Evaluating Implementation Strategies to Scale-up Transdiagnostic Evidence-based Mental Health Care in Zambia

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Background

• High rates of untreated mental and behavioral health problems in LMIC
  • Particularly amongst adolescents and young adults
  • Account for ~30% of disability-adjusted life years before the age of 30
  • Compounded by other socio-economic problems – unemployment, lack of access to health services, HIV

• Despite the significant need for mental and behavioral health services in LMIC, there are substantial treatment gaps
  • Inadequate trained personnel and services targeting mental health problems

• Task-shifting to lay providers has been shown to be effective, acceptable, feasible and implementable in LMIC to deliver MH services
Common Elements Treatment Approach (CETA)

- Our team has developed CETA, which trains counselors in an ‘element toolkit’ so that they are equipped to address a large range of commonly co-occurring mental health problems.
- CETA was proven clinically effective in three randomized controlled trials in Iraq, Thailand, and Zambia for reducing:
  - Depression
  - Anxiety
  - Trauma
  - Unhealthy alcohol use and other substance use
  - Functional impairment
  - Intimate partner violence
Treatment Gap = Implementation Gap

• Across LMIC, including Zambia, there is a lack of uptake of evidence-based mental health interventions such as CETA by local organizations and government agencies

• One of the key contributing factors to the gap is the lack of mental health providers in LMIC
  • Current standard is for lay providers to be trained in-person and then supervised by mental health experts from high income countries—this is NOT scalable or sustainable
  • A Train-the-Trainer approach in which individuals in LMIC are trained to become CETA trainers is a possible solution but having expert trainers from HIC conduct in-person TTT is also expensive and an infeasible long-term solution

• Need for implementation strategies to promote scale-up and sustainability
Implementation strategy

Technology – based train-the-trainer app
Study Overall Objective

- Hybrid 3 randomized controlled trial to evaluate the effectiveness of two Train-the-Trainer (TTT) implementation strategies in a non-inferiority design.

- TTT Strategies:
  - Gold-standard: utilizing expert trainers to conduct in-person training and coaching to produce local trainers (‘LIVE’ TTT).
  - Technology based: no experts needed on-site for co-trainings, instead new trainers utilize tablets with pre-recorded training content and prompts (‘TECH’ TTT).
Study Specific Aims

• Compare the effectiveness of LIVE vs. TECH TTT on trainer and provider competency, knowledge, and fidelity using a non-inferiority design

• Compare the effectiveness of LIVE vs. TECH TTT on adolescent and young adults outcomes (depression, anxiety, trauma, alcohol/substance use)

• Compare the cost-effectiveness of the two TTT approaches
Design

- Currently trained counselors (N= 8-10) will be randomized to be trained as trainers (TTT) by either the LIVE (N=4-5) or TECH (N=4-5) method
- The LIVE trainers will then train a new cadre of approximately 30 CETA counselors and similarly the TECH trainers will train a new cadre of CETA counselors
- The new counselors will then each treat approximately 5 adolescent/young adult clients in CETA
- We will measure outcomes longitudinally including:
  - Difference in trainer and counselor competency between LIVE and TECH
  - Difference in client outcomes between those treated by LIVE vs. TECH counselors
Wins and Successes in the Past Year

- IRB approval from Johns Hopkins and University of Zambia IRB’s
- Adapted and piloted our primary outcome measures, including trainer and counsellor competency measures. Video taped role plays of CETA sessions that will be used to train competency raters who will conduct ratings in the RCT
- Completion of the TTT technology development and creation on platform
- Successful piloting of the TECH TTT!
- Stakeholder meetings for CETA scale up in Zambia
- All activities with active collaboration on scale-up with MoH
Challenges

- Development of the TECH applications for the TTT
  - More involving than initially anticipated
  - First time training manual is converted to a technology platform for training new trainers.
  - Continuous engagement between trainers and developers to create the content and have it in format that’s easy to follow
  - Pilot of final product with further refinement of the content and presentation based on end user feedback
What’s Next

• January 2020: Trial begins with randomization of trainers and both LIVE and TECH TTTs!
• Spring/Summer 2020: Newly trained trainers conduct their first training of new counselors
• Fall 2020: New counselors begin to see adolescent/young adult clients
Thank you