

A WhatsApp virtual community of practice: Mental health education and support for practitioners during the Anglophone Crisis in Cameroon

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This study explored the experiences of health and social service providers who took part in ‘The Forum’, a virtual community of practice (VCoP) which provided education and support on mental health and trauma-informed services in the context of the Cameroon Anglophone Crisis. Using thematic analysis, the study examined qualitative data from 13 semi-structured interviews with VCoP members. Three themes were identified: (1) forming a community of practice highlights the ways in which the group functioned, including participation and the impact of silence; (2) meeting professional needs and (3) meeting personal needs both highlight the benefits, skills, and knowledge gained by being in the group. This study illustrates the benefits and challenges of participating in a VCoP for mental health education and the value of community in supporting service providers during crises. Results from this study will inform future iterations of The Forum and may help clinicians, educators, and researchers in similar contexts.

Keywords: mental health; community of practice; WhatsApp; Anglophone Crisis; Cameroon

Introduction

In Cameroon, approximately 80 percent of the population are French-speaking, often referred to as Francophone. The remaining 20 percent, who mostly reside in the Northwest and Southwest Regions of the country, are English-speaking, known as Anglophone (Willis et al., 2019). This has been the case since colonization by the British and the French following World War I and II (Dze-Ngwa, 2015; Konings and Nyamnjoh, 1997). In the 1960s, the colonized territories became a two-state federation, and in 1972 the two states were united to create the Federal Republic of Cameroon. By 1984, President Biya, a Francophone, had renamed the country ‘La Republic du Cameroon’, an act which was perceived by some English-speaking

citizens as akin to forced assimilation and the erasure of a unique Anglophone identity (DeLancey, 2021). Institutionalized inequalities between Cameroonian Anglophones and Francophones persisted in the decades following, in education, health care, legal and governance systems, and economic structures (International Crisis Group, 2017). Tension came to a head in late 2016, when English-speaking lawyers, teachers, and students began protests against underrepresentation in the central government, and a significant armed conflict known globally as ‘The Anglophone Crisis’ began (International Crisis Group, 2017; Okereke, 2018; Willis et al., 2019).

Over the past five years, both government forces and non-state armed separatist groups (including the Ambazonian Defence Forces, the Tigers, and the Amba Boys), have committed human rights violations (Fröhlich and Köpp, 2019). Residents of the Northwest and Southwest Regions have been subject to a range of atrocities, such as kidnappings, torture, and executions, large-scale bombings, the burning of entire villages, and attacks on and forced closures of schools and hospitals (Human Rights Watch, 2020; Willis et al., 2019). In further attempts to exercise control and silence dissent, the internet connection has been shut down several times in the Anglophone region, with the longest blackout to date lasting 240 days in 2017. Even when the internet connection is enabled, the service is often costly and unstable, limiting a vital resource for residents, and displaced persons especially (Calis, n.d.). Some civilians have been able to flee the violence, leaving their homes to seek asylum in neighbouring regions of Cameroon and in other countries. Persons with physical disabilities and those experiencing mental illness, however, have found themselves targeted by both government and separatist forces as they struggle to evacuate, with many being left behind (Alphonse, 2020; Willis et al., 2019).

Not surprisingly, the conflict has resulted in wide-spread trauma and mental health challenges for those who have experienced the violence both directly and indirectly (Amnesty International, 2017; Fox et al., 2020; Ursano et al., 2012). Health and social service providers are uniquely affected: as survivors living through a crisis and through their work with traumatized civilians, they are at risk of both personal and secondary trauma (Pearlman and Saakvitne, 1995). This dual experience, in which clinicians support individuals through challenges they themselves are struggling with, has been described as ‘shared trauma’ (Altman and Davies, 2002). Research has shown that clinicians experiencing shared trauma have difficulty fulfilling their professional duties while maintaining their own mental health and wellbeing (Boulanger, 2013; Dekel et al., 2016; Jaimes et al., 2019; Strohmeier and Schotle, 2015). Research on reducing secondary trauma indicates that support at both the individual and organizational level is most effective. Individual level strategies focus mainly on self-care, while at the organizational level, caseload management, support from colleagues, and opportunities for professional training on mental health and trauma have all been beneficial (Whitfield & Kanter, 2014).

In the Global South, where the majority of humanitarian crises occur, delivering health and social services is made even more difficult by pre-existing challenges such as limited resources, isolation, and stressful social, political, and physical environments. The increased demand for mental health and trauma-informed care often outweighs the capacity and level of expertise of providers (Debarre, 2018). As such, there is a marked need for more professional and collegial support for providers in the Global South (Jaimes et al., 2019; Jinor, 2020), and in Cameroon, specifically, where the Anglophone Crisis is ongoing (Kindzeka, 2018).

