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?

How about the demand-side?
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

**Symptoms List**
- Source: Mental health gap action programme (WHO, 2012)
- Ethno-psychological Research (Kohrt & Harper, 2008)

**Selection of Symptoms**
- By: Expert panel (n=25)
- Based on: Relevance, Understand Usage

**Preparation of Draft Tool**
- Case Vignette
- 3 questions about:
  - Level of match (Likert scale)
  - Functional Impairment
  - Perceived need of support
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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- Traditional healer
- 2- Pharmacist
Step 3: Trial Run

- 8 Community informants selected *
- Half day training
- One week in the field
- IDI to explore experience

* 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

Recognition

Matching

Assessment of need

Promote help seeking
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)