Systematic Medical Appraisal, Referral & Treatment for Common Mental Disorders in India - SMART Mental Health

General study information | Early wins | Challenges & successes | Policymakers’ Engagement

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General Study Information

• Development phase: project started in June 2018

Aim:
• To evaluate feasibility, clinical & cost-effectiveness of multifaceted primary healthcare worker intervention in rural Haryana and Andhra Pradesh, India

Objectives:
1. Community-based anti-stigma campaign will increase awareness and reduce stigma about common mental disorders
2. Mobile device based decision support system will improve management of adults at high risk of CMDs
Study design

Eligible PHC clusters and population

Primary Health Centre (PHC) eligibility (n= 44 PHCs)

- 22 PHCs from Haryana and 22 PHCs from rural Andhra Pradesh
- 2-5 villages serviced by each PHC will be randomly selected
- Doctors at the PHC will be willing to participate
- Each village must have access to one Community Health Worker (ASHA) per 1000 population

Participant eligibility

Consenting adults age ≥ 18 years eligible for screening assessment

High risk of CMDs defined as any one of the following PHQ9 ≥10, GAD7 ≥10, Suicide risk score ≥2 on PHQ9
Continued…study design

Identification of high risk and non-high risk cohorts

- PHQ9/GAD7 administered by ASHAs to identify 150 ‘high-risk’ individuals /PHC
- Detailed follow-up survey administered to all high-risk and non high-risk individuals by trained independent data collection team
- High-risk status re-confirmed to determine final high-risk cohort (110/PHC assuming 25% spontaneous remission at 3 months)
- Referral made for all high risk individuals to PHC or private doctor of choice for follow-up care

Randomisation

Central 1:1 randomization
Stratified by PHC location (Haryana/ Andhra Pradesh), size and number of villages/PHC
Continued…study design

**Intervention**
22 PHCs
n= 110/PHC cluster in high risk cohort
n= 110/PHC cluster in non-high risk cohort

- Anti-stigma campaign
- Mobile decision support used by ASHAs & doctors
- Psychiatrist support to doctors

**Enhanced usual health care**
22 PHC clusters
n= 110/PHC cluster in high risk cohort
n= 110/PHC cluster in non-high risk cohort

- Support provided by PHC for people at high risk of CMD

**Follow-up data collection**
3, 6, 12 months by independent data collection team blinded to allocation

**Post-trial**
Provision of intervention to all participants for minimum 6-9 months
Follow-up assessment conducted by data collection team at 6-9 months post-trial
Quantitative analysis, process evaluation, economic evaluation
Primary outcomes

1. To assess the impact of the anti-stigma campaign the difference in mean behaviour scores at end of trial using the Mental Health Knowledge, Attitude and Behaviour (KAB) scale will be assessed in both ‘high-risk’ and ‘non-high-risk’ cohort

2. To assess the mHealth component the difference at end of trial in the proportion of people achieving remission (defined as all of the following: PHQ-9 <5, GAD-7 <5 and suicide risk score <2) in the ‘high-risk’ cohort
Early wins

- Obtained Clinical Trials Registry India (CTRI)
- Obtained ethics approvals
- Completed identification & census of 44 PHCs & 133 villages
- Development & translation of study tools in local languages
- Development & finalisation of different mobile apps, i.e. ASHA Screening, Baseline assessment, MhGap, Follow-up assessment
- Development, adaptation & finalisation of anti-stigma material, i.e. print; awareness, social contact, animation and celebrity videos; live drama shows
ASHA Screening & MhGap App

**Assessment**

- Doctor referral required: Yes
- Depression Score: 23
- Anxiety Score: 18

**Past Assessment Depression**

- Depression-I
  - For at least 2 weeks, has the person had at least 2 of the following core depression symptoms:
  - 1a(1). Depressed mood (most of the day, almost every day):
    - Yes
    - No
  - 1a(2). Loss of interest or pleasure in activities that are normally pleasurable:
    - Yes
    - No
  - 1a(3). Decreased energy or easily fatigued:
    - Yes
    - No
**ASHA Screening & MhGap App**

### Mental Health SMH Intervention

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<tr>
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<th>Status</th>
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<td>YES</td>
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<tr>
<td>Mild Depression</td>
<td>NO</td>
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<td>Emotional Stress</td>
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<td>Bereavement</td>
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<td>Psychotic Features</td>
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<td>Alcohol or drug use disorder</td>
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<td>Suicide Risk</td>
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**Treatment Advice**

- Psychoeducation.
- Address current psychosocial stressors.
- Reactivate social networks.
- Consider antidepressants - FLUOXETINE.
- If available consider psychotherapy.
- If available consider adjunct therapy – structured physical activity, relaxation training, problem solving.

**Diagnosis**

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**Treatment Advice**

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24/12/2019
Challenges & successes

- Delay in getting Health Ministry’s Screening Committee (HMSC), Indian Council of Medical Research (ICMR) approval
- Work in one site had to be stopped for almost 6 months because of over a years’ delay in getting permission from state health deptt.
- Post-trial phase has to be truncated or done away with
- Delay in population screening by community health workers (ASHAs)
- Permissions and letter of support from state and district health deptts. have been obtained
- Completed formative research in one required site
- Completed 40% of population screening for CMDs
Policymakers’ Engagement

• Policy symposia was held on 28\textsuperscript{th} March 2019 at India International Centre, Delhi
• Attended by diverse group of local, regional & national govt. representatives & civil society members
• Informed govt. of ongoing efforts to promote better mental health services
• Deliberated on policy level aspects of taking knowledge generated through this project to larger communities & using scalable solutions
• Dr Alok Mathur, Additional Deputy Director General, Directorate General of Health Services, Ministry of Health & Family Welfare was key note speaker
Thank you