**FEASIBILITY STUDY 2017-2018**

**Funded by The Scottish Government**

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 **Acronyms**

|  |  |
| --- | --- |
| **CBT****CHH****CCHS****COP****ERES****LB****MHUNZA****MoH****RMHN** **OT****SCHEME****SMMHEP****SSA****TA****THET****TOT****UNZA****UoE****UTH****WHO****ZADP****ZTA** | **Cognitive Behavioural Therapy****Chainama Hills College Hospital****Chainama Hills College of Health Science****Clinical Officer Psychiatry****ERES Converge, Ethics Board Zambia.****Leeds Beckett University Public Health training programme****Mental Health Users Network of Zambia****Ministry of Health, Zambia****Registered Mental Health Nurse****Occupational Therapy****Strategic Centre for Health Metrics and Evaluations** **Scottish Malawi Mental Health Education Programme****Sub Saharan Africa****Therapeutic Art****Tropical Health and Education Trust** **Training of Trainers****University of Zambia** **University of Edinburgh****University Teaching Hospital, Lusaka****World Health Organisation****Zambia Anaesthesia Development Programme (NGO UK)****Zambia Therapeutic Art (NGO Scotland, UK)** |

**Acknowledgements**

 **ZTA acknowledges with thanks the participation of the following;**

**Zambia MoH:** Mr Mayeya, *Chief Mental Health Officer* and Dr Simenda *Consultant Psychiatrist, National Mental Health Coordinator*

1. **Key partners**
* **SCHEME** Professor Michelo, and Margarate Munakampe (MEL specialist), University of Zambia Public Health Department
* **UNZA/UTH** Dr R. Paul, Department of Psychiatry, School of Medicine
1. **Health Education and Service delivery institutions**
* **Chainama Hills Hospital, Livingstone General Hospital, Ndola General Hospital;** Hospital directors,Managers of Mental Health units and their teams and Occupational Therapy and Physiotherapy Heads of Departments
* **Chainama College of Health Sciences** Course leaders for RMHN and COP

1. **NGOs**
* **Director at MHUNZA –** Zambia Mental Health Service Users
* **THET UK/ Zambia health training and partnerships** including **ZADP** Director Emma Lillie**,** Phil Bonnet - Anaesthetic consultant delivers the SAFE obstetrics course in Zambia; Sonia Akrimi - senior anaesthetic registrar - Anaesthetic Academic Lead at UTH
1. **Allied Health and Public Health academic and practitioner course developers (UK/ Zambia/Malawi/USA)**
* Speech Therapy course coordinator UNZA
* OT course coordinator Apex University, Lusaka
* Public Health lecturers from Leeds Beckett University in partnership with UNZA
* OT course developer Livingstone (MoH)
* Research Fellow, John Hopkins University/ Zambia Counselling Project
* SMMHEPS
1. **Service users and research advisors** – Scotland; Allison Worth/Grahame White UoE/NHS Lothian
2. **Malawi Links** SMMHEP; UK based Consultant Psychiatrists; Dr Selena Gleadow Ware and Dr Rob Stewart, and Malawian Consultant Psychiatry lead and Clinical Officer and OT representative from Zomba Psychiatric Hospital.

**Executive Summary**

 This first stage of the feasibility study was carried out by the ZTA researcher, Lesley Hill as a desk review in the UK to discover key literature, Zambian and global policies pertinent to health systems and structures which are likely to have a bearing on the roll out of a ToT course for mental health professionals in Zambia. Interviews were undertaken with established NGOs in the UK who have successfully established health training programmes in Zambia, the Scottish Malawi Mental Health Education Partnership, UK leads developing AHP courses in Zambian educational institutions and with an expert on Service User involvement in research from the University of Edinburgh/ NHS Lothian.

