

Global Health Workforce Programme Phase Two



Enhancing Mental competencies PProgramme for Ethiopian non-Specialist Staff: EMPRESS Project-LG 03.

Lead Partner: University of Warwick, UK
Co-lead Partner: Jimma University, Ethiopia



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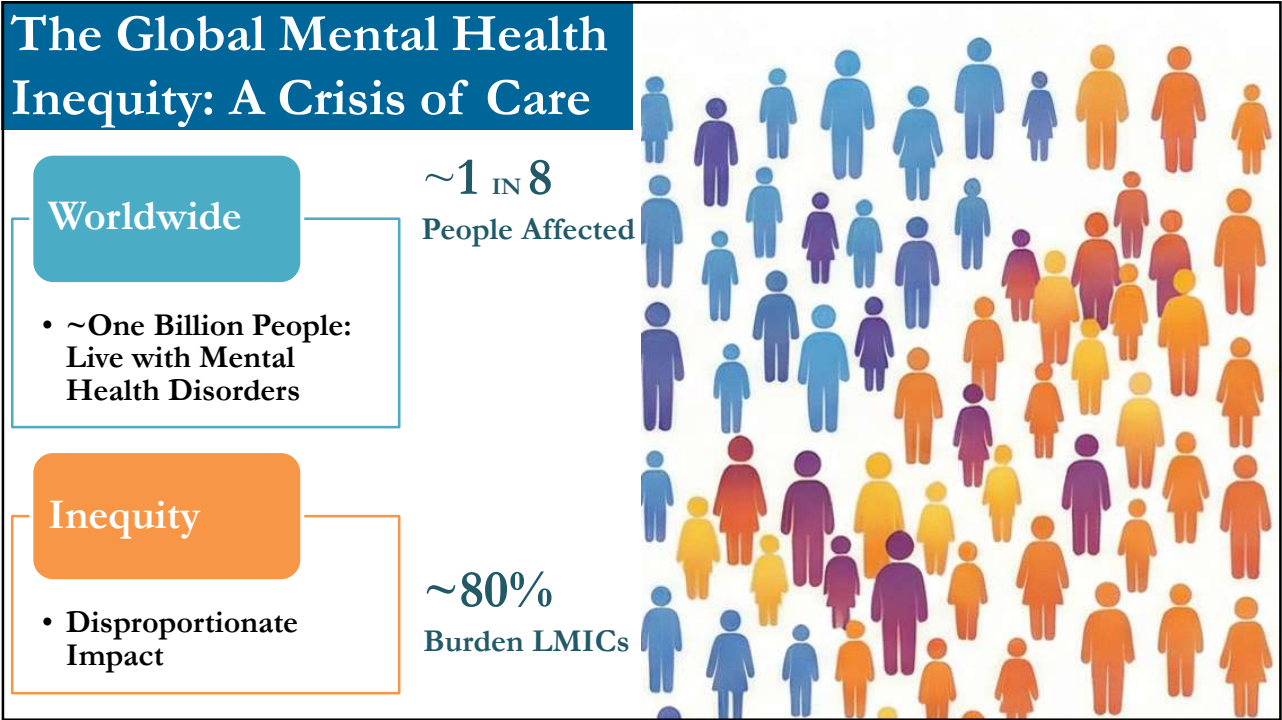


