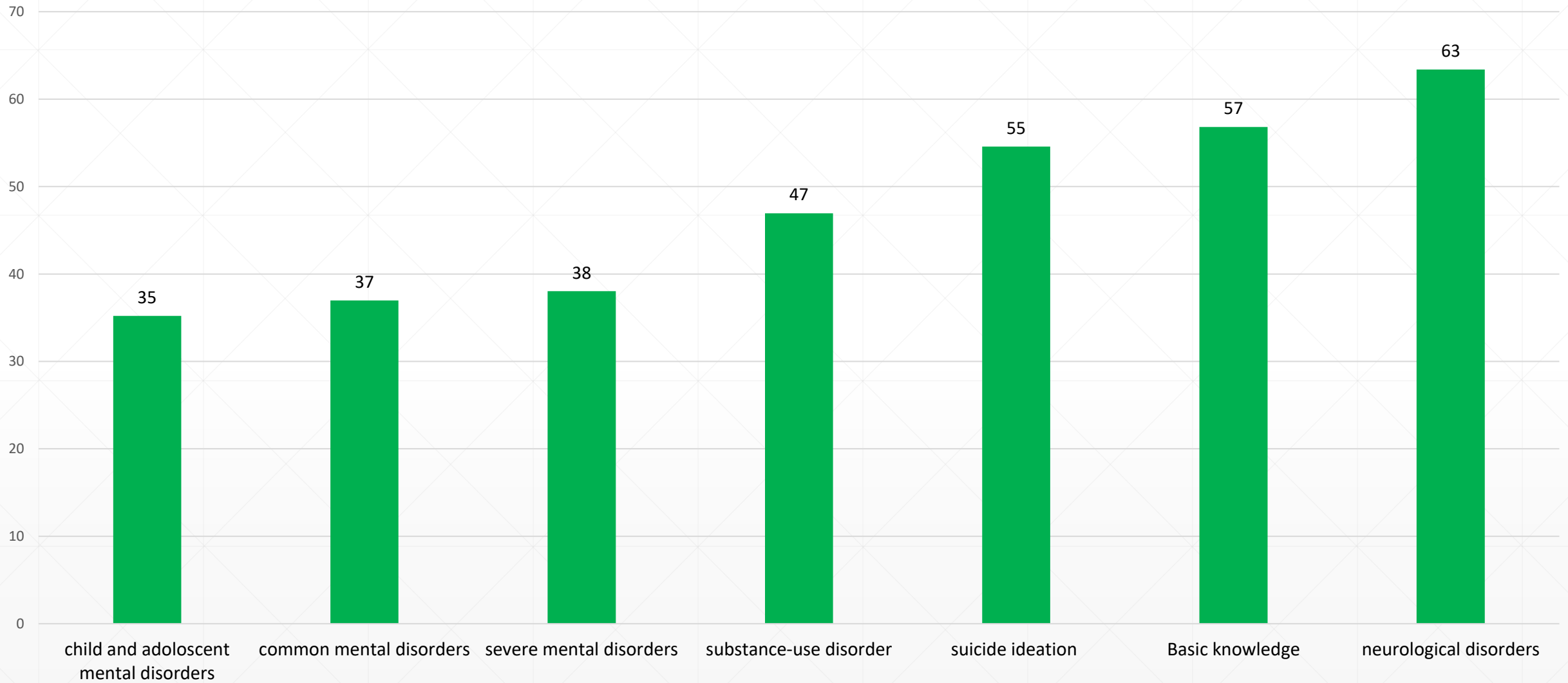
MNS TRAINING RECEIVED



Knowledge and Attitudes of Community Health Officers on Mental Health Services in Sarguja District, Chhattisgarh, India

- Overall Knowledge: Median score was 15 out of 31; significant gaps in key areas.
 - Community-Based Assessment Checklist: 91% could not identify its limitations.
 - Common Mental Disorders: 53% responded incorrectly; 86% unaware of depression screening tools.
 - Bipolar Disorder and SRQ-20: 65% did not know manic episode duration; 66% unaware of SRQ-20 score threshold for referrals.
 - Child and Adolescent Mental Health: 68% could not identify non-classified disorders; 61% lacked knowledge on unhealthy parenting examples.
 - Substance Use and Legal Misconceptions: 62% unaware of substance dependence signs; 80% incorrectly believed a suicide attempt is criminal under the Mental Health Care Act, 2017.
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Mean percentage of accurate answers



Overall Knowledge:	Average correct response rate is 57%, indicating moderate foundational knowledge in mental health.
Strongest Area:	Neurological disorders have a high understanding with an average correct response rate of 63%.
Common Mental Disorders:	Significant deficiency with an average correct response rate of 37%, highlighting the need for improved education and training.
Lowest Knowledge Area:	Child and adolescent mental health issues have the lowest average correct response rate at 35%, indicating a critical need for targeted training and education.
Varied Knowledge Levels:	Respondents show varied levels of knowledge across different mental health areas, suggesting both strengths and weaknesses
Training Needs:	Results emphasize the importance of enhanced education and training to address specific mental health knowledge gaps.

