



Borno: Integrating trauma counselling and mental health support into health training



“Since completing secondary school in 2013, I had lost hope of further education due to the loss of my parents in an insurgent attack.

I had nothing to look forward to but being enrolled into FYP has transformed me. I now once again dream of achieving something with my life by helping others in my community.”

Borno FYP student

“I felt as if the training was meant for me because I was traumatised.

After the training I stopped doing all the negative things that worsened my condition.”

Aisha Tijjani Kachalla,

FYP student

The ongoing armed conflict and humanitarian crisis in the North East of Nigeria means that many young women have experienced traumatic events, including those who go on to train as health workers themselves. Women for Health (W4H) has supported Health Training Institutions to provide trauma management and Mental Health and Psychosocial Support for their students - and to assist the students to provide similar support for those they may meet in their health work.

This briefing note describes the work carried out by W4H since 2018, the progress and results to date, and lessons learned.

Since November 2012, the UK aid-funded Women for Health programme has been working to improve the number and capacity of female health workers in the five Northern Nigeria states of Kano, Katsina, Jigawa, Zamfara and Yobe. At the same time, the programme has aimed to contribute to women's empowerment and gender equality in communities and institutions in the North. The programme was created to respond to a severe shortage of female health workers in a region where there are social and cultural barriers to women being seen by male health workers.

The programme recruited young women already residing in the rural areas for training so that they return to their home community to provide culturally appropriate health services for girls and women. At the same time, the programme has empowered these women to act as local champions, helping to transform attitudes to women and girls. It is intended that the increase in female health workers will lead to an increase in women's access to, and utilisation of, health services in Northern Nigeria leading to improved health for women and children.

In 2018, the W4H programme expanded to include Borno state to address the acute shortage of health workers in the conflict-affected areas. It also increased its focus on Yobe because of its proximity to Borno and the impact of the conflict on the provision of health services there.

The challenge

In Borno and some parts of Yobe people live with trauma. Many women and girls have experienced violence, including sexual violence, been forced to flee homes, seen villages destroyed, had their children abducted, lived through attacks, taken part in fighting or seen their own family members and friends killed in front of them. Some continue to be separated from loved ones. More than 700,000 people are living in Internally Displaced People (IDP) camps or informal settlements – and an estimated 1.7 million people are internally displaced across Borno, Adamawa and Yobe. All of this can have lasting psychological impacts. In addition to the impact of violence on their own mental health, women and girls can have to deal with other family members who are

traumatised, withdrawn or violent often in the absence of services and knowledge and appreciation of the importance of mental health issues.

While some mental health service provision is available in some locations, this provision is insufficient to meet demand, particularly outside Maiduguri and Damaturu (the state capitals of Borno and Yobe) and referrals prove challenging given low numbers of trained psychiatrists and psychologists.

W4H Response

When the W4H programme expanded to include Borno state and recruited young women, including those from IDPs to undertake the Foundation Year Programme (FYP) in preparation for health worker training, it became clear that many of these young women were still suffering from various forms of trauma. Addressing the trauma was important for both the holistic development and empowerment of the students and for their improved learning outcomes.

W4H began the intervention with a survey of Foundation Year Programme (FYP) students to assess the extent of trauma experienced¹ – it found that almost every student in that cohort had personal experience of traumatic events. To respond to this, W4H designed workshops and developed approaches that integrated mental health and psycho-social support (MHPSS) into the FYP programme. Developed and delivered by university psychology lecturers/specialists, the topics, materials and exercises for the trauma management and healing workshops were drawn from a number of therapy approaches including mindfulness, relaxation techniques and exercises around the three major explanations of trauma behaviours. Group and paired sharing and counselling sessions were incorporated as well as practical exercises facilitated by drawing, such as mapping their journey through life and constructing narratives about their happiest and saddest days.

The initial workshops were then held for FYP students, FYP graduates in professional training and HTI tutors, psychiatric nurses and counsellors. This complemented the training of academic staff on the new humanitarian curriculum designed to improve the knowledge, skills and competencies of students to enable them to provide quality services in conflict and humanitarian settings. Members of the FYP parents' forum were also included in the training.