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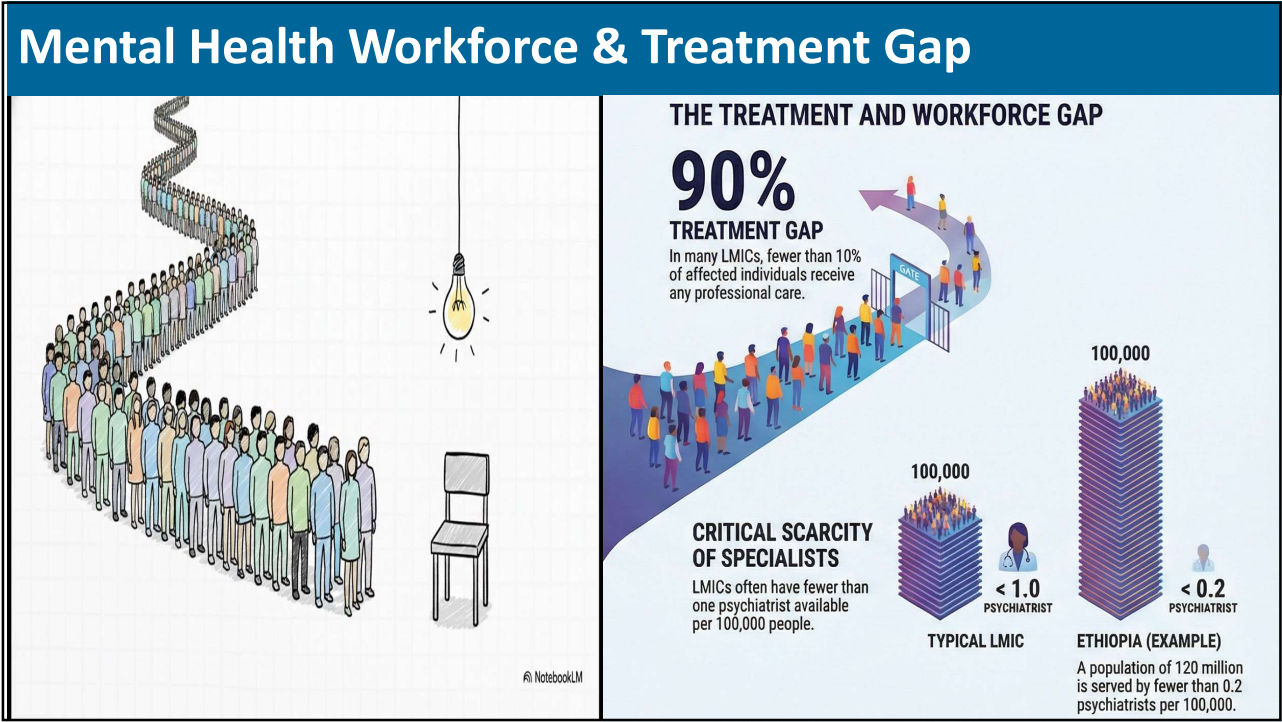


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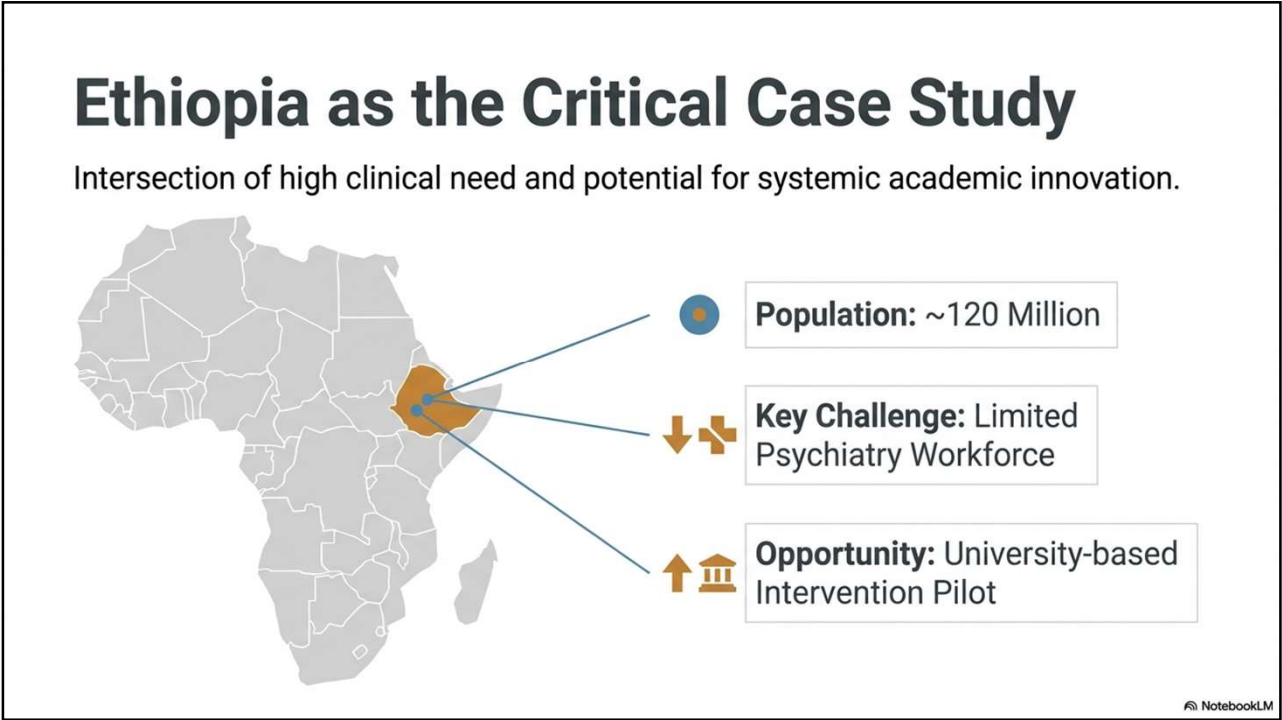
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Project Goals