Following this, Lesley Hill visited Zambia for 3 weeks and met with the MOH, key personnel at training and service provider institutions and the mental health service user organisation In Lusaka. NGO links as above currently working in Zambia were also interviewed. Visits were made to Livingstone and Ndola Hospitals Mental Health teams to ascertain potential for roll out of training to the provinces. Zambian protocols and ethical requirements were considered and adhered to through meetings and ongoing communications with ERES Converge and the Chief Mental Health Officer at the Ministry of Health. Planning meetings were held with 6 identified Zambian trainers to plan for their delivery of the ZTA Course in September/October 2017. A short visit to meet the mental health team in Malawi, concluded the trip.

The second trip (Sept/0ct 2017) focused on the second arm of this project, piloting a ToT programme. Two ZTA trainers; Joanna Pearce and Simon Willoughby-Booth facilitated the preparation of 7 identified Zambian personnel to be trained as trainers during 2 training programmes and engaged them in 2 ZTA course programmes in Lusaka in September/October 2017. Trainer availability meant that the ZTA course in Livingstone was not able to synchronise with training trainers. A meeting with Ms Munakampe was facilitated to introduce them to their roles in MEL in relation to this Feasibility study. A Therapeutic Art taster session was facilitated at a Lusaka community clinic for members of MHUNZA.

A planned trip in January 2018 was postponed due to a cholera outbreak which severely affected participant trainer, trainees and organizational personnel availability, so with agreement with CORRA/Scottish Government, the project was granted a 6-month extension. Fortunately, the study was able to be concluded with a 3rd trip to Zambia Feb/ March 2018: Joanna Pearce to enable further Training of Trainers in Lusaka, Lesley Hill to work on MEL and research protocols, and both to facilitate a Stakeholders meeting to review progress and to plan for the Capacity Building programme in 2018/19.

Findings from consultations with stakeholders at all levels suggested that the concept of using a ToT programme to scale up the ZTA Course would be well-supported and potentially workable. This was based on both the views in the Ministry of Health and training institutions as well as UK/Zambian NGOs who had also tried this method. The target of 2 fully trained Zambian trainers was realised during this study, with 4 more reaching their Stage 1 of training. While the ZTA ToT course demonstrated increasing the trainer’s ability to deliver the training course, learning points for ZTA included allocating more time and resources both to the selection and preparation of trainers. ZTA further learned that the complexity of protocols and ethics around gaining permission to interview mental health patients directly (in order to measure impact of the ZTA course at this level) required more researcher time than was available in this study. Goodwill and enthusiasm and positive relationships of both Zambian partners and trainers and ZTA personnel enabled the study to be completed despite these shortfalls and the setback due to the cholera outbreak in January.

 In conclusion building capacity for coordination in country was indicated with a comprehensive system of MEL in order to work towards embedding Therapeutic Art skills in everyday mental health care practice. Further analysis and research was indicated to explore impact at service user level. Ongoing mapping and fact finding about health policies and systems is indicated in support of long term sustainability of the project.

**Activities and Outcomes**

1. **Exploring the landscape of Mental health resources, training and systems in Zambia**

**Training Systems for Mental Health in Zambia**

**Overview**

Mental Health provision and training is largely centralised in Lusaka in UTH and Chainama Hospital and associated training institutions. Health care is largely provided by the public sector and overseen by the Ministry of Health, in which there is a department specific to mental health. Government resources for mental health however areextremely limited which means that though there is enthusiasm and commitment for developing mental health services in Zambia in line with WHO initiatives, progress is severely inhibited. (See Appendix 1 below for numbers of mental health professionals in each province. Currently there is a drive to increase numbers of health care staff which includes mental health staff. While schemes to increase RMHN and COP are well underway, increasing the number of psychiatrists has proved to be more of a challenge, with less than 10 psychiatrists currently available in the country, and no further psychiatrists currently in training (MMed) at UTH. The MSc in Clinical Neuropsychology provides a course enabling clinical psychology practice but as yet limited numbers are employed in mental health service provision. Mental health care is dominated by pharmacological approaches, with shortages of drugs presenting an ongoing difficulty. The lack of training in therapeutic skills is acknowledged.