Creating or joining a community of practice (CoP) is one way for health and social service providers to share knowledge, skills, and support (Barnett et al., 2012; Cockburn et al., 2019). A CoP is defined as a group of people who have a common professional interest and enhance their knowledge through ongoing interaction; members share information, solve problems, and frequently develop personal relationships and a common identity (Wenger et al., 2002). Historically, members of CoPs have often gathered in person. In-person meetings are not always possible in a crisis context due to displacement, increased demand for services, and instability. Instead, online platforms have been introduced to host virtual CoPs, or VCoPs (Ranmuthugala et al., 2011). VCoPs share many of the same features, benefits, and challenges as traditional in-person CoPs (Correia et al., 2010). Ogbamichael and Warden (2018) have emphasized the added benefits of virtual spaces to connect geographically dispersed individuals, allowing knowledge sharing in challenging contexts, without time constraints.

The term VCoP refers to more than just a traditional CoP in virtual format. VCoPs have been hosted through social media and instant messaging platforms including Facebook, Twitter, Telegram, and WhatsApp, using hashtags, blogs, listservs, and discussion forums (Fardousi et al., 2019; Rolls et al., 2016; Thoma et al., 2018). The chosen platform depends largely on the purpose of the VCoP and the features that are most needed. In healthcare, WhatsApp has been increasingly used to host VCoPs that connect medical teams for clinical discussion and case-sharing (Kamel Boulos et al., 2016; Woods et al., 2019). WhatsApp is particularly useful for this purpose, as it can support large groups and many file formats (Moodley, 2019), while providing the needed privacy and encryption for sharing health and personal information online (Kamel Boulos et al., 2016). Further, WhatsApp is free and only requires a smartphone and limited internet connection, making it an ideal platform for low-income countries with fewer communication options (Vogt, 2020). For Cameroonians living through the Anglophone Crisis, WhatsApp is especially useful in the context of unreliable internet and rolling blackouts, as VCoP members are able to download content on Wi-Fi and save it for later use.

Research on the use of social media and instant messaging applications to host VCoPs in crisis contexts is limited. A study by Cockburn et al. (2019), exploring a VCoP of rehabilitation and inclusive development professionals in Cameroon, found that it has been both possible and beneficial to maintain a VCoP during the Anglophone Crisis. More recent research has shown that a VCoP for health and social service providers in this context is useful for developing

critical thinking skills and incorporating learning into professional practice (Pacholek et al., 2021). Other research on CoPs in crisis contexts has focused on education, peacekeeping, and security efforts in Venezuela, Afghanistan, and West Africa (Ismail, 2015; Tebbe et al., 2013; Tipton, 2011; Vitelli, 2017). These CoPs, however, were not hosted virtually, and did not focus on health and social service provision. This limited research suggests that VCoP opportunities for health and social service providers practicing amidst the complexities of an ongoing crisis are lacking, despite the need for professional support and education.

Recognizing both the need and the gap in services, a WhatsApp Messenger group was established as a low-cost and viable way to provide mental health education - particularly about trauma-informed care - to a group of health and social service providers during the ongoing Anglophone Crisis. This VCoP began initially as a pilot project called 'The Crisis Support Forum'. It was created by a small group of professionals, and only close colleagues were invited to participate, to maintain the safety of members in the context of the crisis. The pilot ran for approximately four weeks in late 2018. Based on positive initial feedback, it was determined that the group should continue, especially given the limited opportunities for professional connection and collaboration in the field of mental health (Nadège et al., 2019).

The group reconvened in March 2019 as 'The Forum'. The name was changed in response to safety concerns related to the political implications of using the word 'crisis'. Approximately 45 people participated in this second iteration, which ran until August 2019. Most of the participants were based in the Northwest Region of Cameroon, with some living in other parts of the country. A small number of members were living outside of Cameroon and joined to support their colleagues. Some of the topics discussed in The Forum included self-care, trauma-informed care, psychological first aid, and specific interventions such as art therapy. Although this iteration of The Forum formally ended in August 2019, the group remains open to provide information and support for its members.

This paper reports on a study that investigated the user experiences of The Forum described above. Specifically, the paper describes how and why a virtual community of practice developed, how it facilitated mental health education and skill acquisition, and how it supported members' ability to personally cope with crisis and trauma.

