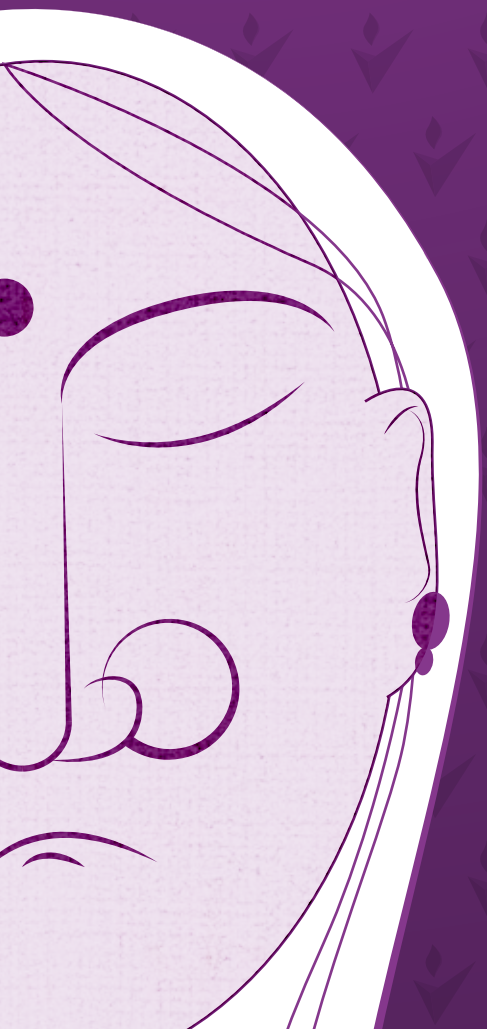
Policy Symposium on SMART Mental Health Project

Held on

28th March 2019, India International Centre



The George Institute for Global Health India

Background

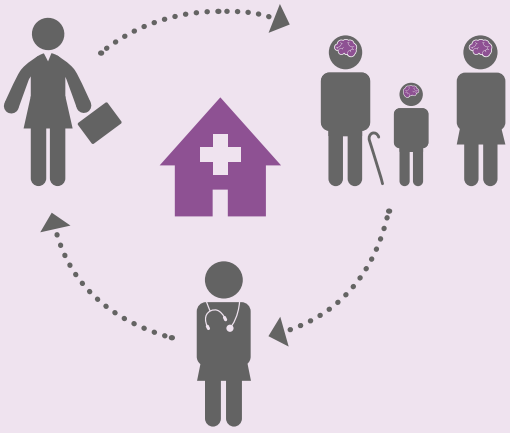
The recent National Mental Health Survey in India estimated..

The lifetime prevalence of any mental disorder among adults is about 15%, with nearly 150 million Indians in need of treatment.

However, gaps in access to adequate health services for people with common mental disorders (depression, anxiety and increased risk of suicide) are large– estimated to be 75 - 85% in resource-limited settings such as India.

Only around 4% of people with major depressive disorders receiving adequate care.

The George Institute for Global Health, India is currently conducting a Randomised Control Trial named "The Systematic Medical Appraisal, Referral and Treatment (SMART) Mental Health", which is conceived as an implementation trial for improvement of mental health services in India, especially through primary care system.



The aim is to evaluate clinical effectiveness and cost-effectiveness of a multifaceted primary healthcare worker intervention in 44 PHCs in Haryana and/or Telangana. This intervention package involves a community based anti-stigma campaign and a mobile device based decision support system to improve management of adults at high risk of common mental health disorders.

A policy symposium was organised to explore how the SMART Mental Health Programme can contribute to the National Mental Health Programme and strengthen mental health care delivery models. To this end, we informed the government of our ongoing efforts to promote better mental health services and deliberated on policy level aspects of taking knowledge generated through this project to larger communities, and using scalable solutions.

This event was attended by a diverse group of local, regional and national government representatives, as well as civil society members.

In order to set the context of the symposium, two presentations were made on the SMART Mental Health (SMH) programme and the National Mental Health Programme (NMHP).

The first was done by Dr Pallab Maulik, Deputy Director & Director of Research, George Institute for Global Health, India; and Dr Mercian Daniel, Program Manager, The George Institute for Global Health, India.

The summary of the presentation included the following:

Overview of the SMH programme and the key components included in it, i.e. task shifting and strengthening skills of existing primary health care workers, using electronic decision support (EDS) systems.

- Incorporating clinical decision support tools on a mobile phone platform, and conducting an anti-stigma campaign.
- Quantitative and qualitative finding conducted among tribal and non-tribal populations from previous studies showed that mental health services used increased from 0.8% to 12.6%, depression and anxiety scores reduced significantly post intervention, mental health services use can be increased significantly, and a system needs to be developed around mHealth for it to be successful.
- The status and progress of the current SMH study which includes a cluster Randomised Controlled Trial (cRCT) with its aims, methods, and study schema.

The second presentation was made by Dr Alok Mathur, Additional Deputy Director General, Directorate General of Health Services, Ministry of Health and Family Welfare.