**Literature**

 Literature on Mental Health in Zambia is limited and largely points to a greatly under resourced health domain with severe issues of capacity; as well as stigma and human rights concerns. The delays in passing a modern Mental Health Bill compound these issues. National Policies are being developed in line with international WHO guidelines. (Please see Literature and Policy review appendix 2).

**Career pathways for mental health professionals**

 Currently there are two main strands: Through the MoH and based at Chainama Hospital and through Schools of Medicine and Nursing, UNZA.

• Doctors in Chainama start as Medical Officers. If they go on to MMEd then become junior registrar and can progress to Senior Medical Officer, Consultant level 2 and Consultant level 1. Once at Masters level they can become Lecturer 2 and this is reviewed every 2 years and can progress upwards.

• Clinical Officers Psychiatry, (who have similar pre-course qualifications to RMHN nurses and serve a semi medic/prescribing role) have no career progression currently. They can be placed at district and rural settings. (In the future a BSc in Mental Health may be introduced, but this is not yet in the pipeline.

 Allied Health and other professionals. Others involved in day to day care in mental health are physiotherapists, psychosocial counsellors, social workers, OT assistants and ward assistants. There are no qualified OTs currently working within mental health and few in the country as a whole. The Physiotherapy Department at Chainama Hospital oversees the OT department and OT assistants. A graduate OT course is due to commence this year at APEX University, Lusaka (private sector) and next year at Livingstone Hospital (Government)

• Psychology graduates can only progress to clinical work through the MSc Neuropsychology course at UTH. Participants come from a range of backgrounds; MH nurses, BSc Psych, BA Special Education.

• Nursing RMHN and can go on to masters during their worktime; the qualification enables lecturer and private sector work. Nurse training, general and mental health, is provided by government and increasingly private institutions, examinations are the same across the board.

**Perceived opportunities and barriers for potential Zambian trainers to train as trainers and then to sustain their delivery of this training in future years**

 The potential for embedding the ToT training sustainable delivery was well supported in theory by stakeholders at all levels and in a range of settings. Their emphasis on the perceived value of the Therapeutic Art course as practice based was noted. Preliminary discussions with stakeholders in the MoH and main hospitals and training centres identified that the programme would need to become included in existing work schedules. In service delivery settings this was viewed as possible but would need support and authorisation from management and MoH. For trainers identified within training institutions it was envisioned that the course could become part of their work role with ideally a trainer being trained for each training cadre and curricula. To ensure national coverage, training a trainer in each province would facilitate wider and cost-effective delivery. In community settings the engagement of civil society/ service user group supported the need and desire for Therapeutic Art to be available outwith institutional settings, as many people with mental health problems are not able to access these services. Health staff in community settings were keen to be trained to support this.

A rolling programme of training and monitoring of existing staff was also seen as essential. One way this could be achieved might be through the MoH developing programme of professional performance monitoring. TA is viewed by MoH as a joining in a cluster of psychological therapies for mental health for which policy initiatives are underway. Sustainability of the course will be further consolidated by publication – which can be done in partnership UK/Zambia and include Zambian health professional’s publication of case studies. Resources, planning and coordination are needed to enable these opportunities to be realised.

**Ethics and protocols**

 Discussions were held with the Zambian ethics board ERES, lead trainers and hospital directors regarding the potential for inclusion of patient interviews as part of the

Study. Following this an amended application for ethical approval (in addition to an existing approval to interview trainees) was submitted to the Board. This plan was approved by Mr Mayeya, MoH and advised that when ethical approval was confirmed, further approval from the permanent secretary MoH would be required. Support in constructing the information sheet and consent form was gained from Allison Worth and Graham White UoE/NHS Lothian. Issues about language were also discussed with MHUNZA. Unfortunately the amended application was refused, but with feedback. It was not possible to address this during the timeframe of this study, though Dr Simenda has agreed to help with a re submission in due course.

