

Health Workers' Competence in Diagnosis and Management of Post Traumatic Stress Disorder among Internally Displaced Persons in Plateau State, Nigeria

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ABSTRACT

Objectives: is to determine the health workers' perceived competence in the diagnosis and management of PTSD

Methods: focus group discussion was employed with health workers working with the internally displaced persons in Plateau state Nigeria.

Results: health workers in Plateau state lacked full competence in the diagnosis and management of post traumatic stress disorder. Furthermore, they are partially competence in the basic life support skills as well as the referral of cases of PTSD.

Conclusion: health workers need more knowledge and training on the management of post traumatic stress disorders.

KEYWORD: Health Workers, Competence, Diagnosis, Trauma, Stress and Disorder

INTRODUCTION

Emergencies and disasters, both man-made and natural, are on the increase in our contemporary society, threatening and traumatizing people globally, including Nigeria. When disasters strike with associated challenges, health workers like nurses, medical officers and community health extension workers are usually called upon for assistance and care of the victims of these catastrophic events/incidents.

Loke and Fung (2013) submitted that health workers like nurses require the necessary knowledge and abilities to meet the needs of disaster sufferers in their respective serving communities. The importance of determining health workers' knowledge and abilities in the diagnosis and management of Post Traumatic Stress Disorder (PTSD) following traumatic experiences need not therefore, be over emphasized.

Post traumatic stress disorder (PTSD) is a mental health problem that some people develop after experiencing or witnessing a life-threatening event like, combat, a natural disaster, a car accident, or sexual assault (National Centre For PTSD, 2016). In the past, it was known by several other names like "the soldier's heart", "shell shock" (Minds, 2014). Post Traumatic Stress Disorder may be acute, chronic or of delayed onset. It can be diagnosed via criteria like its clusters of symptoms (which includes reliving, avoidance and hyper arousal), DSM-IV (R) and ICD-10; and may majorly be managed psychotherapeutically and by pharmacotherapy as well (APA, 2013).

Today, the term PTSD can be used to describe the psychological problems resulting from any traumatic event that overwhelms and makes one feel helpless (Garette, 2001; Duckworth, 2013; Smith & Segal, 2015).

Competence in Diagnosis and Management of PTSD
Now that disasters are occurring more frequently around the world with associated challenges like PTSD, the need to prepare health workers for disaster is obvious (Usher et al, 2010; Loke & Fung, 2014). It

was recommended by the World Health Organization that all nations, no matter how frequent (or infrequent) the happenings, should prepare healthcare workers for a disaster and consequences (Weiner, 2005). Health workers like medical officers, community health officers and nurses' clinical competence is vital to ensure safe and high quality care, and the continued assessment of such clinical competence is of major concern. (Finnbakk, 2015). College of Registered Nurses of British Columbia (CRNBC, 2015) considered competence as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotion, values and reflection in daily practice for the benefit of the individual and community being served. This college maintained further that, professional competence is developmental, impermanent and context-dependent; and that, there is no best known way to measure competence. Competence can however be broken into a series of measurable competencies. Competence here relies on competencies, which can be thought of as Facets of Competence. (Cane, 2013).

Competencies are statements about the knowledge, skills, attitudes and judgments to perform safely and ethically with in an individual's practice or in a designated role or setting (CRNBC, 2015).

Competencies are therefore, abilities to perform a job or task with a specified level of proficiency. They are underpinned by their related knowledge, skills and abilities. The identified competencies incorporate those of advanced practice and specifically address the activities that are included in the additional legislated scope of practitioners, such as health assessment, diagnosis of acute and chronic illnesses and their therapeutic management, PTSD inclusive (Johnson & Johnson, 2016).

Why should we be concerned about Health workers' competence in diagnosis and management of PTSD? It is because health workers encounter IDPs who are victims of violence (Trauma) and attend to their physical and psychological needs more than others that are also in the helping relationship with them. Their roles in diagnosis and treatment of PTSD is therefore, very crucial. Specifically, and to the best of

my knowledge, no work has been done on the perceived competence of health workers who worked with the IDPs, in the recognition and management of PTSD in Plateau state of Nigeria, hence the need for this work.