A comprehensive, evidence-based online mental health training program (based on the WHO’s mhGAP-IG adapted for Ethiopia) will be integrated into the pre-service education of health profession students at four universities. **Task Sharing Principle**

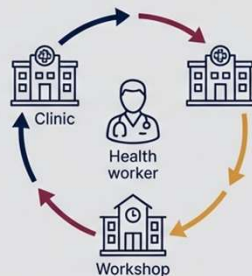
Overarching aim = To provide improved mental health care delivery in non-specialist healthcare settings.



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A strategic pivot from ad-hoc in-service to integrated pre-service

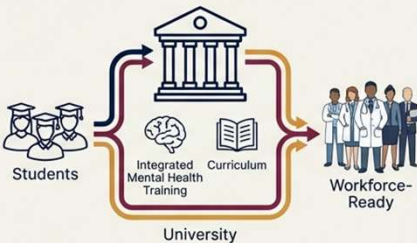
Status Quo: In-Service Training



Costly. Disruptive.
Patches the leak.

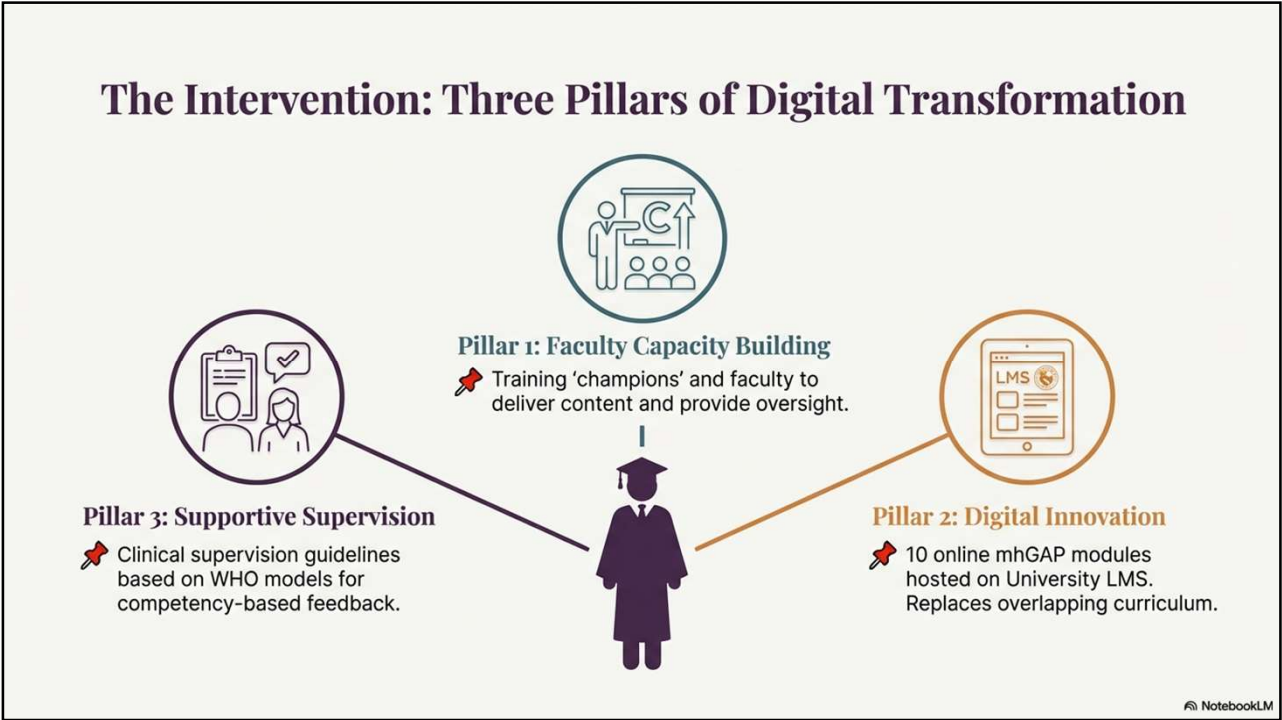
“
Building
the pipeline
rather than
patching
the leak.”