**Identifying and recruiting a Zambian MEL expert**

Following a meeting with Prof Michelo at SCHEME to discuss the feasibility study plans, he recommended Mrs Munakampe as a potential advisor for the MEL of the feasibility study. On meeting her she confirmed that she is available to both advise and implement a MEL programme free of charge. She will be reflective of her methods in order to inform which MEL methods might best be used for a larger scale up project. Emails to the ZTA team in the UK approved of her suggestion to use a ‘Theory of Change’ approach as this was more comprehensive than the ‘Most Significant Change’ approach used so far. She was further linked up with the Zambian leads associated with the ZTA course and the identified ToT trainers.

**Community and service users**

 A pilot taster workshop for a civil society service users in a Lusaka compound demonstrated both the relevance of Therapeutic Art for this client group and the enthusiasm of local health professionals to be trained in its approach. A key point is that these people with mental health problems are unable to access core services.

**Malawi**

Following meeting with SMMHEP representatives in Scotland, a visit was made by Lesley Hill to Malawi (June 2017). A short presentation of the work of ZTA in Zambia was shown to the mental health team in Blantyre and also at Zomba hospital; discussion and questions which followed demonstrated much interest in the ZTA course. A further meeting with Dr Stewart in Malawi (April 2018) generated further discussion of the potential to embed the ZTA training in the Psychiatry training of psychiatrists in Malawi by Zambian trainers. The links with Malawi suggest the potential for collaborations with ZTA and Zambian trainers to develop the use of Therapeutic Art more widely.

1. **Piloting the ZTA ToT Course**

 In recruiting trainers ZTA was mindful of the need for the trainers to have capacity to deliver the training in an ongoing way within their existing work roles – as hospital staff or lecturers within training institutions. In practice selection of trainers was problematic: Despite ZTA’s attempts to recruit trainers from its existing cohort of trained professionals, through communications with Zambian contacts, the initial cohort of 3 potential trainers were only recruited once ZTA trainers had arrived in Lusaka. In light of this experience we have developed clearer criteria for selection with the further 4 trainees who have capacity within their work roles to include this programme.

 **Roles and achievements of recruited Zambian trainers (April 2017 - March 2018)**

|  |  |  |  |
| --- | --- | --- | --- |
|  Trainer  |  Work Role |  Achieved stage 1 |  Achieved stage 2  |
| 1 | Lecturer Neuropsychology course UTH |  | Yes |
| 2 | Teacher Special Needs School | Yes |  |
| 3 | Freelance Neuropsychologist |  | Yes |
| 4 | Physiotherapist | Yes |  |
| 5 | Psychosocial counsellor | Yes |  |
| 6 | University Fellow, Nurse training UNZA/UTH | Yes |  |
| 7 | Psychology lecturer, School of Health Sciences | Not completed |  |

The ToT training aimed at being efficient in terms of resources needed to achieve its aims. Training of Trainers consists of preparatory meetings (2 hours) with the ZTA trainers followed by the Stage 1 training where they shadow a training delivered by a ZTA trainer. They are required to keep a reflective diary and time is allocated at the end of each training day for reflective discussion and learning. Before stage 2 meetings (4 hours) and opportunities to go over the training materials and practice delivery of the training is provided with ZTA trainers. Stage 2 consists of delivery of the ZTA course while being assessed by the ZTA trainer following an agreed structure. This includes a requirement for an hour of active reflective learning at the end of each day. A certificate is awarded if competency is sufficient. During this year it was not possible to accurately plan for the timespan between stage 1 and stage 2 opportunities. Despite improving the selection of trainers, one was unable to complete Stage 1 due to work pressures.

 Zambian trainers were not available to do the ToT course as part of the training delivery at Livingstone due to timing of availability/ work constraints.

