

Effectiveness of mental health services in primary care in Nepal: Results from PRIME studies

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Treatment Gap




- Up to 4 out of every 5 people with mental illness in low and middle income countries (LMIC) go without mental health care¹
- 90% people with mental health problems in Nepal are not engaged in treatment²
- Mental health services are not accessible to all (highly centralized)^{3, 4}




mhGAP Intervention Guide

for mental, neurological and substance use disorders in non-specialized health settings



World Health Organization

Mental Health Gap Action Programme




World Health Organization

PEPFAR UNAIDS

Task Shifting

Global Recommendations and Guidelines



PRIME

programme for improving mental health care

Evidence on scaling-up mental health services for development

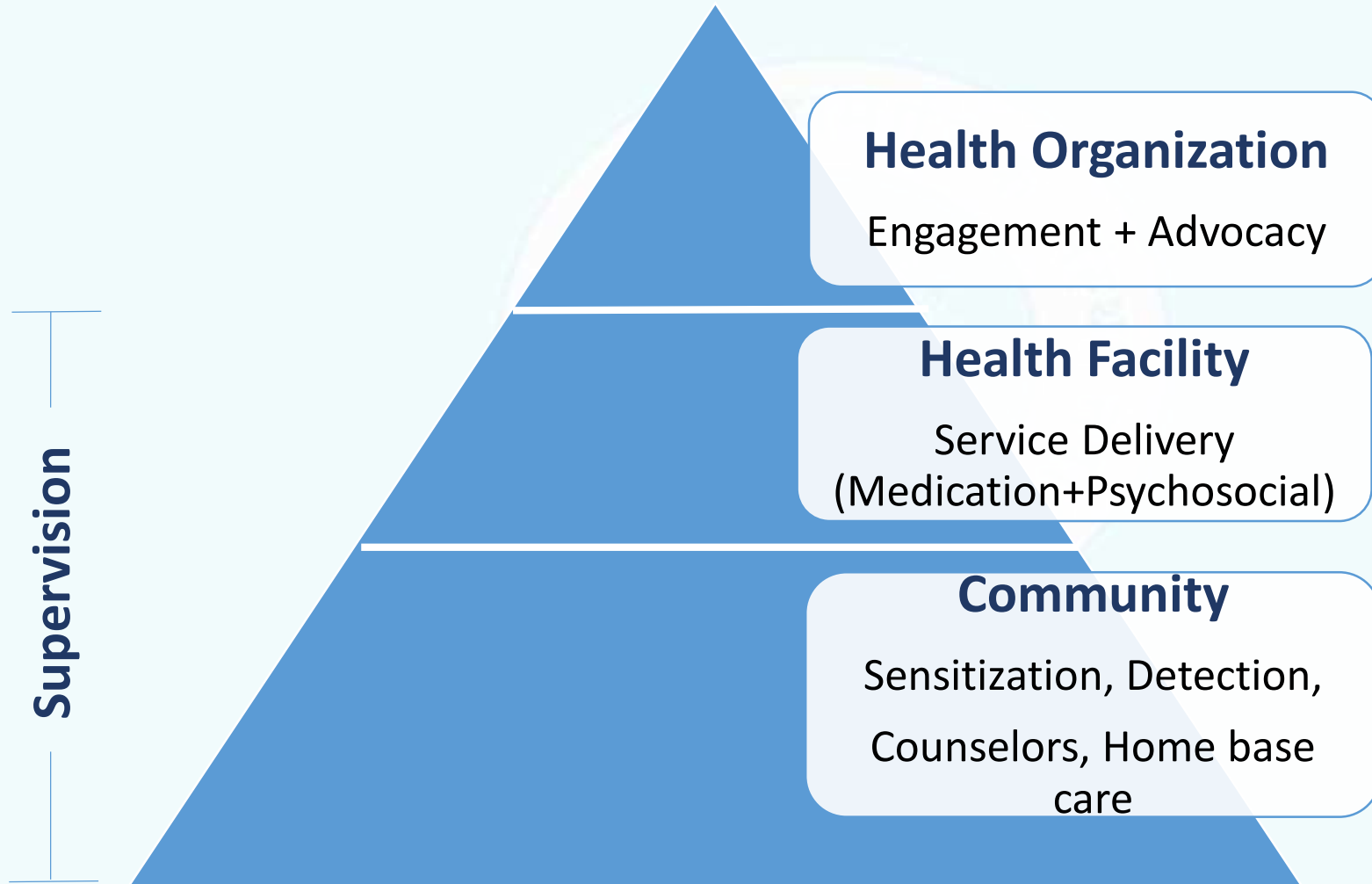
www.prime.uct.ac.za

Phase 1: Inception Phase

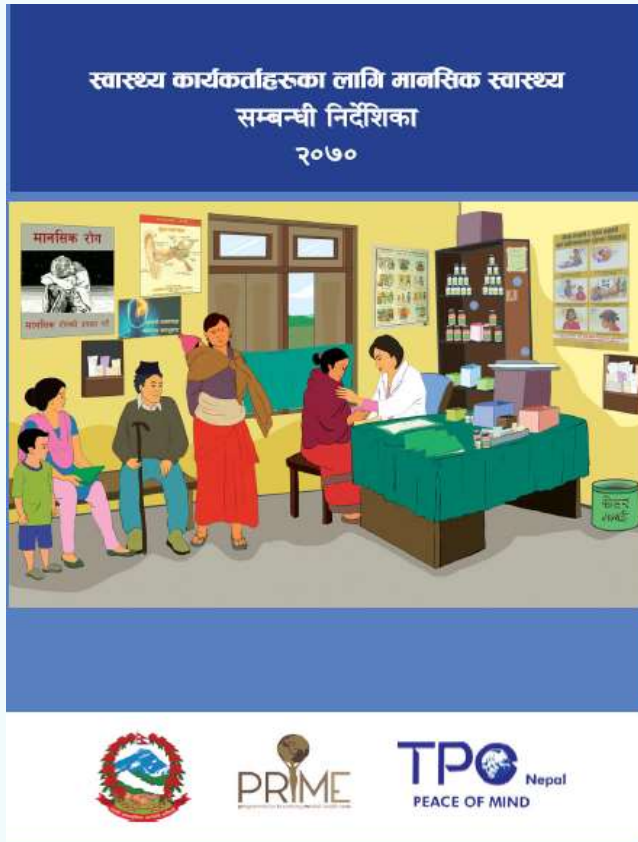
Mental Health Care Plan (MHCP)

	Awareness	Detection	Treatment	Continue care
1. Health Organization	1.1 Engagement and advocacy	1.2 Referral for specialists consultation/ inpatient care		
2. Health Facility	2.1 Service Providers awareness raising/anti-stigma	2.1 Screening and assessment (<u>mhGAP</u>)	2.3 Basic Psychosocial support	2.6 Supervision
			2.4 Focus psychosocial support (HAP/CAP)	
			2.5 Psycho-tropic treatment (<u>mhGAP</u>)	
3. Community	3.1 Mass sensitization	3.2 Community informant case detection (CIDT)	3.4 Focus psychosocial support (HAP/CAP)	3.5 Home base care (HBC)

Mental Health Care Plan (MHCP)



Pilot test- Feasibility and acceptability assessment in two health facilities



Name: _____ Location: _____

Referred by (Name): _____
 Teacher Mother's Group Traditional Healer FCHW

DEPRESSION
 Since the last Dashain festival, Ram Bahadur looks restless and sad. It seemed to have started when his wife died. Nowadays, along with the loss of interest in his work, he doesn't feel like doing anything, not even taking care of his baby son. These days, he cannot fall asleep at night and has difficulty sleeping. He feels restless and fatigued. He has started to get angry and irritated with his family and friends even about trivial matters. As he feels easily tired and weak, he has started thinking that he cannot do anything in his life. Since past few days, he has started feeling that his future is dark, because of which he does not want to see or participate in his children. For 5 months, he has hardly worked on the field anymore, he just sits at home all day.