Innovation: Pre-Service Education

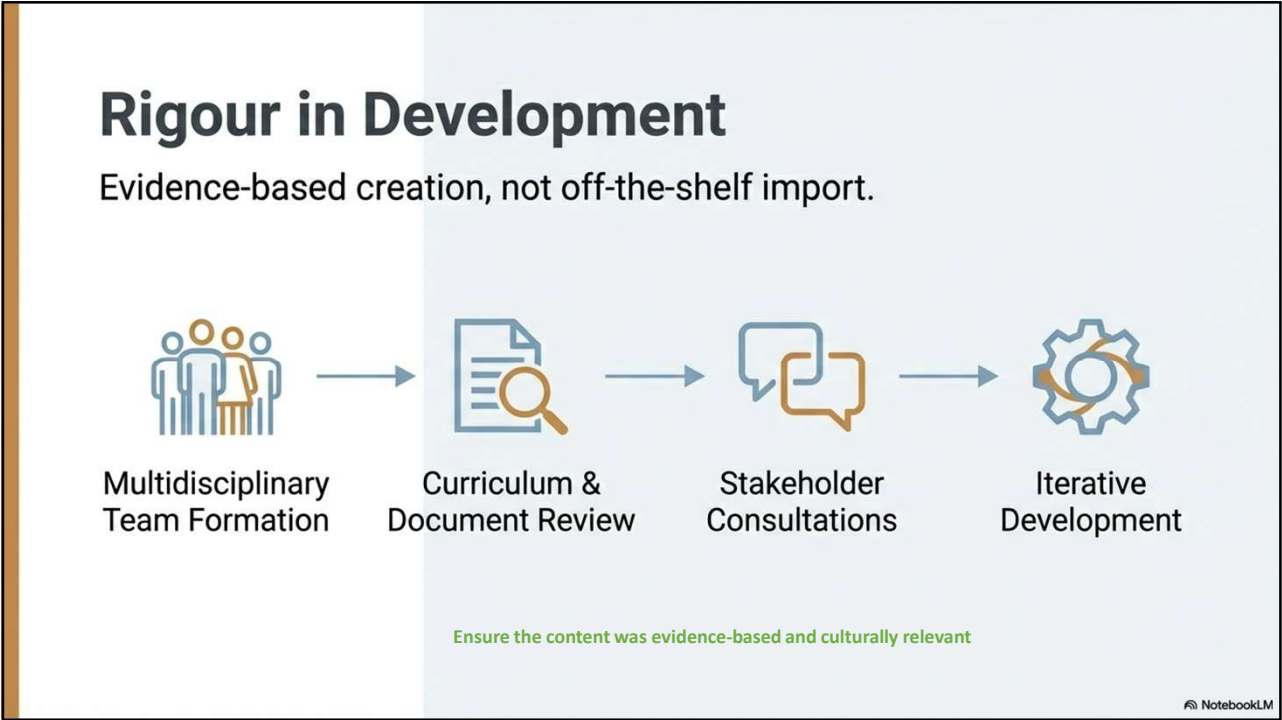


Sustainable. Scalable.
Builds the pipeline.

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Key Achievements

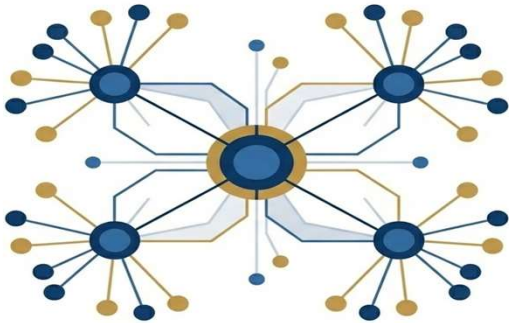
Laying the Strategic Foundation

- 150+

People engaged across institutions.
- 4

Memorandums of Understanding (MOUs) signed, laying the foundation for curriculum integration.
- 20

Health educational leaders trained specifically for advocacy and programme support.



