



Islamic Community Worker Training Program for the Management of Depression

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ABSTRACT

Objective

To prepare Islamic background bilingual community workers to provide culture and gender appropriate support to women with depression.

Method

An education program was developed in consultation with Islamic community leaders.

Results

With the support and cooperation from the Islamic community, an education program designed to increase community workers' knowledge and skills to provide gender specific support to women with depression and/or postnatal depression and to work collaboratively with mental health professionals was successfully implemented. Presentation of clinical group projects by the participants indicated that they were able to apply the new knowledge and skills to provide appropriate support to women with depression or postnatal depression in their catchment area. Feedback from participants on strengths and limitations of the course provided suggestions for further course development.

Conclusions

Improvement in the health of multicultural Australia at a time when intervention can be less extreme and less expensive can be achieved by collaboration between community groups, non-government and government sectors.

INTRODUCTION

The notion that women of minority ethnic background, especially those who are new to their adopted country, are more vulnerable to develop mental health problems such as depression and postnatal depression has been acknowledged. Many of these women suffer from depression in relation to, or as results of poverty, war-related physical and emotional trauma, social isolation, language barrier, poor or no education and social role discontinuities. A number of

interpersonal phenomena such as a sense of belonging, social support, conflict and loneliness are also significantly linked to depression (Hagerty and Williams, 1999). Studies also demonstrated that a lack of support and isolation are consistently associated with postnatal depression (Small, Johnston and Orr, 1997; Astbury, Brown and Lumley, 1994; McIntosh 1993).

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Effects of depression or postnatal depression on family functioning have been well documented. Stein, Garth and Bucher (1991) demonstrated that postnatal depression has negative effects on mother-child interaction. Furthermore, children of depressed mothers tend to have more withdrawal behaviour, and they tend to suffer more from developmental and behavioural disturbance (Bagedahl-Strindlund, Cogill and Alexandra, 1988; Beck 1999). Depression also has significant impact on marital relationship with the husbands feeling frustrated and angry (Meighan, Davis and Thomas, 1999; Morgan, Matthey and Barnett, 1997). The sufferings of these women and their families are substantial and warrant more attention by health care providers.

Most consultations in primary care are initiated by patients. Takeuchi, Uehara and Maramba (1999) reported that ethnic minorities use less mental health services than the white community. However, they are less likely to drop out if their health care providers share their language and ethnicity. Implementation of a collaborative care approach can enhance health professionals' (e.g. general practitioners) capacity for patient assessment, education and treatment monitoring through the use of primary health care workers (Rubenstein, Jackson-Triche and Unutzer, 1999; Mann, 1998). However, doctors have the ultimate responsibility for the patients' treatment regime, while, management of the treatment and rehabilitation régime can be carried out by other skilled team members.

Focus group discussions with Muslim community leaders at a multicultural center for women's health identified that many women from Islamic background suffer from various

degrees and forms of depression. However, they might be reluctant to consult general practitioners or mainstream health professionals because it is culturally inappropriate for a woman to talk about her problems with people she doesn't know well. Hence, community workers from Islamic background are in a prime position to provide culture and gender appropriate support to women with depression in their community. However, the success of a collaborative care approach is the reliance on the community worker's assessment and helping skills that facilitates communication between all concerned parties. Research has demonstrated the effectiveness of using culturally sensitive education programs for health care workers to promote health and the prevention of illness (Majumdar and Roberts, 1998; Gabel and Pearsol, 1993). Management of depression by Muslim community workers can be successful if there is adequate training for them in the cause and effect, and basic intervention skills of the illness.

AIMS

The fundamental goal of the course was to provide community workers with knowledge, skills and more importantly, to develop positive attitudes in helping their clients to cope with depression and postnatal depression at the earliest possible stage. It also aimed to teach principles of facilitation processes of community networking and demonstrate techniques to work collaboratively with health care professionals/agencies to improve the mental health care of women from Islamic background.

THE PROGRAM

The curriculum was designed to address principles of mental health promotion and health maintenance, health needs of women from Islamic

background and learning needs of community workers. Specific objectives of each module reflected the overall goals of the course. There were six modules to address the identified needs. They were: Communication Skills, Interviews and Assessment Skills, Networking and Facilitation, Depression and Suicide, Postnatal Depression, and Therapeutic Interventions. Each module comprised a workbook, supplemented with video tapes or relevant reading. It was intended that community workers would integrate their life experiences and existing knowledge and skills with the new information.

The course was conducted 3 hours per week over 15 weeks. Participants were encouraged to form study groups. This arrangement enabled them to share their ideas and learning experiences with others. They were made aware that teachers and learners shared a common goal – to enhance care for women with depression or postnatal depression in their community.

The focus of learning for this course was group project presentation. At the end of the course, the participants were required to present a small group project to address the psycho-social needs of their clients with depression or postnatal depression. The aims of the group project was that they incorporated their newly learned knowledge and skills to promote and maintain the women's mental health in that they were also required to identify community resources, health care facilities, and the women's social support system to reduce vulnerability of developing severe mental health problems. They were also required to highlight the strengths and limitations of the action plan and make suggestions on what strategies may be appropriate to overcome perceived

obstacles. The ultimate goal of their action plan was to improve the quality of life of their clients.