Evaluation of the ToT course by ZTA and Zambian trainers (See ToT Interview schedule and results in Appendix 3 below)

 Zambian ToT trainees overall were enthusiastic about the programme and showed a high degree of commitment and achievement. Findings from both ZTA and Zambian trainers showed that more time and planning was needed to facilitate recruitment and training on the ToT course. Availability and commitment to training time by both the individual and their work organisation was needed to be more accurately assessed at the outset. This would address some of the difficulties identified regarding availability of Zambian trainers both for the ToT course itself and for ongoing delivery of the ZTA course. Some trainees felt there had not been adequate time given to a preliminary briefing or explanation of the course content and delivery methods. The varying needs of preparation needed for different trainees was noted by ZTA. The reflective diaries had not been fully effective as the times for reflective discussion and feedback had not been established and maintained. Trainees however, felt that the diaries were a very good way to learn from the training and should continue to be a mainstay of the training. ZTA Trainers need to revisit and refine the continuous assessment component of assessment for trainees to ease this task for Zambian trainers. Consideration also needs to be given to how the training manual can be organised to make it easier to adapt to the different models of delivery required in different contexts.

**Linking to other Health partnerships; training skills for Zambian trainers**

 A 4 day course on skills in training delivery is run by ZADP in UTH (currently on an ongoing basis). Following discussion with the ZADP representative in UTH, our Zambian trainers can access this course free of charge – and will give them an opportunity to further their skills as trainers. (Trainers are currently signing up for the course in July 2018)

1. **Learning points**

Training of Trainers as a method is enthusiastically supported by stakeholders at all levels. The piloting of the ToT course demonstrated that it was fundamentally fit for purpose but ZTA will respond to the areas needing improvement as noted above. Good relationships between ZTA trainers and the ToT and the enthusiasm of both helped to mitigate against some of the stresses in achieving the aims of the ToT pilot.

The ZTA course is understood to fill the significant current gap of psychosocial interventions and skills needed by mental health staff. Stakeholders state that it will be valued and sustained. Staff turnover in institutions is very low, facilitating – along with trickle down recruitment from training institutions - the process of ensuring that all mental health practitioners in government institutions receive the training.

The planned inclusion of the course in the various curricula will mean that all new staff will have received the training prior to taking up their posts – thereby embedding the approach widely in mental health clinical practice. Training institutions welcome the inclusion of the ZTA course in the curriculum and its delivery by personnel who have been trained by ZTA on the ToT programme as the most sustainable method of scale up. Recruitment of trainers is best done by ZTA through Identifying trainees who show aptitude for the course and potential as trainers.

1. **Moving forward**

ZTA is a very small organisation and needs to build its capacity over the next 5 years to sustainably support the transition of the ZTA course to the Zambian Mental Health service delivery and training institutions through its ToT programme. MEL and research will serve to further establish the programme so that it can be both embedded and sustainable. Learning from the Feasibility Study 2017/2018 and the Capacity Building work of 2018/19 will form the basis for application for a Scottish Government Project Grant to scale up and measure impact. The aim would be for the training to be self- sustaining in Zambia by 2023.

**Appendices**

**Appendix 1** **Human resources for Mental Health in Zambia Provinces**

Data Source Mr Mayeya; Presentation MoH 2015 ****

**Appendix 2 Information sources on Mental Health in Zambia**

**Articles**

1. Mayeya, J. et al Mental Health Country Profile 2004 Review of Psychiatry - Taylor & Francis
2. Mwape,L et al Strengthening The Health System To Enhance Mental Health In Zambia: A Policy Brief 2012 International Journal of Technology Assessment in Health Care, Volume 28 Issue 3