Multiplying Capacity: The Train the Trainer Model

Elevating Clinical Supervision



Proctor's Three Model
Foundational supervision guide



Standardised Checklists
SNAP, PRIME, ENACT



Clinical Logbooks
Integrated tracking

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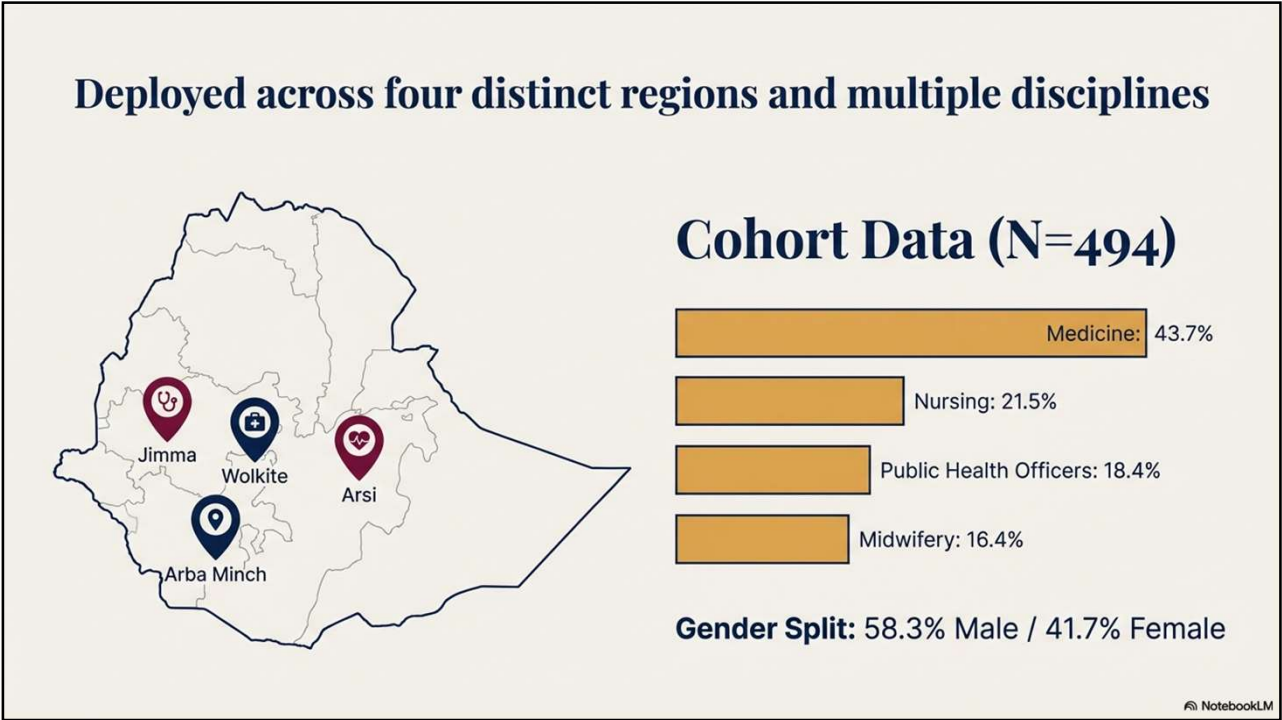
Faculties trained specifically on clinical supervision skills.