¹ Individual in-depth trauma assessments were not undertaken at this time but could be employed in the future. These would need to be undertaken by highly-trained specialists.

Initial and follow-up training in basic trauma identification and healing strategies were then conducted for 100 community women volunteers on trauma in 12 IDP camps/host communities. These, in turn, sensitised 1,249 women in internally displaced persons IDP camps and 558 women in host communities.



“The training was very useful to me because when I remembered what happened I used to get severe headaches. When I do the exercises I was taught in the training I get relief.”

Fatima Abba Masta, FYP student

A referral system has been put in place and focal persons identified across all stages and facilities. Any member of staff at the HTI in Borno involved can flag concerns with the FYP coordinator who will constitute an assessment team including trained counsellors at the HTIs. They will conduct an assessment and manage the case. If further care is needed, the FYP student will be referred and supported to access care.

To make progress towards sustaining and institutionalising the process, the W4H team met with the State Ministry of Health to explore areas of synergy and the possibility of integration into state MHPSS services and referral pathways. A Memorandum of Understanding between the State Ministry of Health and W4H with the HTIs as implementors was signed with effect from June 2019. It outlined the following roles and responsibilities:

••• Roles and responsibilities •••

State Ministry of Health

1. Support the FYP and HTIs and link students requiring referrals to identified treatment centres i.e. primary, secondary or tertiary health facilities
2. Monitor the management of the students at all levels
3. Advise the HTI on ways to manage the students
4. Link students for empowerment programmes

W4H

1. Work with the HTI and the Ministry of Health in supporting students
2. Facilitate training session for FYP students on trauma management
3. Facilitate training of HTI psychiatric nurses, gender facilitators, the FYP Coordinator, counsellor and student affairs officers on trauma identification and management
4. Support HTI and FYP staff in providing care for students
5. Support students in community engagement activities
6. Perform any action that will improve students' academic performance



Health Training Institutions

1. Ensure psychiatric nurses, gender facilitators, the FYP Coordinator, counsellor and student affairs officers help students through diagnosis and providing first level care
2. Refer students when necessary to the appropriate health facility for further care
3. Support students and accompany them to identified health facilities
4. Keep track of all referrals and records
5. Connect students to the MHPSS unit in the State Ministry of Health for clinical support
6. Support students to overcome psychological distress
7. Perform any action that will improve the students' academic performance

Results

It is still relatively early days but to date the following has been achieved:

- ◆ Over 2,000 persons trained in trauma identification, management and referral
- ◆ The memorandum of understanding between the State Ministry of Health and W4H with the HTIs as implementors was signed in June 2019
- ◆ 24 organisations offering MHPSS and 41 referral systems have been identified in the North-East
- ◆ The referral system is working in part but its effectiveness has yet to be fully tested. To date, 15 FYP students have been referred for additional counselling and support.
- ◆ When asked about the training received, FYP students explained how helpful they found the training; they especially mentioned the breathing and relaxation exercises, and the importance of talking about their feelings and experiences, as well as listening to others.
- ◆ They realised that although their experiences may have been somewhat different and unique, their feelings and subsequent stress and anxiety were shared by many.
- ◆ The training helped them to feel more confident and to speak out. One student explain how she is now confident enough to speak out for others.
- ◆ The Provost of Maiduguri College of Nursing & Midwifery stated: *"The positive aspect (of the training) cannot be over-emphasised"*. She felt that it has encouraged students to speak up and seek support if anything is troubling them rather than to hide away as previously. She explained that even she has used some of the relaxation exercises and found them extremely helpful in times of stress.
- ◆ Women in the IDP camps who received training stated how they now sleep better and have reduced their level of analgesic use for treating



body aches and pain. They have also been able to teach the techniques to other women in the various camps.

Lessons learnt

Important lessons learnt were as follows:

- ◆ The need to take account of the mental health of students and pay attention to its role in the well-being and empowerment of students as well as their ability to learn with confidence
- ◆ The importance of providing safe and secure spaces for FYP students to share their experiences
- ◆ Simple trauma, stress and anxiety management exercises can be useful for all students and staff
- ◆ While simple but effective trauma management can be taught by a number of different persons, students with significant levels of trauma should be referred for more professional help
- ◆ The importance of including MHPSS within all health studies curricular.



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