Materials and Methods

Research team

The research team consisted of members living in regions of Cameroon affected by The Anglophone Crisis, members who had lived in Cameroon previously but were now living in Canada, and members who had never visited the country. Some had lived experience of both The Anglophone Crisis and of participation in The Forum, while others had to rely on team member accounts. Some members were experienced researchers and others were conducting

qualitative research for the first time, learning about the process from each other and from the data itself. These differences led to rich and fruitful discussion throughout the research project, as members shared perspectives and challenged each other to both acknowledge and reflect on privilege and assumptions made about how to carry out the study.

Study design and theoretical perspectives

This study employed a qualitative phenomenological approach (Merriam and Tisdell, 2016). Data was collected through interviews to explore the experiences of healthcare and social service providers who participated in a WhatsApp Messenger group called The Forum. This design was chosen as it allows for an in-depth exploration of lived experiences, building on an understanding of participant feelings, opinions, and insights. The phenomenological approach is useful for studying emotional and intense phenomena similar to the topics included in The Forum (Merriam and Tisdell, 2016).

Sampling strategy

Researchers used a convenience and purposive sample of The Forum members. Anyone listed as a member of The Forum after the first month or added during the six-months of operation was included. Members who left The Forum in the first month were excluded as they had little experience with Forum activities and would be less able to contribute to the discussion. Forum coordinators posted a study information sheet and consent form in The Forum WhatsApp group to alert potential participants to the study and to invite them to read and respond to the information provided. A research team member communicated with interested participants to set up an interview. All participants received \$50 CDN honorarium.

There were 13 participants in the study - eight identified as male and five as female. Ten participants lived in Cameroon during The Forum, one in Canada, and two in the United States. Ten participants identified as Black African, one as African, one as Tikary, and one as Caucasian. Participants had various levels of formal education, including one high school diploma, three post-secondary diplomas, two bachelor's degrees, five master's degrees, and two doctorate degrees. Participants included three psychiatric nurses, two clinical psychologists, two mental health workers, one psychiatrist, one occupational therapist, one physiotherapist, one consultant, one researcher, and one ophthalmologist. Eleven participants had previous mental health training; ten participants were practicing mental health in some capacity.

Data collection instruments

The research team developed a semi-structured interview guide to facilitate in-depth qualitative interviews with participants. Interview topics were specific to: (a) the participant's identity, service provision, personal experience of the Anglophone Crisis, especially the experience of providing care in this context, and if / how that changed as a result of participating in The Forum, (b) general experience of participating in a VCoP on WhatsApp, and (c) benefits,

challenges, and recommendations for future versions of The Forum. The semi-structured interview guide consisted of seventeen questions with additional probes. Participants were asked, for example, “Has The Forum helped you in any way?” and “What was the impact of silence on the group?” Demographic information was also collected during interviews.

Data collection process

Between February and May 2020, five members of the research team conducted 13 interviews, using designated research accounts. Interviews were conducted either verbally over Zoom, or through text using WhatsApp Messenger, and lasted between 30 minutes and several days depending on the method, the availability of participants, and the stability of their internet connection. The semi-structured interview guide was used to facilitate interviews and probe specific points of interest; if participants spoke about any experiences that deviated from the guide, researchers followed-up in these areas. Interviews conducted on Zoom were audio recorded and transcribed verbatim. Interviews conducted on WhatsApp Messenger were copied directly and formatted to resemble Zoom transcripts. Each interviewer transcribed and de-identified the interviews they conducted, to protect participants’ privacy, anonymity and confidentiality. Participant files were labelled according to interviewer initials and interview date (e.g., April042020_KP1).

Data coding and analysis

All 13 interviews were coded in accordance with Braun and Clarke (2006) on thematic analysis. The first three authors of this paper engaged in inductive and latent analysis, first coding the beginning of three transcripts together, generating initial codes linked strongly to the data and discussing emerging codes and their descriptions at length. A living codebook (a modifiable document that team members could edit) was created and shared amongst all members of the team to ensure accurate and consistent coding as other transcripts were analysed. The first three authors met frequently with each other and with the larger team to discuss codes and refine definitions. During this process, vague codes were made more specific while redundant codes were removed.

Continuing with the steps presented by Braun and Clarke (2006), codes were grouped into themes. Data was analyzed manually, without software. Codes and themes were continually reviewed, discrepancies clarified, and decisions agreed upon collaboratively. All seven members of the team contributed to this process to confirm emerging findings. Member checks were conducted as themes emerged to support their plausibility. Throughout the analysis process, team members engaged in bracketing to reflect on positionality, critically examining how assumptions, biases, and worldviews were affecting the analysis of the data. These strategies were employed to support the credibility and confirmability of this research.