THE AIM OF THE STUDY

The main aim of this study therefore, is to determine the health workers' perceived competence in the diagnosis and management of PTSD in Plateau state of Nigeria, and further, to discuss the implications for PTSD- focussed training.

METHODOLOGY

Focus Group Discussions were employed in this study among the health personnel that worked with the internally displaced persons (IDPs) in Camps for the last six months in Plateau state government of Nigeria. Health workers were grouped into three i.e 1) The nursing officers 2) Community/public Health officers, and 3) The medical officers. Two Discussions were held with each group separately and the last meeting was the summary/consensus reached by each group regarding their competences about PTSD diagnosis and management. The health personnel working with the IDPs in the camp at BUKURU were identified through the Camp Director of the STEFHANOS Foundation, that also granted the formal permission for the study to be conducted at the site, following formal ethical clearance from the Plateau State Specialist Hospital, Jos, Nigeria. FGD guides used were based on ICN framework and World Health Organization WHO (2014) standards for disaster management/ psychological care, APA (2013- DSM-5) and clusters of PTSD symptoms in PTSD-8 short form (Maj Hansen, et al 2016).

Specific questions were asked on the health workers' abilities to recognize clusters of PTSD symptoms and care modalities.

ANALYSIS

THE PARTICIPANTS

Twenty (20) health workers participated in this study; 14 of them were females, while 6 were males. These health workers were stratified into three (3) focus groups (F Gs).

Table 1: Number of participants (HWS) in the Focus Groups Discussions

No of participants	Nursing officers (NOS) (n =6)	Community/Public Health officers (C/PHOs) (n =12)	Medical officers MOs (n =2)
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Table 2: Practical/clinical experience of participants

Method of data collection	Nursing officers (NOs)	Community/Public Health officers (C/PHOs)	Medical officers (MOs)
Focus Group			
No of participants=20	6	12	2
Years of experiences	10-22 (85.5)	13+ (168.3)	2.5
Means	14.25	14.025	1.3

Table 3: Health workers perceived competence in PTSD Recognition N=20
Key= no competence (X), Partial competence (PC), Full competence (FC)

Ability to recognize clusters of PTSD symptoms	Focus Group Interview/Discussion		
	Nurses (n = 6)	C/PHO (n= 12)	M.Os (n =2)
Cs 1: Reliving events competence Competencies			
- Flash-backs	X	X	PC
- Scary thoughts as if events is occurring again	X	X	PC
- Night mares	X	X	X
Cs 2: Avoidance			
- Avoiding people that may remind of the traumatic event.	X	X	X
- Avoiding situations that may remind of the event.	X	X	X
Cs 3: Negative thoughts and feelings cognitive			
- Feeling more negative than before the trauma.	X	X	X
- Sad or numb	X	X	X
- Lose interest in things/activities relationships.	X	X	X

- The word is dangerous	X	X	X
- Can't trust anyone	X	X	X
- Future is bleak/has nothing to offer	X	X	X
Cs 4: Hyperarousal			
- Feeling on edge, jittering	X	X	X
- Its hard to relax	X	X	X
- Having troubles sleeping or concentrating	X	X	X
- Startles easily at surprises.	X	X	X
Knowledge of usage of DSM – 5 criteria			
Competencies			
- Duration of symptoms of PTSD	X	X	PC
- Types of PTSD	X	X	PC
- Symptoms severity interfering with activities/relationships	X	X	X
- Certainty and severity of exposure to threatening or traumatic event.	X	X	PC

Table 4: Health workers ability for PTSD management n = 20

Competence in usage of various treatment modalities in the management of PTSD	NOs	C/PHOs	MOs
Competencies			
- CBT: Eg. CPT, PE, EMDR, MBCT	X	X	X
- Psychological skills/modalities of care	X	X	X
- Breathing/relaxation exercise	X	X	X
- Individual psychotherapy	PC	PC	PC
- Group psychotherapy	PC	PC	PC
- WHO/ICN – Psychological care for PTSD.	X	X	X
- Skills in psychological intervention	X	X	X
- Ethics and legal conditions – cultural sensitivity.	X	X	X
- Staff/manpower development – policy reviews.	PC	X	PC
- Skills in Basic Life support – CPR	PC	PC	PC
- Teamwork/collaboration in community resources mobilization for resilience.	PC	PC	PC
- Long term treatment/making referrals.	PC	X	PC
- Chemotherapy	PC	PC	PC

