

Advocacy is an art that can be learned

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Abstract

Context. Practice transformation requires systemic approaches, persuading policy-makers that primary care can deliver effective mental (behavioral) health care, and to invest in infrastructure and capacity building. The World Organisation of Family Doctors (WONCA) includes young doctors with commitment to primary mental health care but insufficient expertise to enable system change.

Aim. To help young family doctors: learn the steps to integrate mental (behavioral) health care into primary care delivery; develop skills for practice transformation; become advocates for local system change.

Participants. Faculty comprised facilitators from Eugene Farley Health Policy Center, and mentors from WONCA Working Party for Mental Health. We recruited 12 young family doctors (seven women, 10 from LMICs) from all WONCA regions.

Intervention. The educational programme, devised initially by faculty, was based around six 90-minute zoom sessions, one per month. Each session was provided twice (two groups of six) to accommodate time zone issues. The educational sessions covered behavioural health integration, leadership, team-based care, quality improvement, burnout and resilience, and advocacy. Learners also developed individualised projects to undertake in their own locality, with support and guidance from mentors and facilitators. Project work included educating other doctors, improving team-based care, establishing quality care systems and collating community resources. We took a learner-centred approach to change, creating a climate of encouragement.

Findings. A two-phase evaluation process included questionnaires and qualitative group interviews for faculty and learners. Participation logs showed that learners and facilitators maintained a consistently high level of participation, as did facilitators, with variable mentor involvement. Feedback from learners at mid-term, for example on US-centric materials, helped faculty refine content and process of the second half of the programme. By

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programme end, despite limitations imposed by the COVID-19 pandemic, learners formed their own community, finding the heterogeneity of their settings enriching. Given the constraints of low-income settings, learners reported increased confidence and skills to implement change and progress toward their program goals.

Conclusions. Learners realise that integration of mental health care is possible in their own clinical settings. They continue to collaborate. We now plan a five-year programme, involving recent learners as mentors and faculty.