Ethical considerations

This study was approved by the University of Toronto’s Human Research Ethics Board and by

the University of Bamenda in Cameroon. All participants received a written informed consent letter via email which outlined the aims of the study and the rights of participants, including the option to withdraw consent at any time. Steps taken to ensure anonymity and confidentiality were clearly explained to participants and all potentially identifying information was removed from the data. Participants signed the informed consent form prior to participation in the study.

Findings

Three themes were identified: the experience of becoming a community of practice in the context of the Anglophone Crisis; the clinical utility of the group with respect to mental health service provision; and the personal benefits of interacting with colleagues through The Forum.

Becoming and belonging: forming a community of practice

Simply bringing practitioners together does not ensure that they will function as a supportive community. This theme explores the unique facilitators of and barriers to group formation. The Forum was hosted virtually through WhatsApp Messenger, allowing for more diverse membership. This VCoP brought together individuals living both inside and outside Cameroon, who would not have had the opportunity to meet regularly otherwise. This group configuration was significant for those in the Northwest and Southwest Regions especially, whose mobility was often limited due to the traumatic and unpredictable nature of the crisis. Participants emphasized the benefits of bringing together dispersed practitioners and collaborating with others who shared a common interest in knowledge-sharing and improving mental health services in Cameroon:

The uniqueness of this community is that it is very diverse. People who are from different geographical locations with different learnings and different perspectives...I hear somebody working on mental health in the U.S. ...and then the person in Cameroon is very eager to know. The person in Cameroon is describing the same thing that is happening... So, there is that sustained interest.

Participants were also diverse in their professional backgrounds and level of expertise in the mental health field, ranging from novice to expert. Various skill levels and perspectives were celebrated in The Forum, encouraging perspective-sharing and leading to a greater wealth of knowledge and skill-building. One participant explained:

What helped me more is the fact that there were people from different disciplines that could support the mental health work I was doing... There were people more experienced in counselling, there were people more experienced in psychotherapy, [and] professional therapy ... so if I had challenges in my work, I could share with this forum and receive more professional support... I really enjoyed the interdisciplinary nature... of The Forum.

The contributions of Forum members considered ‘novice’ in the mental health field were highly valued. Asking questions or demonstrating a lack of knowledge can be intimidating for novice and expert alike, but the presence of beginners may have facilitated a certain level of comfort within the group. This perspective seemed to serve as a reminder that all members of the group were beginners in regard to coping with the crisis. Overall, the geographical and professional diversity in The Forum was viewed as a strength, while common identities and goals helped to foster successful collaboration.

As with any group, participants of The Forum took on roles which affected their behaviour and participation. Four members with diverse backgrounds and levels of experience took on formal coordinator roles. In an effort to maintain the group’s structure and operation, they met separately to plan sessions, organize guest speakers, debrief concerns about participation, and address any other issues that arose. Participants emphasized the value of the coordinating subgroup, and one noted, “It’s all about having a coordinator who is open and gives direction.” Coordinators also led and moderated ongoing discussion within the group, which was considered beneficial. When asked what they valued most about the way the group was run, one participant shared:

Having the topics planned out ahead of time [and] rotating through the people who introduced the topics. [Also] rules, the phrases, how people enforce rules. Y’know, the whole structure.

While participants noted a degree of comfort around participation, there was also recognition of underlying social and professional hierarchies. Participants observed the interplay between formal credentials and professional backgrounds, positions of employment, and experience in mental health and trauma-informed care. There is some evidence suggesting an implicit power dynamic between members, as some participants who self-identified as holding lower credentials described taking on more passive roles:

I was able to share more at the beginning, 'cause at the beginning not many people had... introduced themselves. So, as time went on and I was reading about ‘doctor this, doctor that’, I was like... maybe I should... just sit back a little and read and see what this more experienced practitioner had to share.

Members with mental health experience, or more formal education, appeared to take on leadership roles within the group- a dynamic influenced by the behaviours of other members. For example, one participant described “stepping back for expert opinions,” where the ‘experts’ were those with greater mental health knowledge. Interestingly, a participant occupying this ‘expert role’ also brought up the concept of stepping back. In this case, however, it was to allow space for other perspectives, as she did not want her contributions to dominate the discussion:

If [I] - I'm a psychiatrist - am on a forum, or like a WhatsApp group, initially they will wait to see if I have any input before they give their input because [of] a respect, social hierarchy thing. And so...I was intentionally staying silent for a while, so that other people felt like they could contribute first, y'know?...We want it to be sustainable, not dependent on me.

