Narrative approaches for community detection of mental health problems in Chitwan, Nepal

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General Mental Health Situation

- Gap between mental health needs and resources
- Undetected and untreated problems (Moshki, et al., 2014)

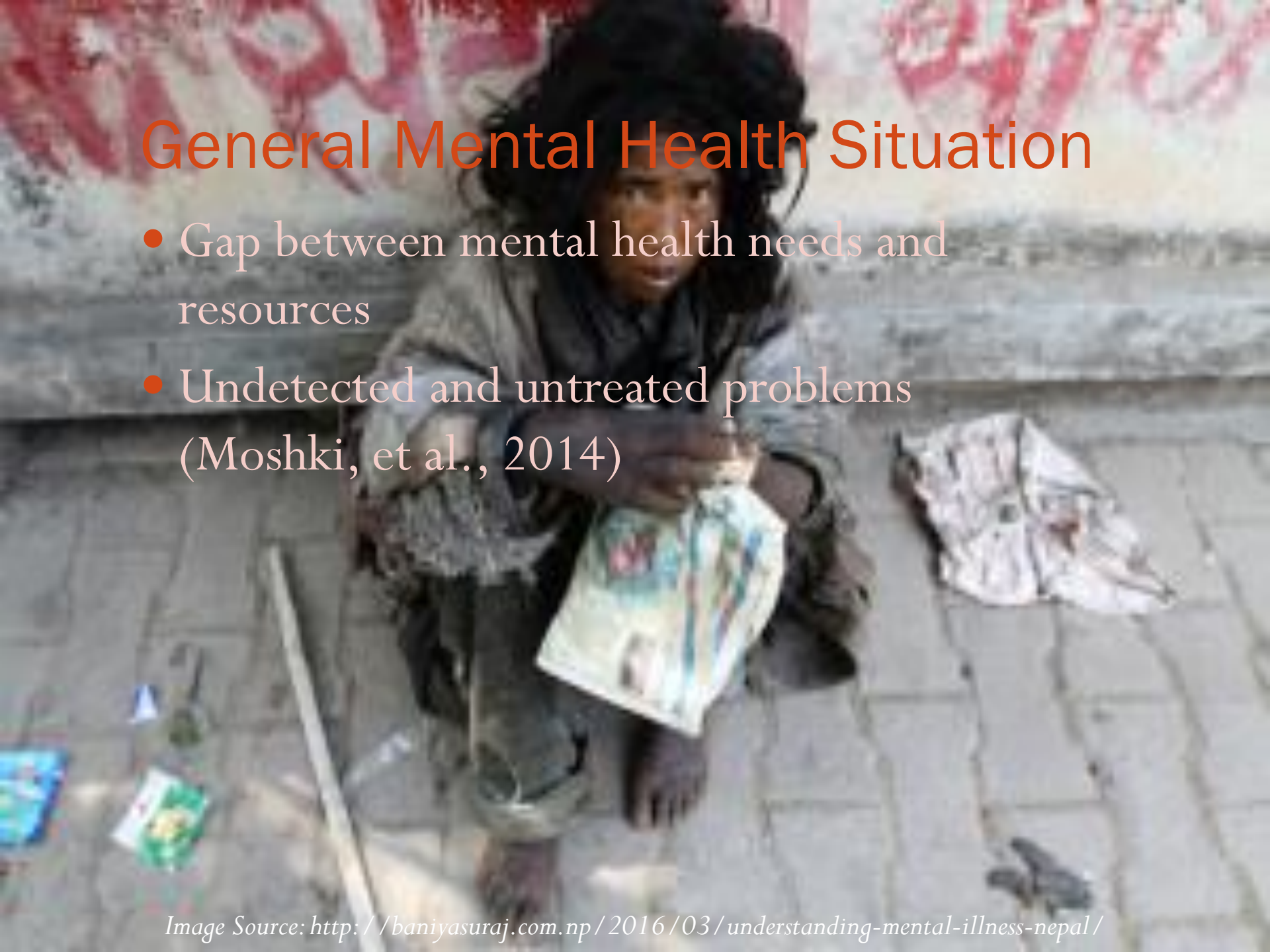


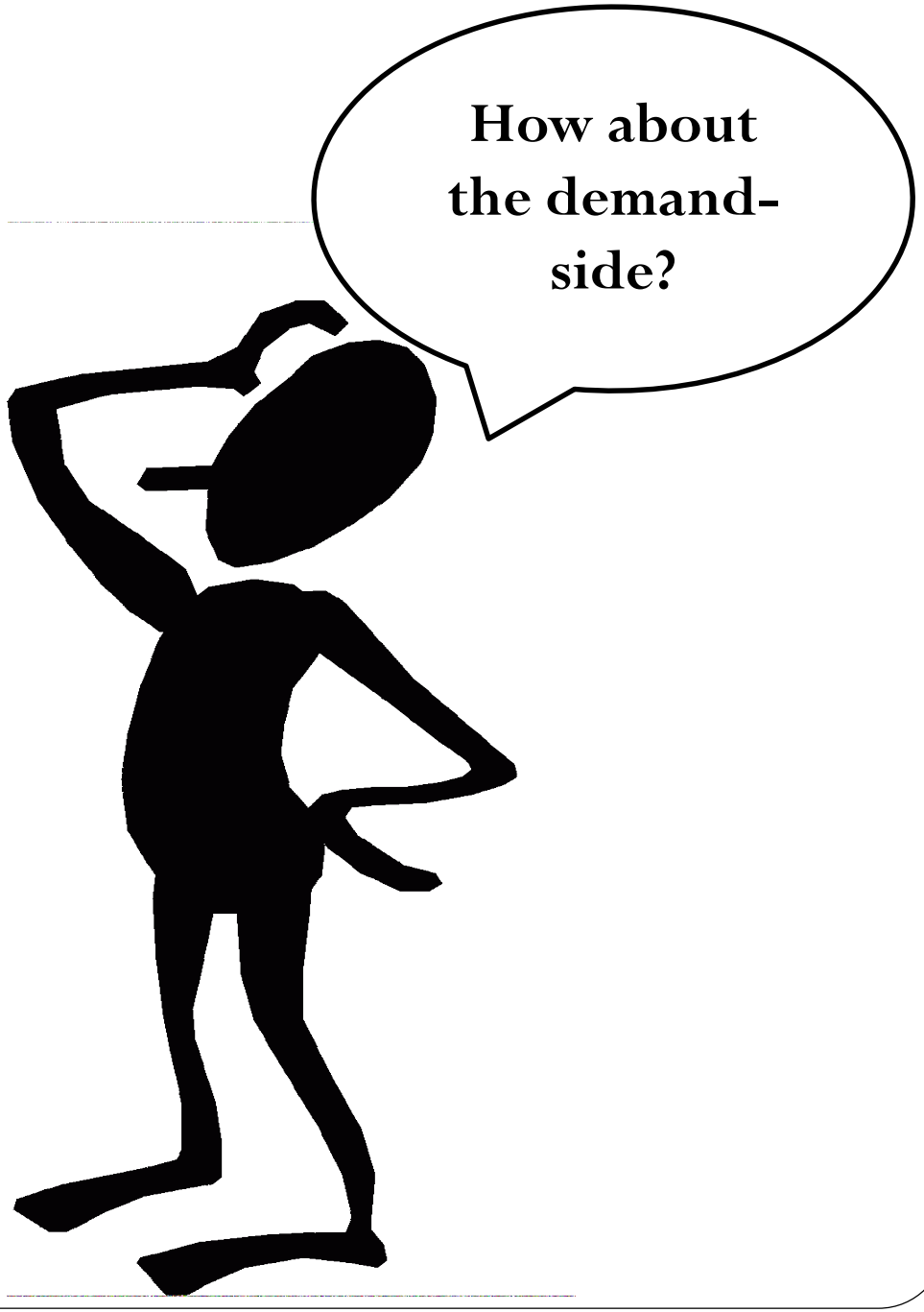
Image Source: http://baniyasuraj.com.np/2016/03/understanding-mental-illness-nepal/

