Mental Health Facilitator (MHF):
Ongoing Developments

A collaboration between:

NBCC International (NBCC-I)
&
World Health Organization (WHO)
Department of Mental Health & Substance Abuse
About NBCC-I & WHO

- NBCC-I is a division of the National Board for Certified Counselors, one of the world’s preeminent counselor credentialing bodies.

- WHO is the United Nations organization dedicated to promoting health.

- NBCC-I developed MHF to respond to WHO’s challenge to professional counselors

- This collaboration links expertise in policy and program development with quality assurance expertise
Global Mental Health Needs

- More than 450 million people globally live with unmet mental health care needs

- Mental ill-health accounts for a significant economic and social burden

- Insufficient number of mental health care providers
WHO STATS

• Imbalance in “disease information” v. “resources information”

• 40% of countries have no mental health policy

• 30% have no national mental health program

• 25% have no mental health legislation
WHO STATS

- 40% of countries have no community MH care facilities
- 28% of countries do not have a MH budget
- Out-of-pocket payment is the most common means of payment in low income-countries
- 40% of countries have no MH programs for children (50% for the elderly)
The Need for MH Care is Clear

1. Existing service resources are overwhelmed
2. In many areas, there are no services

Therefore,

The only possible solution is to expand service capacity.
Mental Health Facilitator (MHF)

- Will improve global access to mental health care
- Will train existing professionals, paraprofessionals, and others willing to attend training
  - Nurses
  - Teachers
  - Spiritual/Religious Leaders
  - Neighborhood Workers
  - Community Leaders
  - Community Elders
  - Police
  - Rescue personnel
Mental Health Facilitation

• A transdisciplinary process that assists individuals and their communities to achieve self-determined goals

• Relationship based process helps clients:
  • realize their abilities
  • cope with normal life stresses
  • work productively and fruitfully
  • contribute to their communities
MHF Mission Statement

Focuses on:

- Providing equitable access to care
- Respecting the human rights & dignity of all
- Meeting population needs
- Using best available evidence to guide practice
MHF Training

Capitalizes on new advances in mental health care

Community-based care
  - Grass-roots
  - Prevention focused
  - Increased access
  - Cost efficiency
  - Culturally sensitive

Evidence based practice
Or
Best-known practice

- Links formal/informal systems
- Flexible – scope varies with need
- May include use of medications
Mental Health Facilitators
A trans-disciplinary approach

- Training designed by members of various professional groups
  - Professional counselors
  - Psychiatrists
  - Psychologists
  - Social workers
  - Nurses
  - Teachers
  - Educators
  - Community advocates

- MHF training adaptation always includes local experts
Where can MHFs work?
What can MHFs do?
What training do MHFs receive?
Where can MHFs work?

- MHF training can be adapted for MHF placement in various settings...

  - Hospitals and Clinics
  - Communities/NGOs
  - World Health Organization
  - Schools

www.broughtonhospital.org
MHFs can provide care when other systems are limited or nonexistent.

- Especially for rural and other underserved areas
- Disaster/crisis response

**Formal care systems**
- Ministry hospitals & clinics
- Professionals

**Informal care systems**
- Traditional healing & advice-giving
- Paraprofessionals

What can MHFs do?
What can MHFs do?

MHFs can link existing sources of care

- Can dedicate more time than formal care system providers to prevention & health promotion
- Increase mental health service access for at-risk groups (e.g., refugees)
What training do MHFs receive?

- MHF training is based on a dynamic curriculum
  - Universal and local knowledge & practice are integrated
  - Introduced **only with** local input
What training do MHFs receive?

- Universal aspects of training identified by multi-national mental health subject matter experts
- Base curriculum piloted internationally

Base curriculum includes:

- Helping Skills
- Mental Disorders
- Disaster/trauma Response
- Community Services
- Triage/Suicide
- Referral to MH Providers
Pilot Test & Launch

- Pilot testing curriculum in Autumn 2007
- Training of Trainers Autumn 2007/Spring 2008
MHF PowerPoint Training Slides

Examples from Various Training Modules
9 Steps To Begin
Mental Health Facilitation

- Send friendly non-verbal signals
- Give a warm and sincere greeting
- Demonstrate an immediate desire to help
- Listen to what is being said
- Listen to what is not being said
- Listen to what can’t be said
- Don’t make a judgment to quickly
- Listen with your ears, eyes and your body
- Ask quality questions to better learn the situation
Multicultural Interventions

- Multicultural interventions evaluate the world view of clients to determine an appropriate intervention

- Intervention may be:
  - family consultation
  - community outreach
  - use of existing support systems
  - traditional helping strategies
MHFs Use The Basic Helping Skills of:

- Learning
- Accepting
- Listening
- Confirming
- Optimism

- Objectivity
- Confidence
- Promoting
- Problem-Solving
- Offering Support
What Do Effective Questions Do?

- Gather information
- Encourage a person to continue speaking
- Show you are interested and concerned
- Clarify what has been said
- Introduce new topics or new ways of understanding
- Focus and direct dialogue
Role of MHFs in Suicide Prevention

- MHFs can assist individuals in better understanding the relationship between
  
  - suicidal thoughts and behaviours
  
  - substance abuse and suicide
  
  - serious mood disorders and suicide
Almost every aspect of life has certain ethical standards of behavior
- teachers, supervisors, nurses, law officers

Anyone who counsels or advises others should conform to accepted practices of
- honesty
- integrity
- good human relations skills
When to Refer for Mental Health Services

The person appears to be experiencing:

**Disorientation**: dazed, memory loss, inability to give date or time, or where he/she is; difficulty recalling the events of the past 24 hours or understanding what is happening
### Final Notes

<table>
<thead>
<tr>
<th>WHAT</th>
<th>MHF improves access to mental health care</th>
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</thead>
<tbody>
<tr>
<td>WHY</td>
<td>There is a critical, unmet need</td>
</tr>
<tr>
<td>WHERE</td>
<td>Everywhere</td>
</tr>
<tr>
<td>HOW</td>
<td>By capitalizing on existing formal &amp; informal resources</td>
</tr>
<tr>
<td>WHEN</td>
<td>Autumn 2007/Spring 2008</td>
</tr>
<tr>
<td>WHO</td>
<td>NBCC International &amp; World Health Organization</td>
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