Trust was an important factor in cultivating a sense of comfort among participants. Trust was promoted through formal introductions and sustained participation, while silence was viewed as a barrier to trusting others, particularly in the context of the Anglophone Crisis. Due to the virtual nature of this CoP, some members expressed the importance of knowing who was in the group and trusting that it was a safe environment. Suspicion and distrust were not entirely absent in The Forum, and as one participant said, "you never know who is listening." Another commented on the ramifications of silence:

[Silence] played negatively... if you have people that are not talking, they are afraid. In our crisis region, someone will be very suspicious of a group in which he talks, and no other person talks.

Some members took on active participatory roles by frequently posting, commenting, or asking questions. Others took on more passive roles, which involved reading and digesting content without posting. In addition to individual preferences, participation may have been affected by unreliable internet or phone capabilities. Silence, therefore, proved to be extremely complex, and influenced by a multitude of factors:

I am more into listening than talking... which will translate to more reading than sharing. However, for me personally, I've come to learn that sharing is also a healing aspect to the person sharing. So I would understand that for those who chose not to participate, not to contribute, they had reasons why.

A number of participants expressed that passive participation, including simply reading the content, was beneficial:

I want to think [the] majority of people, about 90 percent of people participated... even by reading and they don't say anything. So, I think learning was taking place, even if some people were not posting.

Most participants understood and accepted such silence. Some members, however, expressed feelings of distrust and discouragement when they were met with silence in The Forum, preferring more active participation that led to nuanced discussion and integration of thoughts and ideas.

Application to practice: meeting professional needs

Participants spoke to the challenges of providing health and social services in the context of the Anglophone Crisis. The Forum was a useful virtual space for knowledge-sharing, skill-building and case discussion with respect to mental health and trauma-informed practice. The practical approach and organization of the group allowed participants to apply new learnings directly to practice. The majority of participants expressed overwhelmingly positive feedback on The Forum's professional value, with many sharing that it surpassed their expectations.

The provision of health and social services in the crisis context was often made frightening and complex by the ongoing threat of violence, and the trauma experiences of both practitioners and clients. One participant explained how The Forum supported providers through these emotional challenges:

There were professional[s] who wanted to do their work but didn't know how to do it. They were overwhelmed by everything that was happening... And since there is [a] crisis and there is no way to move, The Forum was a way to support front line practitioners during crisis situation[s].

Service providers faced new challenges that were further complicated by the stigmatization of mental illness in Cameroon. Further, Cameroonians have limited opportunities to engage in professional learning networks like CoPs, particularly to learn about mental health. One participant noted this lack:

There are no opportunities in low and middle income countries like Cameroon, where I am... There are limited opportunities for that training, for that learning, and if we can continue to work in these kinds of forums, people will learn.

Many participants emphasized the quantity, richness, and accessibility of information, as well as the wisdom of experienced practitioners. As one participant said, "It's almost like I got all this information at the snap of my finger. All [these] healthcare professionals, sharing their experiences and their expertise." Members saved important information and used the platform's search function to locate specific material.

There was also value in sharing information in an environment that was more flexible and interactive than traditional classrooms or workshops:

I want to say that working in a community of practice is one of the best things to happen ... [and] one of the best...ways of learning. Especially for professionals, people who are working, and who may not want to go and sit in a classroom again... online learning, or learning in community of practice, is even ideal.

To this end, participants appreciated the various ways information could be shared within The Forum. These included sharing resources, asking questions, participating in discussion, and having the opportunity to contribute to complex cases:

Some of the participants, they will put active case studies [in The Forum] - case studies that are real. And they will ask in The Forum to everybody what they can do, and from those exchanges we are able to bring up ideas and suggestions as to what, [or] how they could handle those situations as therapists.

Many participants reflected on The Forum's ability to make learning relevant and applicable to the everyday tasks a professional may encounter at work:

The topic in discussion, the aim of the group was and is a practical day-to-day issue facing us... The direction of every discussion was triggered by real needs of health care workers or patients. All the time, the discussions were helping us meet needs.

The practicality and accessibility of the professional skills that were discussed, including art therapy exercises and psychological first aid, were valued:

I love practical things [rather] than just talking so long. I love my things... short but quite explicit, you know? I mean, when you pass the message in a very simple way, and practical way ... it's something that I could practice. It's something that anyone could practice and it was simple, so I loved it.

