

A collaborative integrated package for common mental disorders as part of chronic care in South Africa

Policy Brief 11
October 2017

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INTRODUCTION

Common mental disorders (CMDs) such as depression and alcohol use disorder threaten to exacerbate South Africa's rising chronic disease burden.

The aim of this study was to evaluate a collaborative integrated package for CMDs as part of chronic care at primary health care (PHC) level that embraced task sharing.

METHOD

The intervention package was strengthened through: i) enhancing the capacity of PHC nurse practitioners to identify and diagnose CMDs through clinical communication skills training and a mental health Adult Primary Care (APC) module; ii) improving referral pathways, including a focused psychosocial lay counselling service in addition to referral to PHC doctors and specialists where necessary. Mixed methods were used to evaluate the

intervention in 4 large PHC facilities serving a catchment area of over 90 000 people in the North West province: A repeat facility detection survey (FDS) assessed improvement in detection by PHC providers before (N=1310) and 12 months after implementation (N=1246); a cohort study evaluated responses of patients with depressive symptoms 3 and 12 months after detection (N=373); and a case study monitored uptake and investigated contextual issues impacting on uptake of the integrated package by service providers and users.

RESULTS

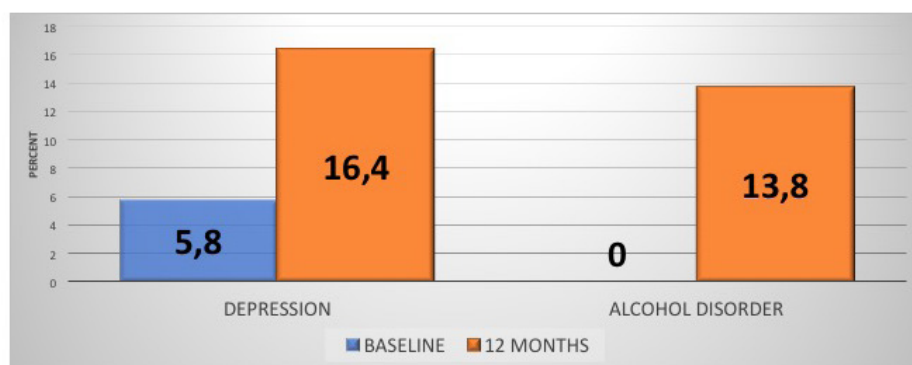
Clinical detection study:

There was a significant increase in the diagnosis of depression and AUD over a 12 month period in screen positive participants from baseline to endline (see graph below).

Treatment Cohort study:

Service user participants receiving treatment were 2.1 times more likely to have a 50% reduction in depression symptoms compared to the control group at 3 months, and 1.5 times more likely to have a 50% reduction in depression symptoms than the control group at 12

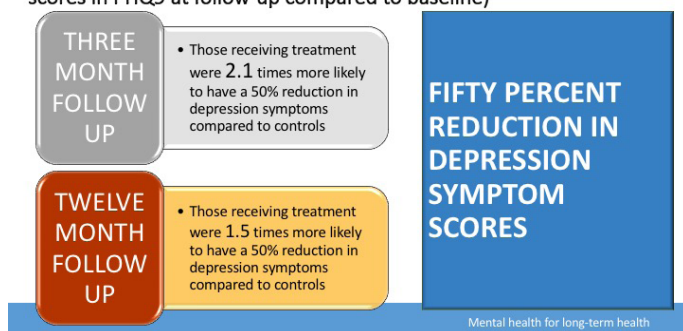
DIAGNOSIS OF DEPRESSION AND ALCOHOL USE DISORDER



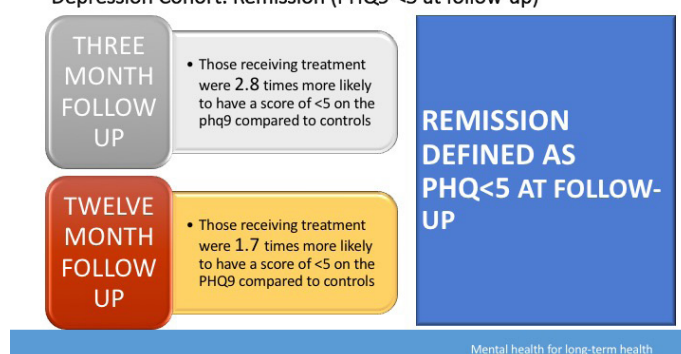
months. Those participants in treatment experienced 1.7 times greater remission of depression symptom scores (score less than 5) at 12 months than the control group.

Case study: Data revealed, inter alia, that referral rates varied by clinic, time and clinician and 64% of patients referred to the lay counselling service completed ≥5 of the 8 sessions.

Depression Cohort: Clinically Significant Response (50% reduction in scores in PHQ9 at follow-up compared to baseline)



Depression Cohort: Remission (PHQ9 <5 at follow-up)



RECOMMENDATIONS FOR POLICY MAKERS

This study provides compelling evidence for a collaborative stepped care model that includes APC training in mental health and focused psychosocial counselling provided by lay counsellors for patients with depressive symptoms.

This model improved detection of CMDs and substantially reduced the depressive symptoms among chronic care patients. It was also acceptable

to service providers and patients.

In addition to these capacity building inputs, case study data indicates the need for systems strengthening interventions to improve uptake and embed integrated mental health services.

These include routine mental health screening; and mental health information systems linked to continuous quality improvement.

LEAD PARTNERS



SOUTH AFRICA



INDIA



ETHIOPIA



UGANDA



NEPAL



CROSS-COUNTRY PARTNERS



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About PRIME

PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

Partners and collaborators include the World Health Organization (WHO), the Centre for Global Mental Health (incorporating London School of Hygiene & Tropical Medicine and King's Health Partners, UK), Ministries of Health and research institutions in Ethiopia (Addis Ababa University), India (Public Health Foundation of India), Nepal (TPO Nepal), South Africa (University of Kwazulu-Natal & Human Sciences Research Council) and Uganda (Makerere University & Butabika Hospital); and international NGOs such as Healthnet TPO and Sangath.



This document is an output from a project funded by UK Aid from the Department for International Development (DFID) for the benefit of developing countries. However, the views expressed and information contained in it are not necessarily those of or endorsed by DFID, which can accept no responsibility for such views or information or for any reliance placed on them.