Mitigating the gap

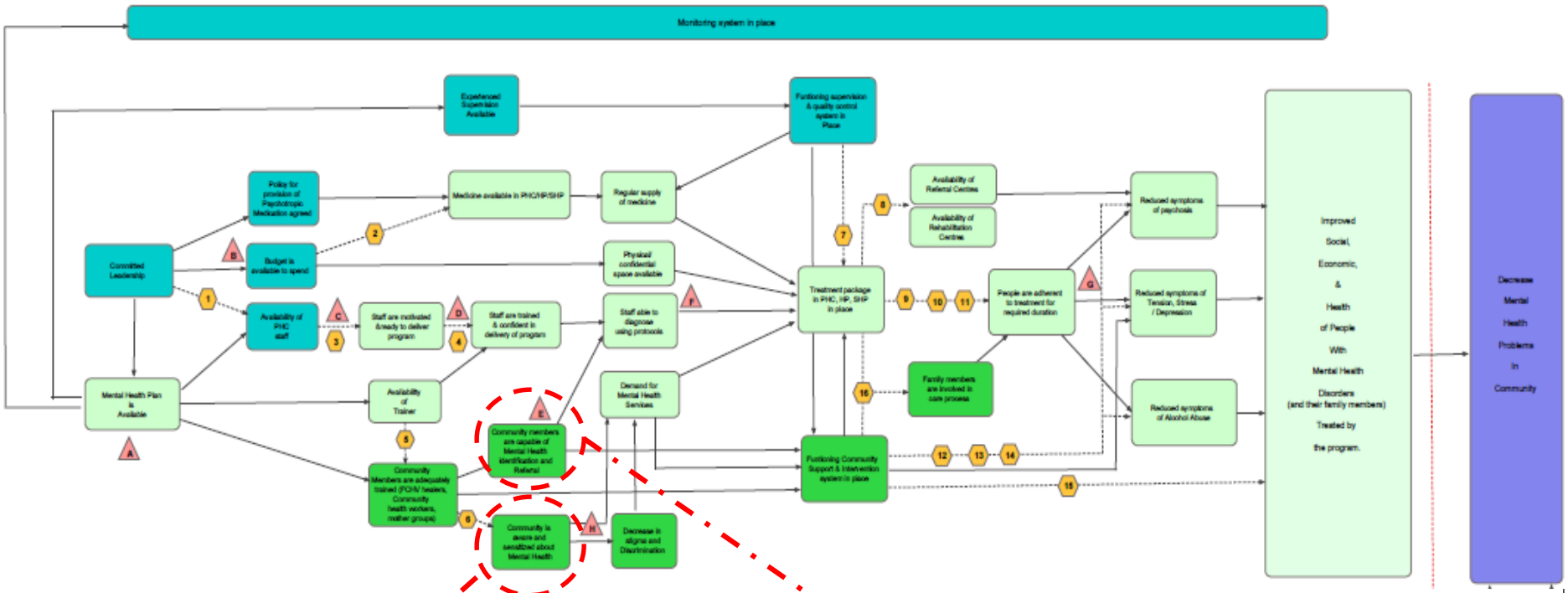
- Integration of mental health in primary health care settings
- Programme for improving mental health care (PRIME)

SUPPLY- SIDE

Is it enough?



Care Package



Community is aware and sensitized about mental health

Community people are capable of mental health identification and referral

Need of Community based Intervention

- Detection of people with mental illness is a logical prerequisite to increase access to care.

  - Self-detection is very low (stigma, no services)
  - Trained health care workers have a limited 'pull-effect'
  - PHC workers' detection rates tend to be very low (time)

- Availability of treatment within primary health care settings (i.e. mhGAP) may be insufficient to increase help seeking.