Participants who had previous experience providing mental health services became more aware of the service networks and referral options in the Northwest Region, which was useful even if they were living far from the crisis zone. Providers who worked directly with clients or patients, but who were not mental health experts, were more able to identify mental health issues or the presence of trauma, and respond accordingly:

One other thing The Forum taught me, was that mental health issues are very important issues to not be passive about. I'm now more conscious about mental illness in persons coming to physical therapy than I was before.

Even members who were not directly working with clients or patients shared that The Forum equipped them with the knowledge and skills to help manage their own emotions and be more aware of the mental health needs of colleagues. One participant said, "We learned how to avoid stress in work... I learned it is important to communicate feelings... especially when I am angry." Regardless of background or experience, Forum users gained skills and knowledge that could be directly applied to professional challenges that had arisen as a result of the crisis.

Coping with trauma: meeting personal needs

The majority of study participants agreed that in joining The Forum, they became part of a group that helped meet their professional needs. However, participants shared that they themselves were experiencing trauma and other mental health challenges, and were also limited in their options for support. The Forum facilitated a sense of deeper connection among members and provided benefits that went beyond a professional nature to support mental wellbeing and resilience. As one participant explained, “The Forum was also like a counselor to me because it gave me some basic coping strategies, which helped me cope and avoid developing mental illness myself.”

Members used The Forum to seek advice or information about how to take care of themselves and others during this time. The topic of self-care was especially salient- both as a means to protect against professional burnout or compassion fatigue, and as a strategy to maintain personal wellbeing. One participant captured this dual purpose:

It’s a forum where you could help both yourself and your client because for example you, as a medical practitioner or anyone in the medical field, you come across people... who have been traumatized. Some have gunshots, some have seen people burnt alive, they’ve seen a lot of things, some have seen people kidnapped. So sometimes that memory keeps coming ... there are a lot of changes that could take place in the body... Simple things that we learn in The Forum could help a lot.

Members shared concrete strategies for engaging in self-care practices. These were often directed at the human being behind the professional persona, acknowledging the reality that providers were struggling with mental health challenges as well:

One thing I remember very well is the suggestion from one member... that we could reduce or avoid listening to, or watching, stress-building images of killings or destruction of property. Because of that, I deleted several images from social media and blocked some contacts and groups on social media. That helped me.

In their professional practice, providers have been expected to treat all clients and patients, including military personnel and separatists, regardless of which faction of the conflict they came from. Self-care strategies were discussed as a protective factor against the fear that was often present:

[You] treat the... Amba Boys, you are in trouble. You treat the military, you are in trouble. They can kill you at any time. They even got to where the Doctors Without Borders are and shoot... You practice where there is a lot of fear... You learn to deal with those things... There are a lot of things in The Forum I can start listing [that help you] actually

deal with them. And when you are able to deal with them, you will be able to deal with other people having similar problems. Because if you can't deal with yourself, you can't help others, that's what I think.

In addition to the individual self-care strategies shared in The Forum, the data suggests that the group itself functioned as a support system for members. Building relationships with others in similar situations and fostering a shared identity ultimately led to a deeper sense of connection and belonging.

Many participants spoke about being connected to Cameroon in some way, and thus having an understanding of the danger and precarity of the crisis situation. At the same time, living outside of Cameroon, and feeling disconnected from friends and colleagues was difficult for some. One participant who had left the country prior to the start of the conflict described how she used The Forum to check on others: “On a very concrete level, when people would reply I'd be like okay, good, that person is still... alive.”

Participants in Cameroon also used The Forum to keep tabs on people:

A lot of people also gave us stories on what is happening in some parts of the town because, depending on where you are, the situation may be different. Like where I used to live was a very difficult place, but now I'm somewhere that is safer and I'm more relaxed... So, people come up with a story and they tell you about the people they see.

Participants described instances of receiving an emotional boost from fellow members, which helped to raise their morale and encouraged them to keep up their important work. Members were bolstered by the knowledge that others were going through the same things as they were, or even just that there were people in The Forum who cared about them:

I've been living in a crisis region and... to just know that you have another professional who thinks about you, who can support you, who can just give you a tap on your back, encouraging you.

Another participant shared this sentiment:

Just knowing someone is thinking about you, helps you a lot in this situation. You get up to go to work and there [are] gunshots and you have to hide... But by the time you come back, if there is internet and somebody [asks] you “How are you today? What is happening?”, and maybe you share a bit... and somebody encourages you, it is a big plus because they are maintaining that balance.

