Feasibility of mhealth technology for community level detection and referral of mental health problems

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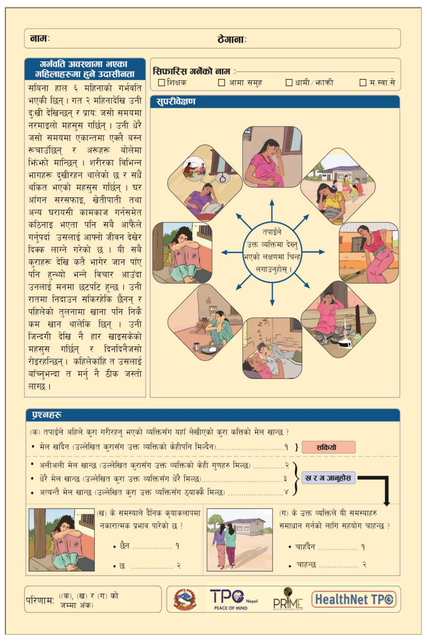
Background

-Community Informant Detection Tool (CIDT) has shown promising results in terms of detection and referral of mental health problems. [1]

- Implications of using technology for health have a) wider coverage, b) decreasing cost in terms of access to information and communication.

- The female community health volunteers (FCHVs) are already trained on CIDT and have been making referrals using CIDT.

- This project aimed to digitize the referral process through the use of phone



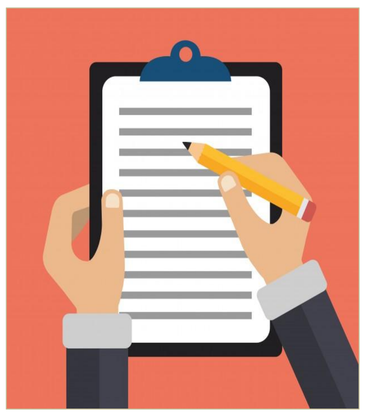
GAP

-Frequent communication between FCHVs and the health workers *vs. once a month during supervision*

- Regular follow up of the cases *vs. no follow up*

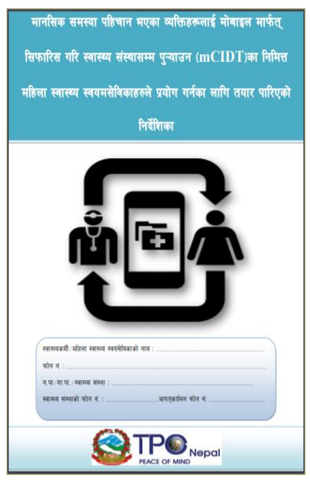
- Strengthen the referral process *vs. loss of referral slip*

- Proper documentation



Methods

The FCHVs and health workers were trained on digitized CIDT. After 3 months of implementation, evaluation was carried out with 36 FCHVs. Additional qualitative interviews were conducted with FCHVs (n=36) and health workers (n=7) to compliment the quantitative data.



Results

- There was one referral per week using the SMS system.
- Minimum referral (N=8).
- Quarter of FCHVs could perform mCIDT process correctly. Their mobile literacy was good.
- FCHVs age ranged from 26-69 years and 4-29 years of service. Out of them 4 illiterate, 20- basic literacy, 3- primary education, 4- secondary level, 5- higher secondary level *[Could not read or write-7]*
- **Phone ownership:** No phone- 3, Smart phone- 4, Feature phone- 29
- **Mental health work experience:** 2 years

"We have their (patient's) contact number. If we contact them through the phone, we don't have to waste our time visiting them. They can visit.. Also, we receive notifications whether the patient has visited the health facility or not. If they don't visit the health facility on time, we can follow up the patients again by just making a call. We will then get the information if the patient has visited or not. It also saves our time. If we have to travel, it takes a lot of time but making a call is swifter. It is easy."

"They have given us the mobile to send people through it. If there was a "sahayogi" during the time of our meeting.. In the meeting if we say that so and so person has mental health problem then others would say that we are talking nonsense. Rather than us telling the problem, if the sahayogi could come and tell others then it would be easier."

Recommendation

Community sensitization/orientation program should go hand in hand
Refresher training
Competency screening
Regular practice and supervision
Easier if a counselor is placed in the community

Acknowledgement

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Sparrow SMS

Conclusion

Feasibility barriers were illiteracy among FCHVs, poor mobile literacy, lack of recognition of the community burden of mental illness, preferences for other cadres of workers to take on the tool, and lack of mental health-trained primary care workers to receive referrals.

The different cadres if have minimum SLC education with mobile literacy could be a success. Education level and mobile literacy must be assessed before mobilization.

References

Subba, P., Luitel, N. P., Kohrt, B. A., & Jordans, M. J. (2017). Improving detection of mental health problems in community settings in Nepal: development and pilot testing of the community informant detection tool. *Conflict and health*, *11*(1), 28.

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