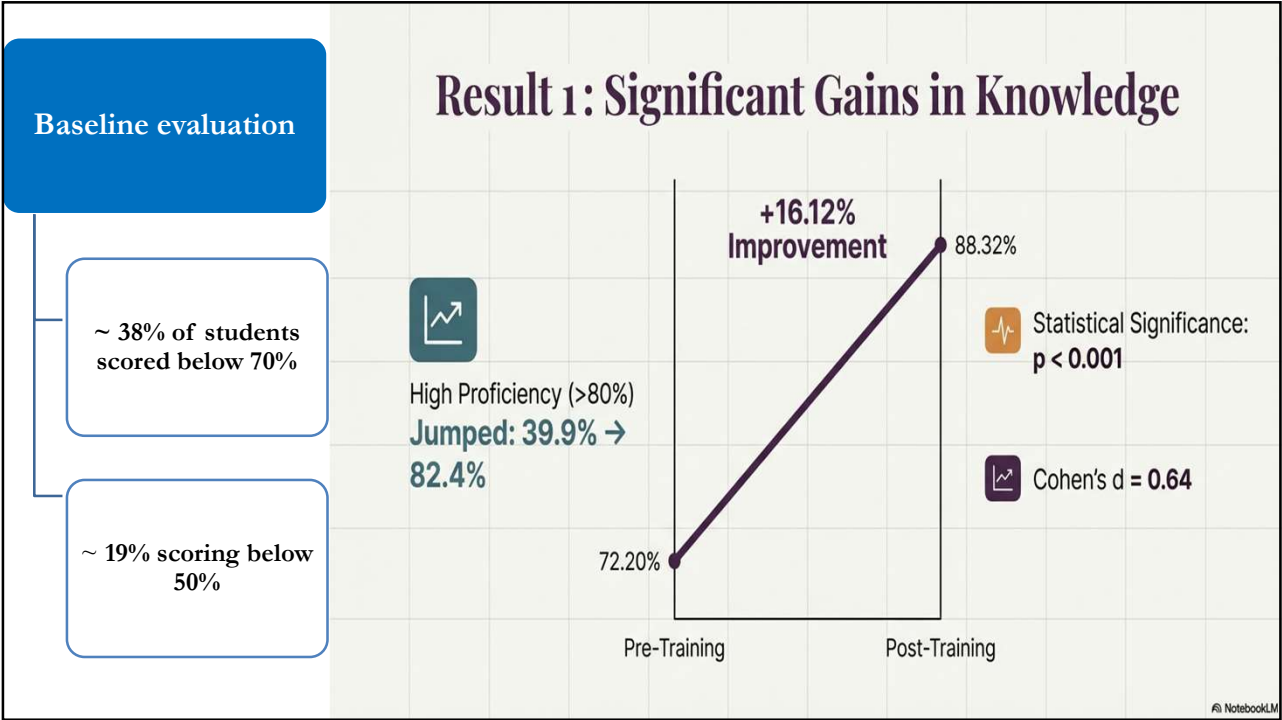
60 Health Professional Educators

Designed to support student learning, ensure knowledge retention, and guarantee long-term clinical sustainability.

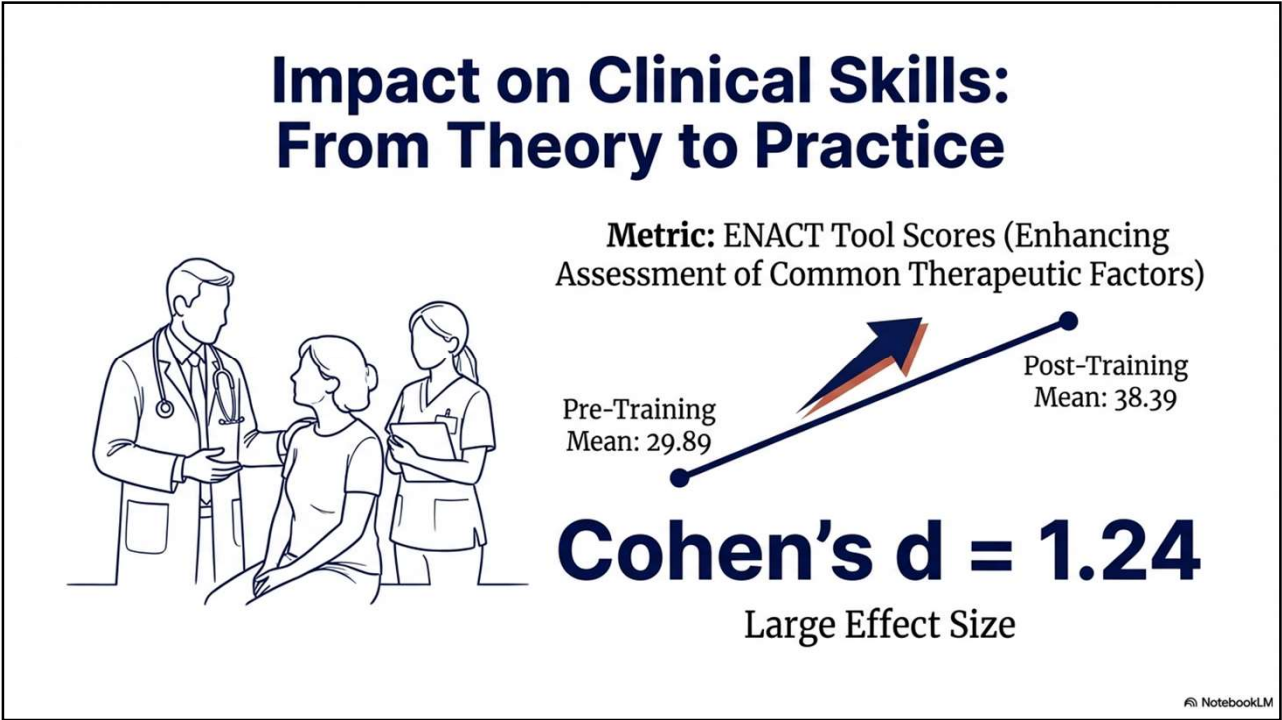
Equipped with specialised mhGAP-ToT (Training of Trainers) instruction. This model empowers local faculty to deliver and sustain the curriculum independently, embedding expertise directly into the institutional architecture.