The project presentation aimed to provide opportunities for the group to discuss the validity of the action plan and to recognise what makes the best strategies by analysing the pros and cons of alternatives presented, thus arrive at a better understanding of the subject matter at hand. The participants found the exercise intimidating but were pleased that it sharpened their critical listening and thinking skills.

The target number of community workers for the course was twenty. The inclusion criteria were that the community workers had to be actively involved in working with women in their designated area and that they were bilingual/bicultural. Nineteen community workers enrolled in the course but three withdrew for various reasons such as family commitments, heavy workload and loss of motivation. Sixteen community workers successfully completed all the course requirements.

The participants aged between 31 to 51 years. The majority of them were married. The age of their children ranged from 2 to 34, with half of them being under the age of 17. The majority of them were home-makers and had been involved in community activities for over five years. They came from eleven different ethnic backgrounds and most of them had lived in Australia for less than ten years. They had completed secondary or above education either abroad or in Australia.

Problems encountered during the course

During the course, it was noted that there were subtle conflicts among some group members because they expected other Muslim participants would take

the same orthodox or liberal approaches to all aspects of life as themselves. To resolve the issue, implication of value judgment on caring for women with depression was purposefully included during the tutorial. They were encouraged to express their feelings and attitudes on value and belief conflicts. To an extent, an appreciation of differences was able to be fostered.

RESULTS OF THE FORMATIVE EVALUATION

Teaching-learning is a two way process. The project team aimed to provide quality teaching expertise and learning materials in assisting participants to meet their learning needs. It was important for the team to adopt the best possible strategies that would help participants to master the learning objectives. Regular feedback from learners on various aspects of learning materials and teaching strategies was of assistance for the team in monitoring and improving the quality of the course.

On the completion of each module, participants were asked to evaluate the module to determine the level of effectiveness in meeting their educational needs. The first part of the form was a 17 item 4-point Likert scale aimed to elicit feedback on content of the module, relevance to work, teaching strategies and overall presentation of the module. Participants were asked to express their agreement with the statement, ranging from the strongly agree (4) to strongly disagree (1). The second part of the evaluation was a 10-point analogue scale. Participants were asked to indicate their level of interest in the study domain before and after the completion of the module. Confidentiality and anonymity were ensured and their participation was voluntary.

Satisfaction with the modules

Results of the data analysis revealed that a majority of the participants expressed high levels of satisfaction to each module. They found the modules appropriate to their learning needs and relevant to their community activities. They also provided positive feedback on teaching strategies and presentation of the learning materials.

Level of interest: pre and post module comparison

Participants were also asked to compare the level of interest in the study domain before and after attending each module. Results indicated that the participants showed greater interest in the domain of study after the completion of each module.

RESULTS OF THE SUMMATIVE EVALUATION

At the completion of the course, a summative evaluation questionnaire was used to measure the overall effectiveness of achieving the course objectives and appropriateness of the teaching-learning materials and strategies.

A two-part questionnaire was developed to determine the level of effectiveness of the course in meeting the learners' educational needs. Similar to the formative evaluation questionnaire, the first part was a 4-point Likert scale, comprising 17 items, addressing issues on overall knowledge and skills gained, relevance of the course content to their work, teaching strategies and overall presentation of the learning materials. The second part of the evaluation comprised three open-ended questions designed to elicit qualitative descriptions of the participants' opinions towards the course. These items sought to obtain information regarding limitations and strengths of the course, and suggestions

for improvement to meet their learning needs more effectively.

Satisfaction with the Course

The participants' response ranged from strongly agreed to agreed that the course had met their learning needs and the course content was relevant to their community work; that the teaching methods were appropriate and motivating; and that the overall presentation of the course materials was of high standard and was easily understood. Results of the summative evaluation are similar to that of the formative evaluation, that the course was well presented and had met the course objectives. An analysis of the content of the three open-ended questions provided some useful feedback on further improvement of the course.

Highlights of the course

The participants felt that the course provided them opportunities to meet their counterparts from other cultures and interactions among group members had increased their level of cross cultural understanding. The preparation of the small group project was seen as a most rewarding exercise, but the presentation in front of the class was anxiety provoking. Overall, successful completion of the course enhanced their confidence to work with their clients, improved their self-esteem and promoted personal growth. Further, it helped them to broaden their outlook of life in general.

Suggestions for improvement

The participants recommended that more case studies should be included

in the course so that some issues could be better explained and understood. They also suggested that the program should include some practical sessions such as fieldwork and that they would have liked to have some follow up seminars after the completion of the course. They would also like to implement what they had learnt into practice, ideally they would like to do this alongside a mentor health professional.

CONCLUSION

Women of minority ethnic background, especially those who are new to their adopted country, are more vulnerable to develop mental health problems such as depression and postnatal depression. Improvement of health care needs of the multicultural Australia at a time when intervention is less extreme and more effective can be achieved by collaboration between community groups, non-government and government sectors. Hence, bilingual community workers are in the prime position to assist mental health professionals to provide culturally sensitive and gender appropriate support, to monitor treatment and to facilitate communication between concerned parties. However, collaborative care can only be successful if the community workers are continuously supported and mentored by health care professionals.

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