Detection of Mental Health Problems

- Heavily relied on symptoms checklist
  - Developed in high income settings
  - Challenging in LMICs- Validation
  - Administration requires expertise
  - High cost (time, human resource burden)
  - Approximately 4-6/10 are falsely screened positive by ultra-short and short screening tools, (Mitchell & Coyne, 2007; Gilbody, et. al, 2007; Manea, et. al, 2012)
- Need of culturally appropriate detection approaches

In the past 7 days
I have been able to laugh & see the funny side of things
As much as I always could
Not quite as much now
Definitely not as much now
Not at all

Community Informant Detection Tool

- Narrative approach; Case vignettes for 5 mental disorders
- "Stories are particularly effective in places where logical statements would inspire argument. If a story is well conceived and well told, listeners are likely to experience emotions that soften their positions and enable them to consider the speaker's point of view" – Mary Pipher, psychologist
- Narrative in public health communication
  - Gaining knowledge,
  - Having persuasive effects,
  - Changing maladaptive behavior (Hinyard & Kreuter, 2007)

Methods

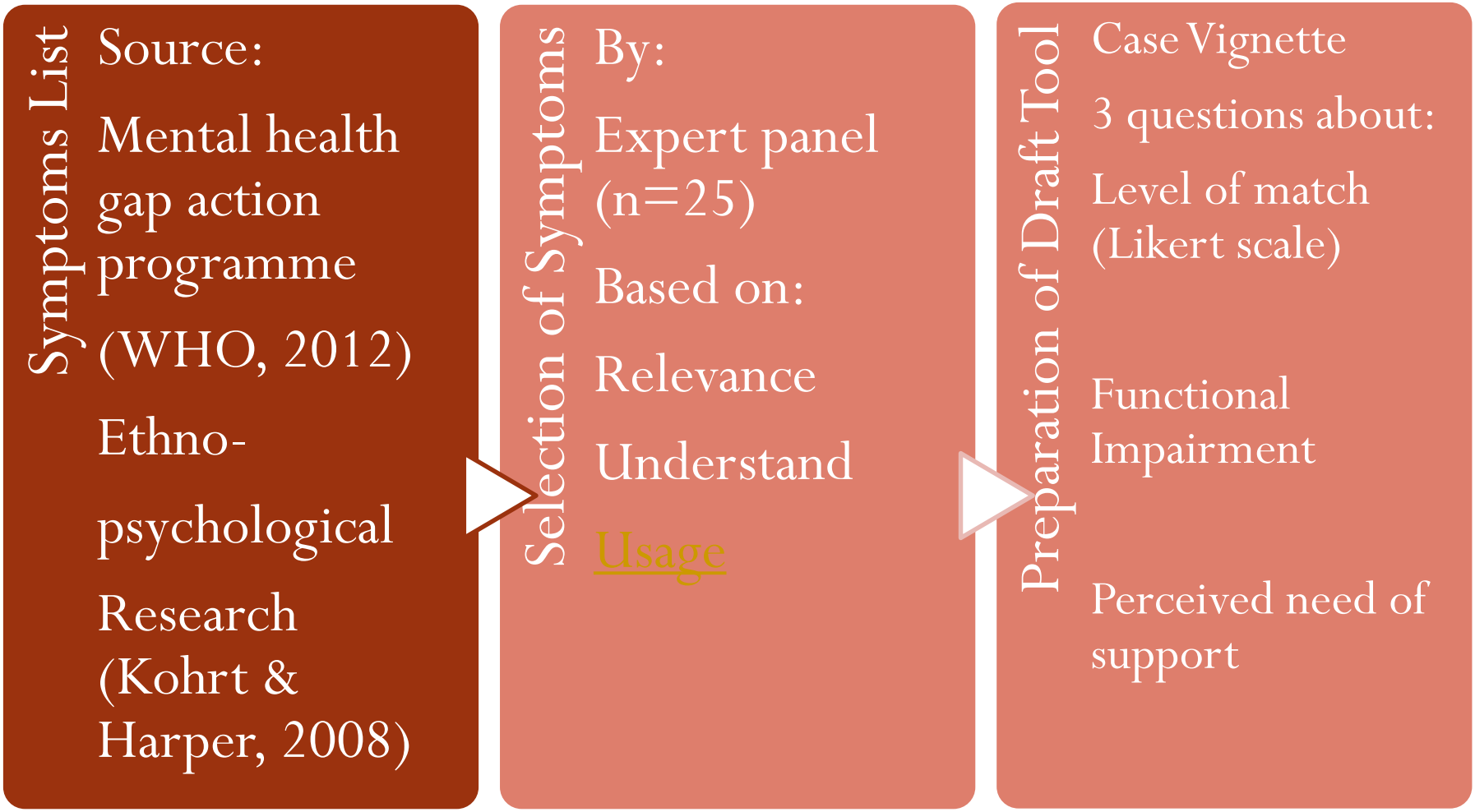
Step 1
- Development of the draft tool

Step 2
- Understandability of the tool

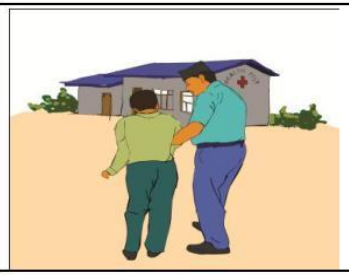
Step 3
- Trial run

Step 4
- Pilot Test

Step 1: Development of draft tool



खण्ड ख: गम्भीर मानसिक रोग

		सेवाग्राहीको सुपरीवेक्षण	