Similarly, knowing that other members of The Forum were also health and social services

providers, gave the impression of a common identity and a deeper sense of community. Sharing difficulties around service provision and receiving support from others was incredibly valuable. As one member explained, “Having the opportunity to talk with other professional[s] who are facing similar situation[s] is relieving.” Despite crisis-related isolation and displacement, members felt less alone when they were in the group. Several shared that they had made new connections, and remained in touch even after The Forum had closed. All participants expressed their desire to have The Forum reopened, as they did not want to lose this community and the connections they had made.

Discussion

This qualitative study explored the experiences of members of a virtual community of practice called The Forum, hosted on WhatsApp messenger. Three themes were identified highlighting how a community was developed in a virtual space, how this particular VCoP facilitated mental health knowledge and skill acquisition for providers, and the ways in which providers learned to cope with personal trauma during the Anglophone Crisis.

Consistent with previous literature on VCoPs, group dynamics were found to be an important factor in developing trust and cultivating a sense of belonging which led to greater collaboration (Peñarroja et al., 2019). Trust was one aspect of group dynamics that appears to be complicated by the Anglophone Crisis. Trust has been identified as crucial to any successful CoP (Wenger, 1998; Wenger et al., 2002). While WhatsApp Messenger offers end-to-end encryption and a secure interface, the notion that one can never be too careful in a crisis context was strongly emphasized by participants. The ongoing negotiation of risk and trust is echoed in other research exploring crisis contexts (Baum, 2012). A study by Tseng et al. (2019) found that social presence is an important factor in building trust in a virtual space. The lack of face-to-face interaction in a VCoP may hinder trust-building, resulting in lower engagement (Tami-Maury et al., 2017). In The Forum, limited user profiles, asynchronous use, and offline reading may have contributed to lower social presence within the group, hindering the development of trust. However, this was not directly supported by the data, and our research suggests that distrust was reasonably managed given feedback from participants and continued use of the group.

With respect to professional needs, our findings spoke to the richness of the VCoP content, highlighting the practicality of the knowledge and skills that participants were able to apply directly to practice. This finding is consistent with healthcare literature showing how a CoP can have a direct impact on service provision (Mehta et al., 2018; Rolls et al., 2016; Ranmuthugala, et al., 2011). The delivery of mental health services in this context is challenged not only by a lack of resources and by the crisis itself, but also by the collective cultural understandings of mental health, which differ from Western and high-income countries of the Global North. As discussed by Mills and Fernando (2014), there is a movement to increase

mental health services in countries in the Global South, using high income countries as the model. However, this movement, originating in Western psychiatry, conceptualizes mental health as being a universal phenomenon which has a physical basis in the brain. This is a highly reductionist view which discounts the complex interactions between a person and their socio-political-economic environment. Systems and supports from high income countries should be critically analyzed before they are brought to countries in the Global South - particularly those entrenched in conflict and with high rates of poverty- as these complexities are easily overlooked, and may even cause more harm than good.

The VCoP discussed in this paper could be viewed as one of these transplanted support systems. The Forum was created in partnership with Cameroonian and Canadian stakeholders, and although WhatsApp is now widely used across the globe, this form of knowledge-sharing within a group could be seen as a predominantly Western modality of teaching. Membership was diverse and included a large contingent educated in high income countries where the medical model is emphasized. The presence of this subgroup may have unknowingly introduced a Western lens to discussion. There were several factors however, that may have mitigated the risk of Western dominance in The Forum. For example, organizers were cognizant of the complex dynamics involved in creating an international mental health CoP, and worked to maintain transparency and reflexivity throughout. Additionally, members of The Forum were personally connected to Cameroon in some way and were aware of the complexities of developing understandings of mental health and trauma, and of implementing relevant interventions in this challenging context.

Though beyond the scope of the current paper, it is worth considering how this international community, and others like it, could contribute to propagating harmful reductionist discourse around mental health, pathologizing the very individuals that providers aim to serve. The findings of this paper suggest that The Forum fulfilled its core purpose in equipping providers with information and skills they themselves found relevant, useful, and practical for supporting their clients amid the Anglophone Crisis. The critical reflexive and transparent processes undertaken by organizers, may have contributed to its success in this regard, and similar steps such as those outlined in Suffling et al. (2014), should be followed by those considering developing a comparable international CoP.