OBSERVATION

Circle the symptoms you have observed in the person

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?
 • No match (description does not apply) _____ 1
 • Moderate match (person has significant features of this description) _____ 2
 • Good match (description applies well) _____ 3
 • Very good match (person exemplifies description, prototypical case) _____ 4

A2. Do the problems have a negative impact on daily functioning?
 • No _____ 1
 • Yes _____ 2

A3. Does this person want support in dealing with these problems?
 • No _____ 1
 • Yes _____ 2

Result: _____

TPO Nepal PRIME HealthNet TPO



Major Lessons from pilot test:

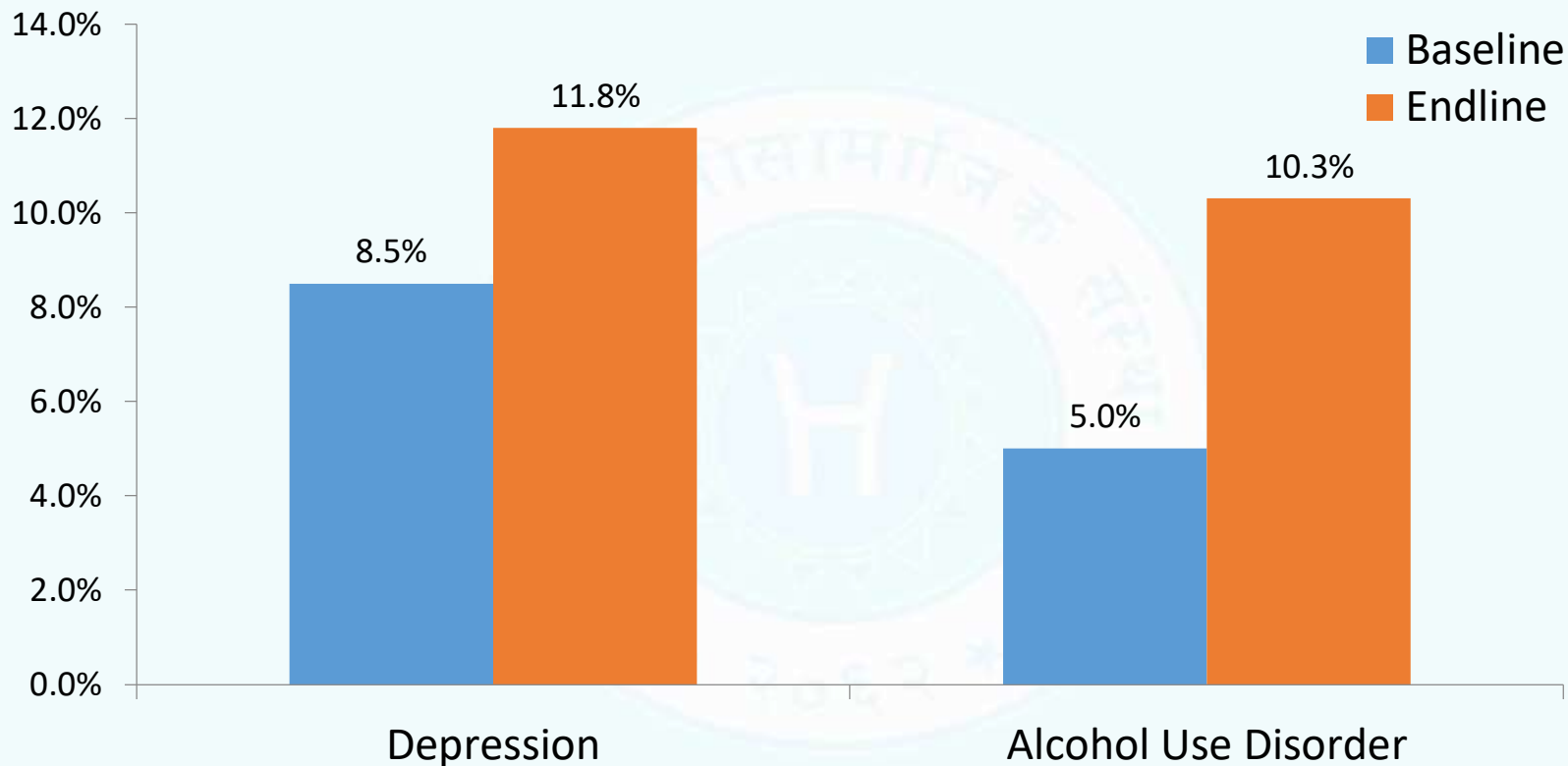
1. Overburdened health workers; pharmacological management to prescribers (AHW, doctors); psychosocial training component to non-prescribers (ANM)
2. Home based care to ensure treatment adherence