गम्भीर मानसिक रोग	प्रकाशको बानीव्यहोरामा केहीमहिना देखी परिर्वतन देखिनथालेको छ । उआफुले आफैलाई एकदमै ठुलो वाशक्तिशालीभएको महसुस गर्दछ । अरु व्यक्तिले गर्ननसक्ने कामपनिगर्न सक्छु भन्दै हिँड्ने गर्दछ । उ एकहोरो अनावश्यक कुराहरु बोलेको बोलै गर्ने गर्दछ र त्यस्तो बेलामाउसलाई उसका घरपरिवारका सदस्यतथा छर छिमेकीले धेरै नबोल भनेर रोक्नखोज्दापनि रोक्नै सक्दैनन् । उ एक्लै बसेको वावरिपरी कोहि नभएको बेलामापनिकोहीबोलेको, कसैले बोलाएको जस्तो आवाजहरु सुनेको छु भन्ने गर्दछ । उ विस्तारै आफुले गर्नु पर्ने घरायसीकामतथा सामाजिक कृयाकलापमापनिचासो दिन छाड्दछ । उसको यस्तो व्यवहारले गर्दा उसले आफ्नो दैनिक रुपमागर्नपर्ने कामपनि पुरा गर्न सकीरहेको छैन ।	तपाईले अहीले कुरा गरीरहनु भएको मान्छेसँग यहाँ लेखीएको कुरा कत्तिको मेल खान्छ ? 1. अत्यन्तै मेल खान्छ (उल्लेखित कुरा उक्तव्यक्तिसँग ठ्याक्कै मिल्छ) 2. धेरै मेल खान्छ (उल्लेखित कुरा उक्तव्यक्तिसँग धेरैमिल्छ) 3. ठीकै मेल खान्छ(उल्लेखित कुरासँगउक्तव्यक्तिको केहीमुख्य गुणहरु मिल्छ) 4. अलीअली मेल खान्छ (उल्लेखित कुरासँगउक्तव्यक्तिको केही गुणहरु मिल्छ)	
		5. मेल खादैन (उल्लेखित कुरासँगउक्तव्यक्तिको केहीपनीमिल्दैन)	सेवाग्राहीकालागीप्रश्न(ऐच्छिक)
			के समस्याले दैनिक कृयाकलापमानकारात्मकप्रभावपारेको छ ? 1. छ 2. हुनपनि सक्छ 3. छैन 4. थाहा छैन
			के उक्तव्यक्तिले यी समस्याहरु समाधान गर्नको लागी सहयोग चाहन्छ ? 1. चाहान्छ 2. चाहनपनि सक्छ 3. चाहँदैन 4. थाहाछैन
बयस्क सेवाग्रही: खण्ड ग मा जानुहोस			**जम्मा खा-ख ॥**

Step 2: Understandability of the tool

Setting: Meghauli and Dibyanagar VDC

Sampling based on formative research (Brenman ,et al., 2014) and health worker's recommendations