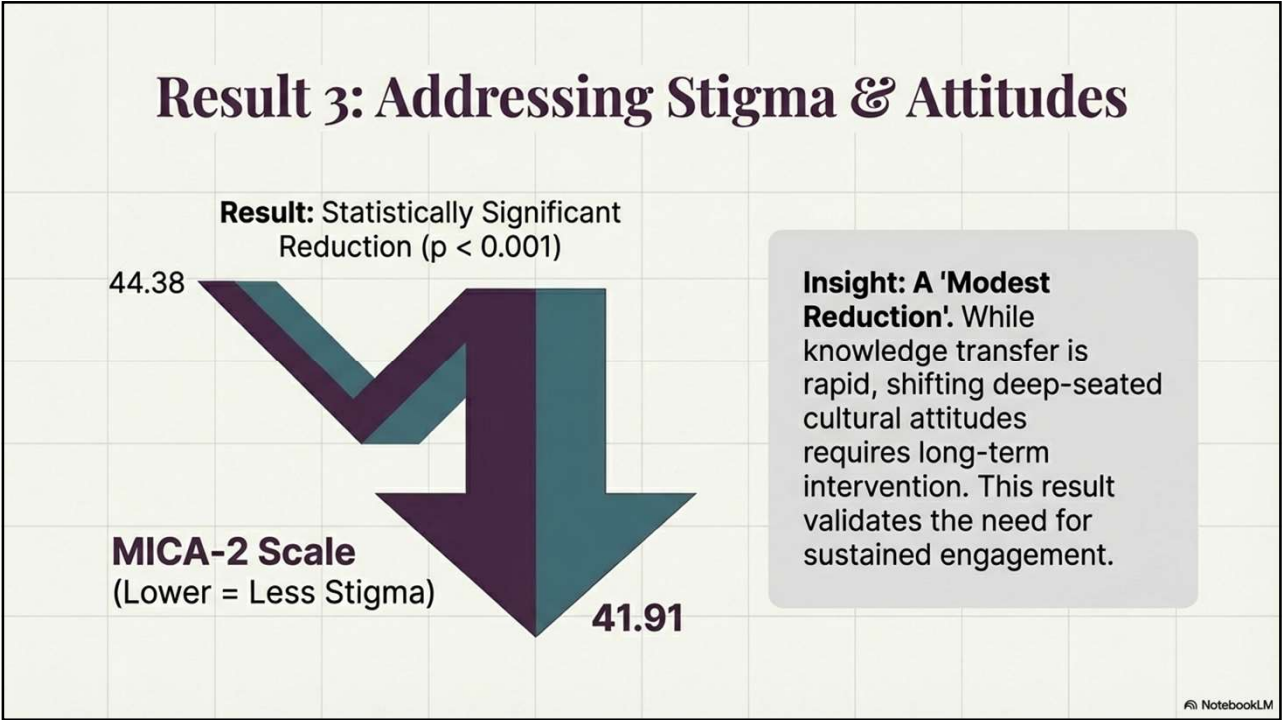
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The Student Experience: Confidence and Accessibility



Confidence

- Increased readiness to handle mental health cases

Relevance

- Content applicability to future role in the health system

Digital Experience

- High satisfaction with LMS flexibility and module quality

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Key Lessons

The Baseline Reality:

- Even after completing the mandated psychiatry course, students showed:
 - Low knowledge levels
 - High stigmatizing attitudes toward MNS conditions



Implications:

- A critical gap in preservice education
- Existing curricula may not adequately prepare non-specialist graduates to manage priority MNS conditions



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Key Lessons..