FINDINGS AND DISCUSSIONS

Health workers across the three focus group interviewed i.e. NOS, CPHO and MOs reached a consensus that they lacked full competence in the diagnosis and management of PTSD. They however, indicated Partial Competence (Pc) in basic life support skills CPR and in making referrals for PTSD case management in Tertiary Health Institutions. These findings are in agreement with Cannan's views, that not all clinicians have extensive trauma-focused training, (Cannan, 2016). Kerwick, Jones, Manna and Goldberg (1997) reported the inter-city survey in which the general practitioners highlighted broad range of mental health topics in which they felt they would like to receive further training. Dwyer et al., identified young medical officers needs for more competency in mental health problems identification. (Dwyer, Detweiler, Koseh, 1988).

Nursing and Medical officers agreed that they had only partial competence in group and individual psychotherapy/counselling. They emphasized the importance of psychological care to the IDPs with PTSD.

Health workers also reported awareness that chemotherapy should be used in the management of PTSD but were incompetent in its skilful usage. Ormel and Tiemens (1995) found that primary physicians lack adequate interviewing skills and time to diagnose and manage mental health problems like depression and PTSD. (Tiemens, Philbrick, Connelly, & Wofford, 1996.). On the average, Iceland primary physicians were competent in detecting behavioural disorders rather than treating them (Haukur, 2007).

Health workers generally reported lack of competence in several management modalities like psychological care especially CBT and skills which included CPT, PE, EMTR, MBCT, Play Therapy and breathing and relaxation exercises C/PHO like CHEW, CHA express lack of competence in recognition and management of PTSD. Kilpatrick (2015), in this regard opined that the prevalence of traumatic stress has grown rapidly in recent years, requiring health professionals to review standard practices for treating this sequelae, as well as augment their training to provide trauma-specific treatment (Kannan, 2015). Gallagher, (2014) also submitted that psychologists and Psychiatrists need adequate knowledge to care

effectively since several patient-related stressors have accounted for the rise in acuity in traumatic stress over time, including vulnerability to risk factors, willingness to seek professional help, and improved access to psychiatric care which allows more individuals with serious mental health concerns to function within highly demanding academic and work environments.

Health workers in this study generally expressed concern and interest in more training on emergency situations and associated health challenges like PTSD so that they may be able to recognize and address current mental health problems effectively, since crises and traumatic incidents are on the increase in our environment and society generally.

It is recommended, therefore, that health workers in Nigeria be given opportunities for training and retraining to augment their skills to respond effectively to emergencies, traumatic incidents and their associated health challenges such as psycho-traumas, for diversity within trauma-informed training includes, but is not limited to conceptual issues, empirical models, applied interventions, and policy-oriented issues related to trauma (Layne et al., 2014; Mattar, 2011).

Cook et al. (2011) reported a study which assessed practicing psychologists' interest in additional clinical training on trauma-related issues and topics. Over 60% of survey respondents expressed interest in participating in additional training to learn more about trauma-related clinical topics, speaking to the gap between education around trauma and need for learning.

Health personnel working with the internally displaced persons in the Plateau state of Nigeria indicated interest in more training, and expressed the importance of being competent in both recognition of PTSD among the IDPs and utilization of appropriate methods / skills in their care. This is in line with NICE's (2005) recommendation that, treatment should be delivered by competent individuals who have received appropriate training. This implies the need for re-training of the health professionals involved in the provision of health services in the emergency situations as well as to the victims of trauma.

Furthermore, Cook & Newman, (2014) suggested that additional for a be provided to promote knowledge sharing such as creating or joining a journal club, seeking opportunities for professional mentorship, attending local psychology practice associations, or sharing web-based trainings and seminars with colleagues to demonstrate commitment to make critical review of published literature and integrate general competencies and clinical skills with trauma-specific knowledge (Cook & Newman, 2014).

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