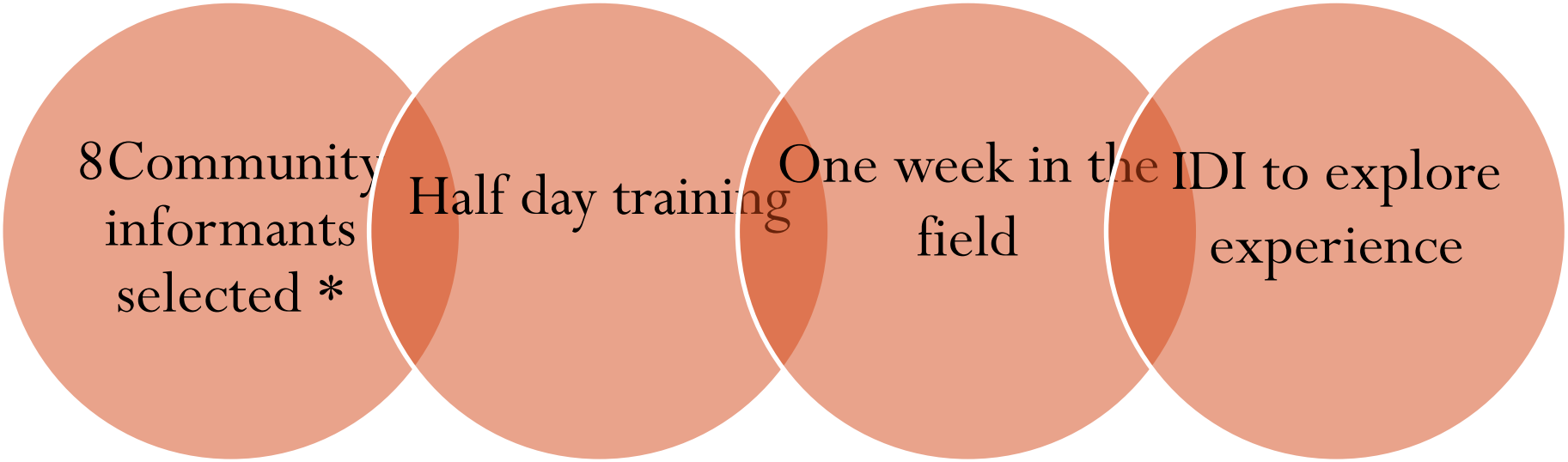
Focus Group Discussion (FGD) (N=2)

- 1- 9 FCHVs
- 1- 10 members of Mothers' group

In-depth Interviews (IDI) (N=6)