Phase 2: Implementation Phase

MHCP Evaluation in ten health facilities

- **Community Survey** - To assess population level impact
- **Facility Detection Survey** - To assess health facility level impact i.e. detection and treatment
- **Cohort Studies** – To assess change in symptoms severity and functional impairment

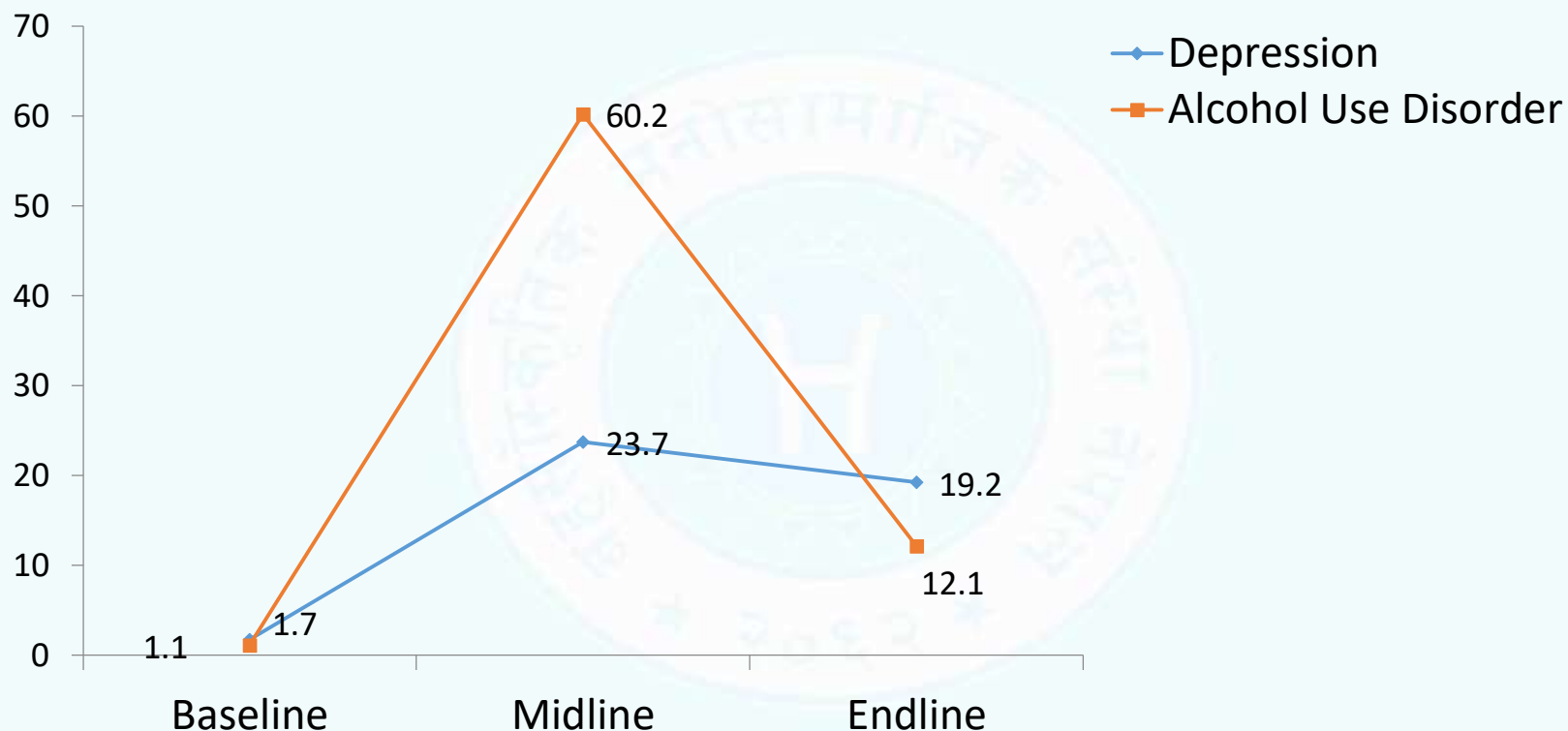
Change in contact coverage



Baseline= 1893; Endline=1499

For both depression and AUD, more people in the community reported to have received services for their condition in the endline compared to the baseline. However, the changes are not statistically significant.

