India - Improving Mental Health Services

Improving Mental Health through Integration with Primary Care in Rural Karnataka (HOPE)
Maria L. Ekstrand (UCSF), Krishnamachari Srinivasan (SNJAHS)

Background: People who are diagnosed with both mental and chronic physical illnesses present special challenges for the health care system in resource-limited settings, such as rural India, where people with depression and anxiety are often underserved, due to both mental health stigma and lack of trained providers. These challenges can lead to complications, both in the management of the chronic disease as well as increased suffering for the patients, their families and their communities. This study was designed to integrate the treatment of patients with depression or anxiety and cardiovascular disease or type-2 diabetes, in rural primary health care settings using a collaborative care model to improve health in a culturally appropriate and sustainable fashion.

Project Description: The overall goal of the HOPE study is to improve screening, diagnoses and treatment of Common Mental Disorders among individuals with dual mental illness and cardiovascular disease diagnoses in rural South India. The multi-level intervention uses a collaborative care model that will be tested in a cluster RCT and includes low-cost, evidence-based sustainable strategies targeting multiple chronic diseases. This five-year study is being conducted in collaboration with our colleagues at St. John's National Academy of Health Sciences in Bangalore and the Karnataka State government.

Specific objectives include:

- Train community health outreach workers (ASHAs) to conduct community-based screening of depression, anxiety, type-2 diabetes and CVD risk factors during

community health fairs to examine: a) whether this increases subsequent diagnoses in the Primary Health Clinics (PHC) of patients diagnosed with co-morbid mental health and chronic disease; and b) whether such patients are as likely to remain in treatment, compared to the standard PHC-based screening.

- Implement and evaluate the effects of providing staff training in the collaborative care model of integrated mental health (depression, anxiety) and cardiovascular disease (hypertension, diabetes, CVD) to PHC staff and compare them to control PHC staff with respect to: a) knowledge and clinical skills using clinical patient vignettes; and b) perceived satisfaction reported by clinic patients in intervention and control PHCs.
- Evaluate the effects of our multi-level integrated clinic and community-based intervention for co-morbid primary care patients compared to the enhanced standard non-integrated treatment services in a cRCT with 50 participating PHC, with regard to both mental and physical health outcomes at post-intervention, 6 and 12 month follow up.