- 1- Mothers' group
- 1- FCHVs
- 2-Traditionalhealer
- 2- pharmacist

Step 3: Trial Run



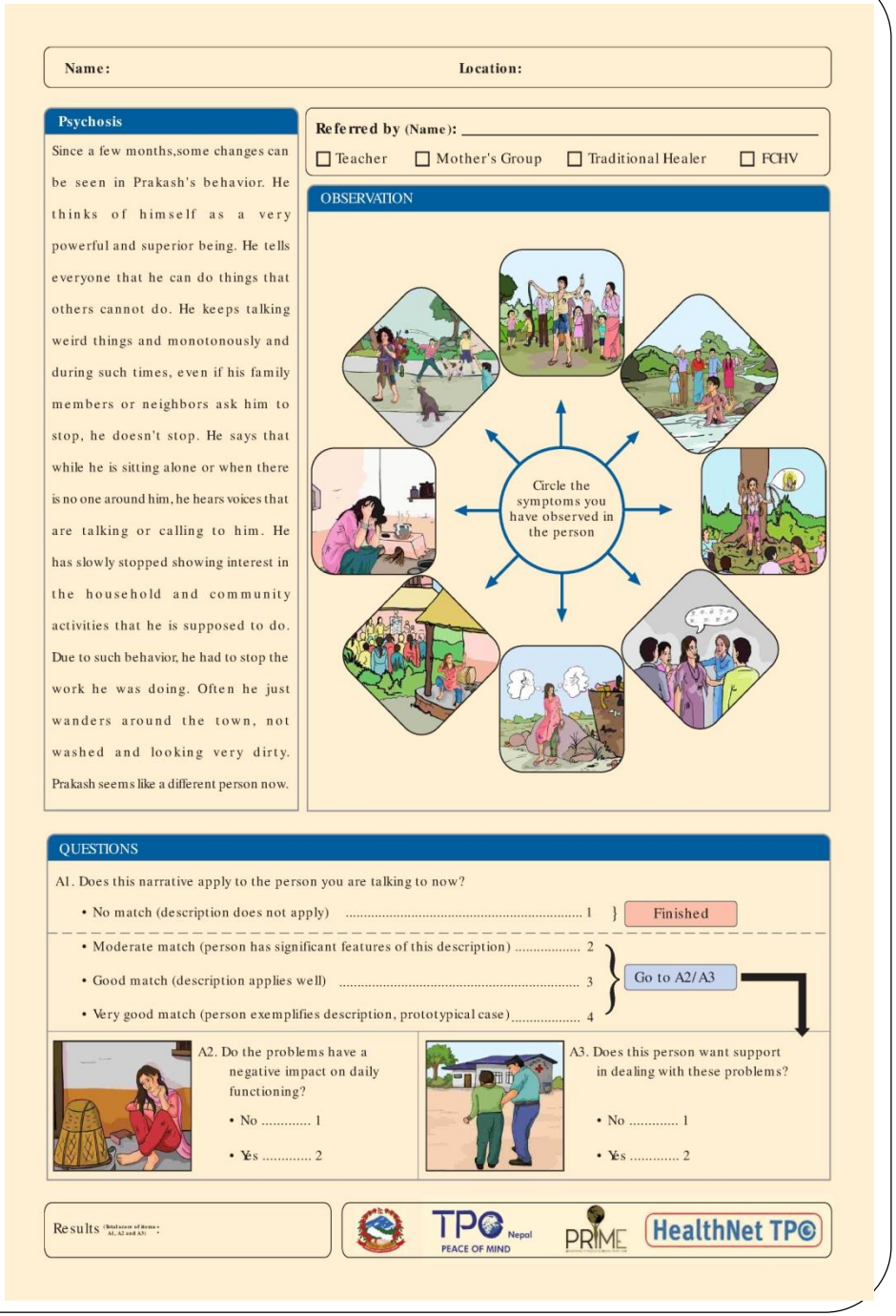
* *Purposive sampling from Step 2 (2 each from FCHV, mother group, traditional healer, and pharmacist)*

Step 4: Pilot test

- Survey (N=105)
- Purposively selected potential community informants from the sample (FCHVs- 25, mother's group- 27, traditional healers- 26, and pharmacists- 27) from 26 VDCs and municipalities
- 22 -depression vignette, 19 -psychosis, 20 -alcohol use disorder, 22 -epilepsy, and 22 -behavioral problems
- Explore: perception of the tool, right person to take up the task, need for incentives, suggestions and recommendations

Results

- Understandable even to people with limited education (lower secondary-9.5%, primary -13.3%, non formal education-15.2%, illiterate-10.5%)
- Use it to recognize people with problems and motivate to seek help
- *"After going through this vignette, I already thought of 2-4 people from my community. This vignette is easily understandable."- FCHV*



CIDT Use Process

Conclusion

- Narratives are the "basic mode of human interaction" and its pattern is natural and much familiar to the humans making it more coherent and comprehensible (Hinyard & Kreuter, 2007; Holloway, 2001; Thompson & Kreuter, 2014)
- Narratives encourage us to link emotions to action (Oatley, 2002)
- Positive correlation between education, and help seeking behavior and health outcomes (LeVine & LeVine, 2002; LeVine, et al., 2004; LeVine & Rowe, 2009)
- Paying attention to cultural nuances facilitates accurate detection and help seeking behaviors among persons with mental illness (Patel, 2001)