**Websites/links**

Zambia and Global Mental Health

1. MDAC report 2014 Mental Disability Advocacy Centre (MDAC) and MHUNZA <http://www.mdac.org/en/zambia>
2. WHO Work force data [www.who.int/workforcealliance/countries/zmb/en](http://www.who.int/workforcealliance/countries/zmb/en)
3. Global Mental Health /<http://www.globalmentalhealth.org/>
4. UNZA Psychiatry <http://medicine.unza.zm/department/psychiatry/overview>
5. tp://www.mhinnovation.net/resources/appg-mental-health-sustainable-development-report
6. Zambian statistics [www.zamstats.gov.zm](http://www.zamstats.gov.zm) <http://data.worldbank.org/country/zambia>
7. [www.bloomberg.org/program/public-health/data-health](http://www.bloomberg.org/program/public-health/data-health)
8. <https://www.gov.uk/government/case-studies/dfid-research-updating-mental-health-legislation-in-zambia>

Training of Trainers – <http://www.thet.org/health-partnership-scheme/resources/tools-guidance/a-conceptual-framework-for-tot-interventions-in-global-health2019-executive-summary>

1. <http://www.thet.org/health-partnership-scheme/resources/tools-guidance/practical-advice-support-on-per-diems>
2. ToT webinar youtube https://www.youtube.com/watch?v=IHQzegYlo4s
3. http://www.thet.org/health-partnership-scheme/resources/tools-guidance/volunteer-support

Tools

Warwick Edinburgh Mental Wellbeing Scale <http://www.experiential-researchers.org/instruments/leijssen/WEMWBS.pdf>

**Policies and plans**

1. National Training Operational Plan, MoH (2008)
2. National Human Resources for Health’ Strategic Plan 2011 – 2015 (MoH)
3. Ministry of Health Zambia <http://www.moh.gov.zm/>
4. WHO Comprehensive Mental Health Action Plan 2013–2020

 **Appendix 3**

**Monitoring ToT trainee interviews March 2018**

**Interview schedule**

Date ………………………..

 Interviewer………………………………………..

Place of interview…………………………………………………..

 *Thank you for participating in this interview. The interview is anonymous and purely to assist ZTA in finding out what works well and what doesn’t in its Training of Trainers programme. Please feel free to be honest with your answers as any shortcomings can be worked on for future courses. Your feedback may also be used in reporting back to our funders or writing up reports or articles.*

1. When and where did you complete the ZTA training course?
2. After doing the ZTA course and before starting the ToT course how confident would you have felt training others in the use of Therapeutic Art with patients?

(scale of 1-5, 1 being not at all, 5 being extremely) 1 2 3 4 5 ( please circle one)

3. What stage are you at today – Successfully completed Stage 1 of the ToT course ….

 Successfully completed stage 2 of the ToT course ……

 Other (please describe your current situation)……………………………...

4. How confident are you now in training others in the use of Therapeutic Art with clients/patients? (scale of 1-5, 1 being not at all, 5 being extremely) 1 2 3 4 5 (please circle one)

5. How did you experience the recruitment/ invitation to be a trainer phase and the preparation you were given before embarking on Stage 1; shadowing delivery of the course? Please let us know the good and less good aspects, and what could be done to improve this for future trainees.

6. If you have done stage 2, how did you experience the preparation you were given after Stage 1 and before and during Stage 2 (the assessment process). Please let us know the good and less good aspects, and what could be done to improve this for future trainees.

7. Please comment on challenges and opportunities to complete the ToT course including issues like time off work, financial etc – and if possible please suggest how these challenges may be overcome. If you have had to repeat any part of the training of trainers course please note it here and the constraints difficulties which led to this.

8. Any other comments on the Training of Trainer course and process

 Thank you for your participation

 *Lesley Hill*

*Monitoring and evaluation*

 *Zambia Therapeutic Art*

*March 2018*

**Results**

6/7 Zambians recruited on the ToT programme were interviewed. One was not available as on leave.