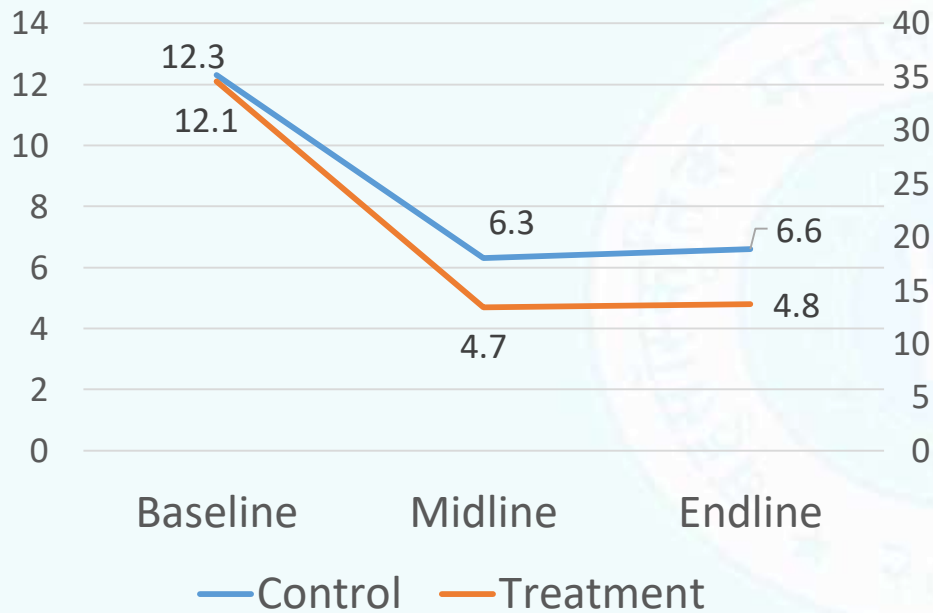
Change in detection



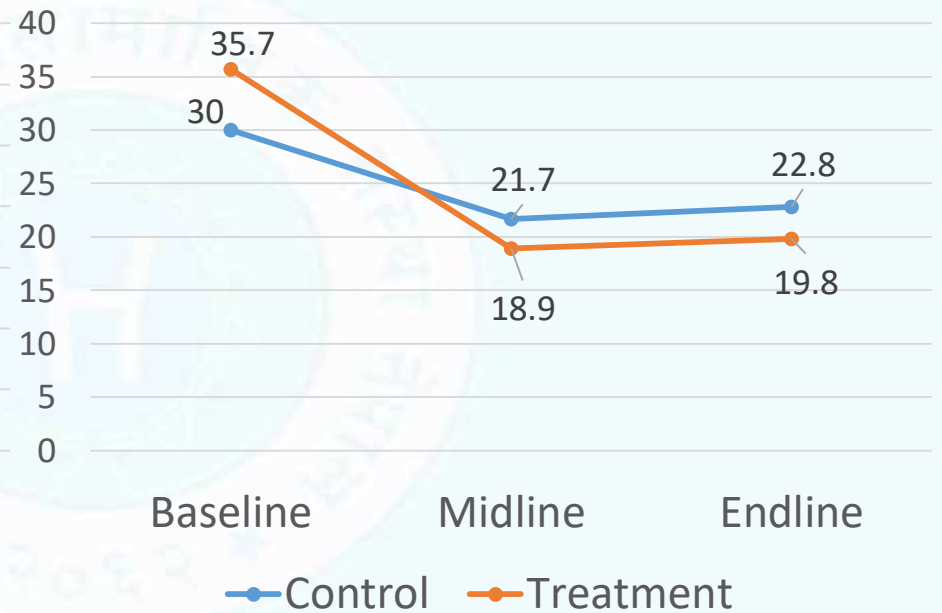
For both AUD and depression, diagnosis increased in midline but reduced in endline. The difference in diagnosis at midline and endline is statistically significant (p value= <0.005) from baseline.

Changes in Depression cohort

Change in symptom severity (PHQ-9)



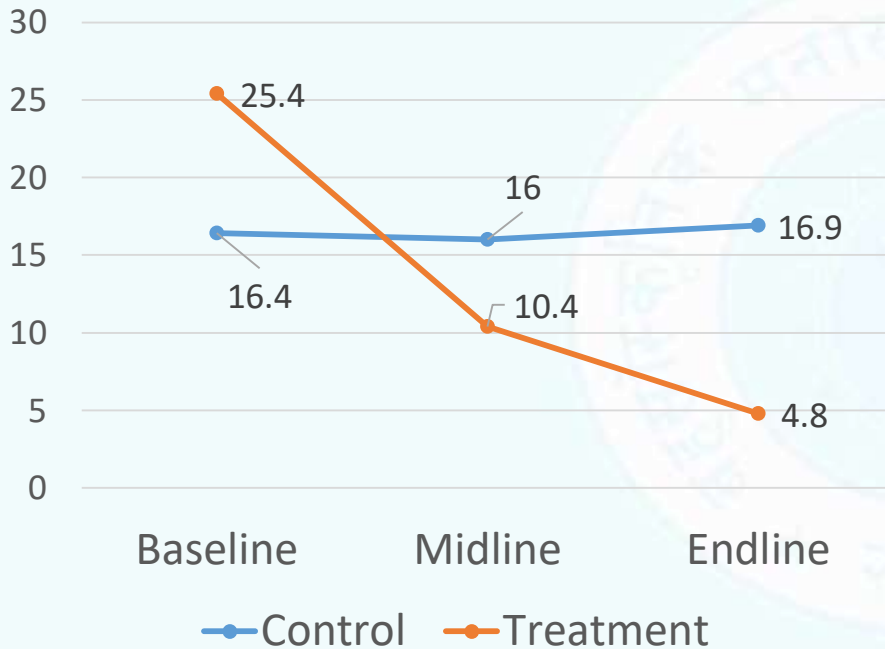
Functional Impairment (WHO-DAS)



