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 care

• 90% people with mental health problems in Nepal are not engaged in treatment

• Mental health services are not accessible to all (highly centralized)

Phase 1: Inception Phase
# Mental Health Care Plan (MHCP)

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<th>Awareness</th>
<th>Detection</th>
<th>Treatment</th>
<th>Continue care</th>
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<td><strong>1. Health Organization</strong></td>
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<td>1.2 Referral for specialists consultation/inpatient care</td>
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<td>2.1 Screening and assessment (mhGAP)</td>
<td>2.3 Basic Psychosocial support</td>
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<td><strong>3. Community</strong></td>
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TPO Nepal PEACE OF MIND
Mental Health Care Plan (MHCP)

Health Organization
- Engagement + Advocacy

Health Facility
- Service Delivery (Medication+Psychosocial)

Community
- Sensitization, Detection, Counselors, Home base care

Supervision
Pilot test- Feasibility and acceptability assessment in two health facilities

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 Implementation
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
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.

Baseline = 1893; Endline = 1499
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 both symptom severity and functioning are not statistically significant in the intervention group (p value=0.620 and p value=0.872)
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 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)

Baseline: 13
Midline: 6.7
Endline: 6.6

Changes in Functioning (WHO-DAS)

Baseline: 30.2
Midline: 21
Endline: 16.7

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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