1

Digital Adoption of mhGAP - a scalable solution

- Trained nearly 500 students in short period of time

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Integration into pre-service education is feasible

3

Established a clear, replicable, integration mechanism

4

Demonstrated institutional adaptability and curriculum compatibility





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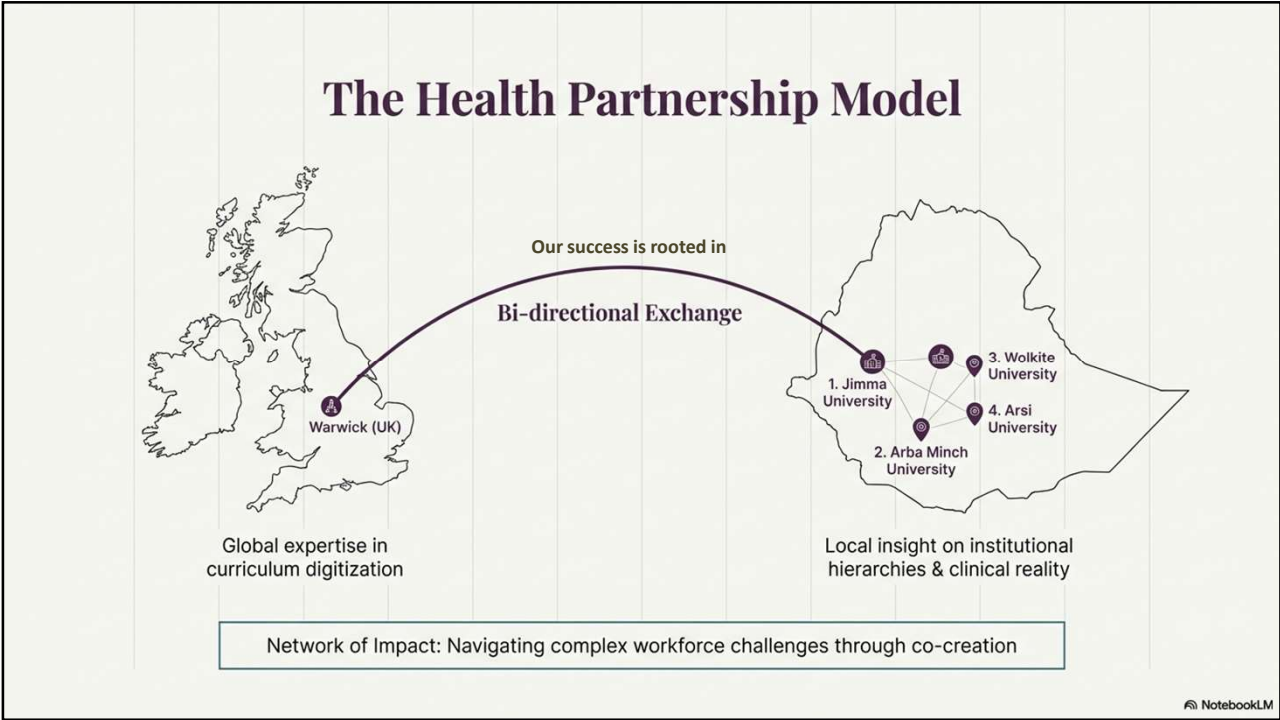


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Sustainability & Local ownership

- The project ensures sustainability by developing and delivering online training modules that are deployed on the University LMS easily and continuously accessible beyond the project period
- Standardized clinical supervision guideline and supervision tools developed to support student learning, knowledge retention and sustainability
- Institutional leaders are engaged from the outset to foster ownership.
- A “Train the Trainer” model equips faculty to deliver and sustain the curriculum, creating a multiplier effect
- The project laid a foundation to integrate the course into pre-service education for health professional students at four universities



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Summary

The Jimma-Warwick partnership has successfully moved mental health capability "upstream" by targeting the pre-service pipeline of Ethiopia's future health workforce



Effective

Validated gains in knowledge, clinical skills, and professional attitudes.



Efficient

Digital delivery mechanisms enable rapid, cost-effective scaling across institutions.



Sustainable

Firmly embedded within the University system, permanently replacing transient, ad-hoc workshops.

Digital tools, integrated within an existing academic framework, outperform traditional resource-intensive models

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Project Partners & Acknowledgements

Lead Partner: University of Warwick
Co-Lead: Jimma University
Funding & Support: UK Department of Health & Social Care, UK International Development, Global Health Partnerships.



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