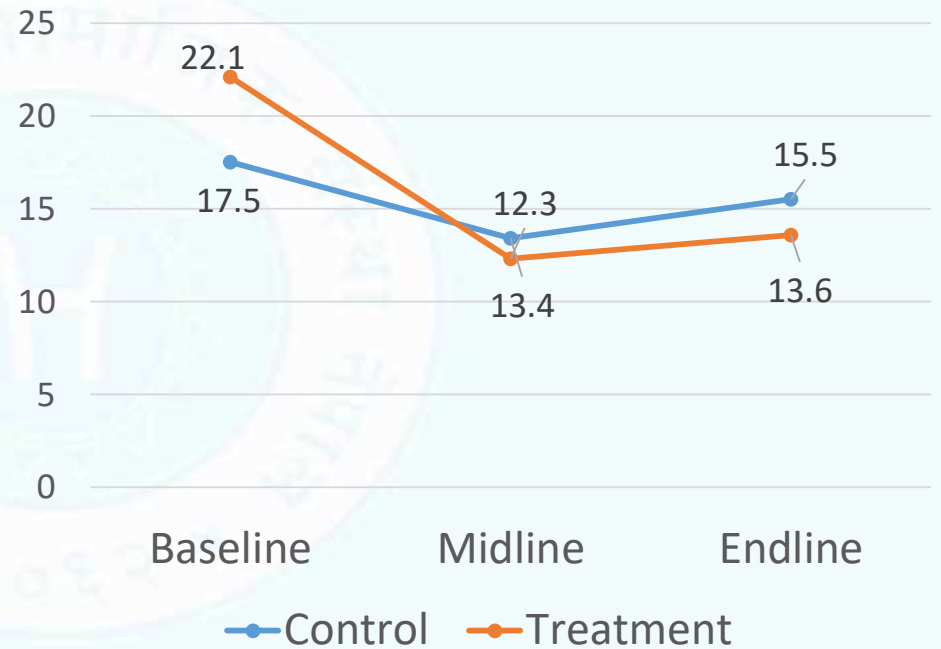
Changes in both symptom severity and functioning are not statistically significant in the intervention group (p value=0.620 and p value=0.872)

Changes in AUD cohort

Change in symptom severity (AUDIT)