Correlation of Education Background, Gender , Training on MNS with Knowledge Scores of Community Health Officers:

- In statistical analysis, a p-value less than 0.05 ($p < 0.05$) is typically considered significant, while a p-value greater than 0.05 ($p > 0.05$) suggests insignificance.
- This indicates a higher chance that any observed differences or associations occurred randomly, without a real connection between the variables. Examining Table 3's findings:
- The p-values concerning the relationship between mean knowledge percentage and education level ($p=0.4445$), gender ($p=0.7481$), and MNS training ($p=0.3273$) are all above 0.05.
- This implies no statistically significant link between these variables and the knowledge scores of community health officers.

Variable	Mean knowledge Percentage	Standard deviation	p-value
Education Background	44.67	11.86	0.4445
1. GNM	49.31	12.14	(non-significant)(ANOVA)
2. UG	46.78	10.94	
3. PG			
Gender			
1. Female	47.97	12.12	0.7481
2. Male	45.16	3.23	(non-significant)(t-test)
Training for MNS	47.22	11.47	0.3273(non-significant)(t-test)
1. Received	50.87	13.58	(non-significant)(t-test)
2. Not received			

Discussion

- The study assessed the knowledge and attitudes of CHOs regarding the screening and basic management of MNS disorders at AAM-SHCs in Sarguja District, Chhattisgarh.
- Findings reveal that while CHOs possess basic awareness of MNS disorders, there are notable gaps in specific areas.
- Only 38% of CHOs could correctly identify signs of substance dependence, and 44% were aware of appropriate screening tools for neurological disorders.
- Existing training programs may not comprehensively cover these aspects, leading to underdiagnosis and inadequate management.
- Varied attitudes and hesitance among CHOs towards managing MNS disorders were observed.
- Hesitance could be due to insufficient training and lack of practical experience.
- No significant association was found between CHOs' education level or training frequency and their knowledge scores.
- Quality and relevance of training are crucial for improving knowledge and competence.
- Systemic challenges, including resource limitations and high patient loads, impede comprehensive care delivery.
- The study aligns with existing research, highlighting the need for improved training and support for CHOs.

Strengths of the study:

- The study provides valuable insights into the current knowledge and attitudes of CHOs towards MNS disorders, highlighting areas needing improvement.
 - It identifies specific gaps in the training and knowledge of CHOs, which can inform the development of targeted training programs.
 - The research is conducted in a real-world setting, reflecting actual conditions and challenges faced by CHOs in primary healthcare centers.
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Limitations:

- The study is limited to CHOs in Sarguja District, Chhattisgarh, and may not be generalizable to other regions.
- Self-reported data may be subject to bias, with CHOs potentially overestimating their knowledge and skills.
- The cross-sectional design of the study does not allow for the assessment of changes in knowledge and attitudes over time.

Recommendations

Enhanced Training Programs

- Develop comprehensive training modules focusing on less understood areas such as substance use and neurological disorders.
- Implement regular refresher courses to keep CHOs updated on the latest practices in MNS disorder management

Practical Training

- Incorporate practical, hands-on training sessions to build CHOs' confidence and competence in handling MNS disorders.
- Use case studies and role-playing exercises to simulate real-life scenarios.

Awareness Campaign

- Conduct community awareness programs to reduce the stigma associated with mental health issues, encouraging more individuals to seek help.

Monitoring & Evaluation

- Establish a robust monitoring and evaluation system to regularly assess the effectiveness of training programs and identify areas for improvement.

- Knowledge gaps in CHOs highlight the need for enhanced training.
- CHOs exhibit hesitance in managing mental health, emphasizing practical training's importance.
- Systemic challenges like resource constraints call for policy changes and infrastructure investment.
- Recommendations include implementing the stepped-care approach and integrating community health workers.(as suggested by other studies)
- Study limitations underscore the need for more rigorous research.
- Strategic improvements in CHO training are vital for better mental health outcomes.

Conclusion

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