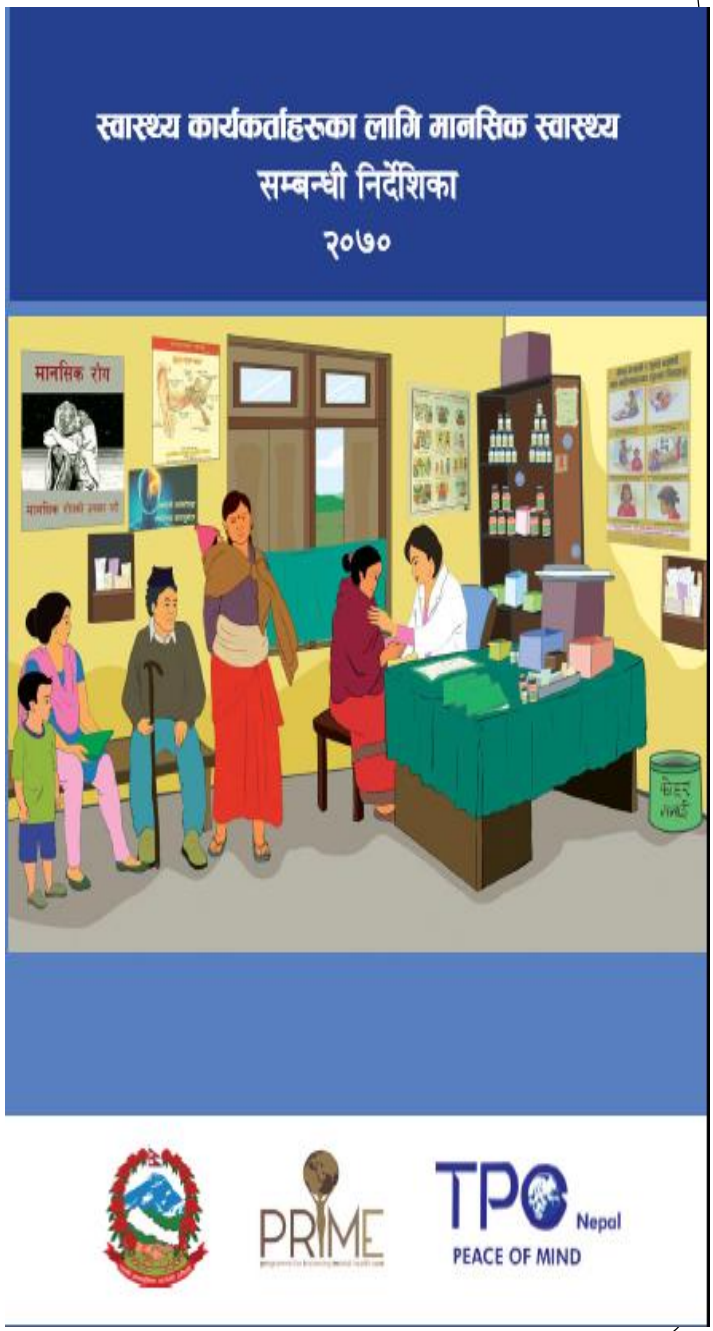
Validation

- Aim: to assess how accurate the CIDT procedure is in identifying people with mental disorders
- 195 sample
- Composite International Diagnostic Interview (CIDI) as a gold standard
- Para-professional counselors administered the CIDI

Results (Validation)

- 64% of people that community informants identified as probable cases using the CIDT were actually positive cases based on clinical interviews

- 93% of people that community informants identified as probable non-cases, were indeed found negative



Effectiveness study of CIDT

- Follow-up interviews with CIDT positives in 1 month after detection
  - Did the person **actually visit health facility**?
  - Did the person **visit the health facility because of the CIDT procedure**?
  - Did the person?
- Sample: n=298 **get a diagnosis for mental illness**
- Study areas: Chitwan and Pyuthan

Key Results

- 67% accessed health care as a result of CIDT, 77% of whom were positively diagnosed and received treatment by trained health worker

- CIDT worked better in rural setting (55.2% in Chitwan compared to 77.6% in Pyuthan accessed health care)