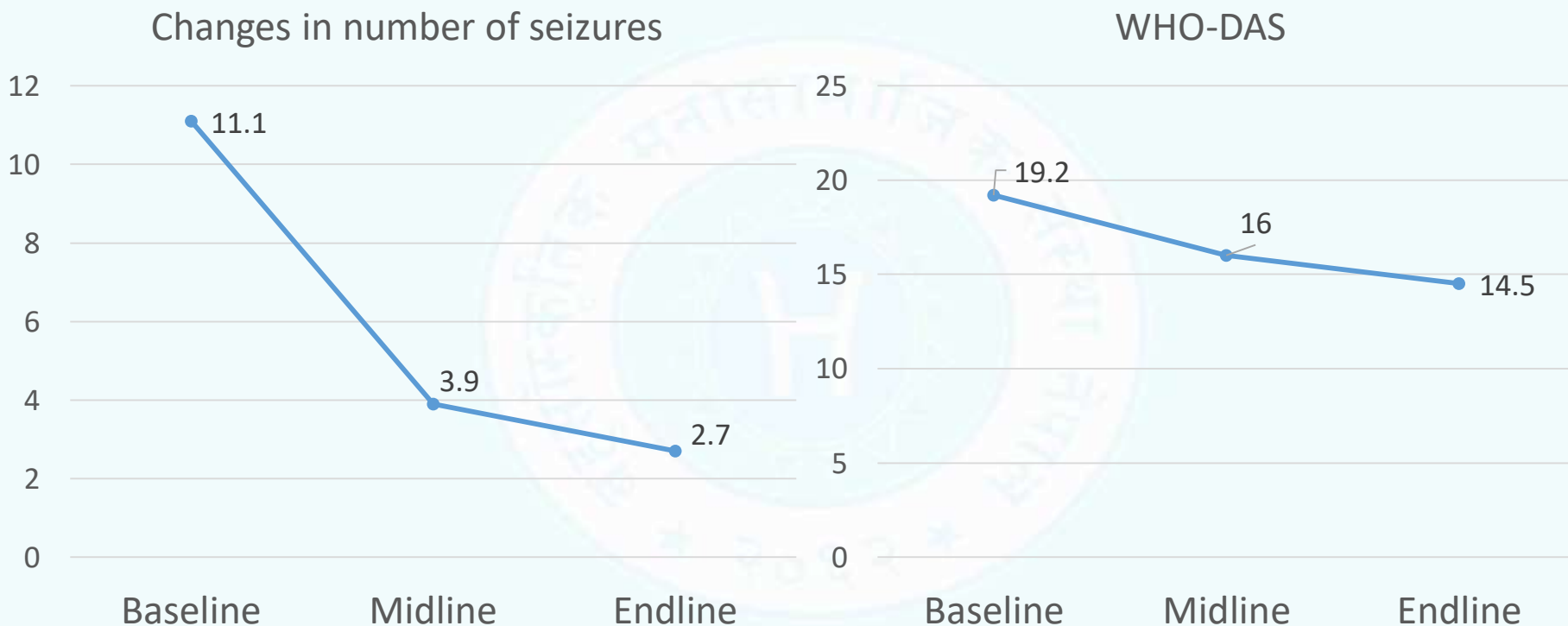


Functional Impairment (WHO-DAS)



Changes in both symptom severity and functioning are significantly different in the intervention group (p values are <0.001 and 0.032 respectively)

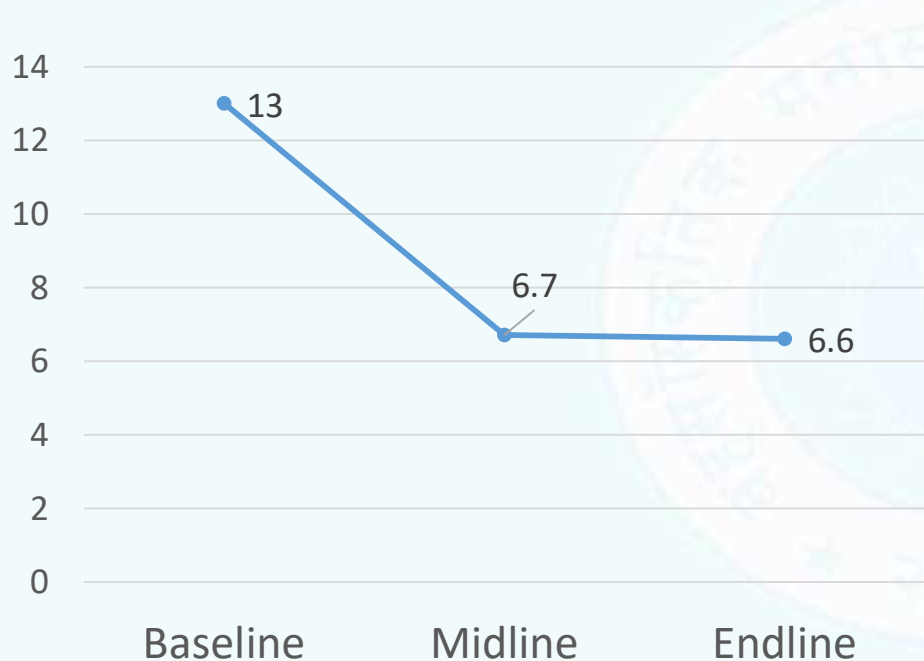
Changes in Epilepsy cohort



Changes in seizure occurrence decreased significantly (P value <0.001) in the endline while no significant change was seen in functioning .

Changes in Psychosis cohort

Changes in Symptom Severity (PANSS)



Changes in Functioning (WHO-DAS)



Changes in both symptom severity and functioning but not statistically significant

Conclusion

- Summary of findings
 - Not much change in treatment coverage
 - Detection of priority disorders increased significantly
 - MHCP is effective to improve health outcomes and functioning of all 4 disorders but more significant in AUD patients
- MHCP scale up
 - Replicated in 6 districts after earthquake
 - PRIME model adopted in Standard Treatment Protocol endorsed by the government
 - Accredited by National Health Training Centre

Recommendations

- Community based activities should be encouraged to increase demand of care
 - Mobilization of FCHVs in detection and home base care
 - Community sensitization programmes
- Regular supervision of the health workers should be continued to ensure quality of care

For further information/questions:

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