Providers in Cameroon continue to face professional and personal challenges related to the crisis, resulting in burnout, compassion fatigue, and secondary trauma. In a systematic review by Dubale et al. (2019), it was found that the rates of burnout among healthcare providers in sub-Saharan Africa are high, at approximately 40-80%. In Cameroon specifically, burnout has been linked to stressful work factors such as high case load, lack of autonomy, overwork, and an uneven distribution of healthcare providers throughout the country, all of which are compounded by a general lack of mental health services and the ongoing crisis (Mandengue et al., 2017; Mbangwa et al., 2019; Nogueu et al., 2017; Njim et al., 2019). Research suggests that

an organizational approach to burnout is most effective, but difficult to achieve (Dijxhoorn et al., 2020); there are some measures, however, that can be taken to combat burnout on an individual level. A study by Miller et al. (2017) supports the practice of self-care to mitigate the deleterious effects of living and working in stressful environments. This was a major theme to emerge from the current study, as participants shared, often without prompting, the benefits of learning self-care strategies in both their work and personal lives.

The Forum provided information on self-care to combat burnout and compassion fatigue, but also functioned as a form of self-care for participants, who often logged on to receive support from colleagues. This is consistent with research suggesting that social support, including opportunities to debrief with colleagues, can reduce the effects of secondary trauma and compassion fatigue (Whitfield & Kanter, 2014). Our research indicates that shared circumstances and identities, along with a safe and supportive environment in which to process crisis-related experiences, contributed to a sense of deeper connection that goes beyond what is widely understood to be the purpose and benefit of a professional CoP.

Given the ever-increasing threats to public health in sub-Saharan Africa, and the distinct lack of resources and support, Dubale et al. (2019) insist that intervention for work-related stress and trauma be made a priority in low-income countries. In the interim, initiatives like The Forum may serve at least some of the unique personal and professional needs of providers, brought on by the Anglophone Crisis.

While there were some limitations in the virtual context, our findings indicate that the benefits of participation far outweighed the risks. The Forum could not have existed with all its highlighted benefits if not in the virtual space. This factor is particularly salient when considering the compounding challenges posed by the COVID-19 pandemic, whereby safe in-person gathering, mobility, and resources are all the more constrained. A growing body of research has emerged during the COVID-19 pandemic highlighting the benefits of VCoPs for health and social service providers. This novel research shows that VCoPs can play an important role for healthcare providers when facing uncertainty and highly emotional situations. VCoPs can contribute to building shared resilience and can provide a sense of strength among members (Delgado et al., 2021; Delgado et al., 2020; Sockalingam et al., 2020). The professional and personal benefits discussed in this paper suggest that similar protective factors developed within The Forum. However, this research merely scratches the surface, and further inquiry is needed to determine the full extent to which these factors have influenced providers' lives.

Limitations

Several limitations should be noted. First, the study sample of 13 may not be fully representative of all members of The Forum. For example, social services providers were

present in the group, but are not represented in this research. Additionally, the majority of participant feedback was positive. This could be because those who felt negatively about the group were reluctant to voice their opinions. It is also possible that the sample merely consisted of participants who did not have any negative experiences. In either case, it is important to recognize that the findings lack this viewpoint.

A second limitation is related to technical challenges. Internet connection in Cameroon was unreliable over the course of the study, and this led to a lower number of participants than anticipated. This may have also affected audio recordings, which were difficult to accurately transcribe, and as a result, may have caused error in interpretation, thereby affecting data analysis. These audio discrepancies, however, consisted of single words and likely did not change the meaning of participant data as a whole. The research team pivoted to using WhatsApp Messenger to conduct some interviews in April, eliminating the need for audio transcription for those interviews.

Another limitation of this study relates to the three primary authors. For ethical reasons, these authors did not have access to The Forum content, limiting their understanding to interviews only. This may have affected their interpretations and analysis of the data, which is particularly important considering the positionality of these authors as non-Cameroonian, White Canadians. To ensure that data analysis was accurate, all interpretations were verified by the larger, more diverse research team.

Conclusions

The current study contributes to existing VCoP literature and provides novel insight into the benefits, challenges, and overall experiences of participants in a WhatsApp VCoP during a crisis. Findings revealed that The Forum was successful in promoting professional interactions, hosting educational content and skill-building opportunities, helping providers to personally cope with trauma, and facilitating a sense of deeper connection among participants. This study also indicates that WhatsApp is a viable platform for VCoP hosting, which has important implications for the continued support of health and social service providers working in crisis. Overall, this WhatsApp VCoP was determined by participants to be successful in providing mental health education and resources in the context of the Anglophone Crisis.

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