(LH = Lesley Hill ZTA, JN = Joyce Ncheka training organiser,UTH)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Qu | Participant 1 | Participant 2 | Participant 3 | Participant 4 | Participant 5 | Participant 6 |
|  | 16/3/2018 | 16/3/2018 | 16/3/2018 | 16/3/2018 | 20/3/2018 | 27/3/2018 |
|  | LH Chainama  | LH Chainama  | JN Clinic 6 UTH | JN Clinic 6 UTH | LH Clinic 6 | JN Clinic 6 UTH |
| 1 | Chainama Jan feb/2017 | Chainama Jan/Feb 2017 | 2016 UTH | 2016 UTH | UTH 2014 and 2016 | 2016 UTH |
| 2 | 2 | 1 | 3 | 3 | 2.5 | 5 |
| 3 | Stage 1 | Stage 1 | Stage 1 | Stage 2 | Stage 1 | Stage 2 |
| 4 | 4 | 3 | 5 | 4 | 4.5 | 5 |
| 5 | Excited to take a step further towards being empowered to train. The information about training others was given clearly |  Want to develop. Excited wanted to learn what was involved. Not enough preparation before stage 1. There should be a talk to explain the process so that those interested can be recruited. | The recruitment process was done in a transparent manner. I feel we were not given enough information before embarking on Stage 1. We were not sure what was going to happen during the training. However I liked the fact that the content of the course was structured I a way that knowledge was flowing from known to unknown. In future I recommend having a days workshop to prepare the TOT before the actual training. | I found it was a useful way for me to become more confident with the materials and tools to train others. The good part are the positive things is that we were allowed to adapt the content to suit us. We were not given enough financial support resources. They could source more funding to finance the training so that there are no financial constraints | Not enough time or information was given to prepare. Prior to the training communication can be sent to let know what is involved. Perhaps ZTA communicated to the local organisers and they did not notify the potential trainers etc. They need to be more proactive. If this is done its fine for UK trainers to arrive a day or two before the training starts. I am impressed by the organisation in particular the time for putting skills into practice and bringing back for review what has been learned. | It was interesting. At first you wonder what will come out but eventually it unfolds itself. It brought a lot of memories |
| 6  | N/A |  | I have not done stage 2 yes but I received adequate preparation which will enable me to deliver the training successfully, |  The preparation was sufficient for me to undertake the training and train other people and input in the assessment process | N/A | The training was inadequate and to get the trainees in good time was a challenge, especially in Chainama. It was a big group and not well organised from the trainee’s point of view. |
| 7 | Written letter to superior needed. Work schedule is with clients so need time to re organise the schedule if away delivering training |  | The challenges I had was getting the time off work to finish the Tot course |  The challenges, it required that you are at the training centre half the day and loose on your everyday life. For me I get money on the number of clients I see. I lost money. Transport. training venue was far from home and transport refund did not cover the costs. I don’t know why allowance was changed from 100k to 50k | Getting resources and materials. Logistics like transport money. If trainees are doing a full day they will be asking about lunch provision. so need to make t clear from the outset what is or isn’t provided. Getting support from higher up/ management /government is necessary if the training in TA is to be sustained. This support is harder to get because mental health is seen as low priority |  I had to repeat because of timing, moving from UTH , transport was inadequate and even the trainees were late and I was also late most of the ties. We need enough space and art materials. |
| 8 |  Would love to finish the whole process and be ready to train others (the gap between trainings is quite long) |  | The training course should include more materials for art work and each stage of training tot should have n evaluation, I mean each presentation. That way it will be easy to improve in the future, that’s all. |  The process has been confidential, and I am able to train others. And the skill I gained is important in mental health care. | The course is very good, I learned a lot in the first part and I look forward to completing stage 2 and training others. I am interested in contributing to ZTA research and see publication as a further way to gain support for TA. | Somehow people have to do have time. The programme looks packed. It would be better if the course was spread, for instance finish theory. Practical later. |

Report compiled by Lesley Hill 21/6/2018