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.

**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 complement 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

**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.

**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**