The brief summary points comprised of the following:

- Evolution of the NMHP in India from the National Mental Health Program in 1982, to the District Mental Health Program in 1996, to the National Mental Health Program re-strategized in 2003, to Manpower development scheme in 2009.
- The objectives of the NMHP, i.e. to ensure availability and accessibility of minimum mental healthcare for all; to encourage application of mental health knowledge in general healthcare and in social development; to enhance human resource in mental health sub-specialties; and to promote community participation in mental health service development.
- Aspects of the District Mental Health Programme (DMHP) shared included that it envisages the provisioning of basic mental health care services at the community level with 655 districts being covered and proposes to expand the scheme to all districts in a phased manner.

Keynote presentation by Dr Alok Mathur, Additional Deputy Director General, Directorate General of Health Services, Ministry of Health and Family Welfare

- In order to promote community participation, the programme will establish linkages with self-help groups, family and caregiver groups and NGOs working in the field of mental health.

Deliberating on a point during discussion
Professor Usha Raman, University of Hyderabad (Co-investigator)

Discussion Points

Engagement of NGOs with Govt. machinery

- As health is a state subject, the state government is given the flexibility to tailor and implement health programmes according to their needs. Therefore, in order to engage and liaise with the government on mental health programmes, the state government health officials, viz. Directorate/ Principal Secretary, needs to be approached at the outset.
- The state governments have been given this flexibility to engage with NGOs on health related programmes while adhering to stipulated guidelines. As there is a policy provision for hiring private psychiatrists in the District Mental Health Programme (DMHP), it is upon the state health department to rope in mental health professionals from the private sector to fill in for the dearth of manpower in the public sector.
- In order to work with the government, it is necessary that we highlight the contributions of NGOs in empowering primary healthcare workers, rather than overburdening them. As states vary in their readiness to adopt new innovations, it is important to highlight how these innovations can be cost-effective instead of going into their operational technicalities.
- It is important to highlight to the government the uniqueness of the proposed programme and how this is different from existing ones. It is also important to educate policy makers on evidence that establish a robust connection between physical and mental health and at the same time aggressively advocate for investing in mental health programmes. There is a strong case to work with the government. The burden of common mental disorders in rural communities can only be addressed by collaborative working with the existing public health system.

Reducing treatment gap at primary healthcare level

- The National Mental Health Programme (NMHP) runs a number of anti-stigma campaigns, like radio programmes in Rainbow FM and IEC materials, with the purpose of reducing the treatment gap for mental disorders. As part of this programme, the government is also heavily investing on developing trained mental health professionals at the state, which would be done through the establishment of IT hubs and Centres of Excellence.
- In order to enhance medication adherence for non-communicable diseases, the government plans to develop patient tracking system. Unlike other disease conditions like, TB; the government is still not recommending door-to-door universal screening of common mental health disorders. However, while engaging with patients with mental disorders, it is important to maintain confidentiality, respect rights, while avoid increasing the potential of being stigmatised.
- The government has initiated the development of Health and Wellness Centres at the primary healthcare level, where among other services, mental health has also been included. This may align with the way primary mental health services are delivered universally in a non-stigmatising manner. However, as a first step in order to prioritise and meet the mental health needs of the population, it is important to identify mental disorders early and treat accordingly.

Mental healthcare systems strengthening

- The kind of low intensity and high intensity mental health services that populations require in India needs to be tailor made according to their requirements, for instance southern states like Karnataka vis-à-vis eastern states like Bihar and Odisha. Moreover, services for women would differ with services for adolescents and children. There needs to be a generic programme in place and the level of intensity can differ from the varying needs of the population.
- In order to have a comprehensive approach to mental health, there needs to be an integration with other NCDs at the level of screening itself. The model of health and wellness centres that the government is proposing for early diagnosis, management and treatment of Common Mental Disorders (CMDs) is similar to one of the intervention component that SMART Mental Health (SMH) programme is studying.

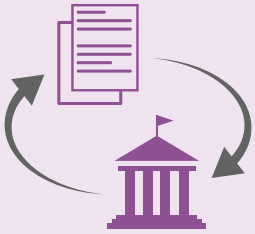
- For instance, task-sharing and shifting of primary healthcare workers will be done by training the existing workforce; i.e. ASHAs, ANMs, and MOs; and not by recruiting additional primary healthcare staff. It is necessary to convince government health officials that most psychosocial interventions are simple and that ASHAs are capable of implementing these.
- The mHealth technology component in the SMH programme is only used as an enabler to strengthen the healthcare workforce in reducing the treatment gap for CMDs; and should not be mistaken as developing or testing and evaluating a mobile application. Moreover, evidence suggests that using a technical driven solution for complex social phenomena invariably does not work.
- An important policy relevant question that the SMH study can address is that how do primary healthcare teams cohesively work together in improving and strengthening health systems. Additionally, the SMH programme can also contribute in assisting the government's decision in prioritising one healthcare delivery model against another.

David Peiris, Co- Principal Investigator, Smart Mental Health Project, The George Institute for Global Health India

The SMH programme, if found to be successful could be scaled up into existing public mental health programmes.

Smart Mental Health Team, India

Key Recommendations



As health is a state subject, we must work closely with the State governments in order to effectively translate the goals of the National Mental Health Programme.

The delivery of mental health services can be aligned with the services being offered by the Health and Wellness Centres as part of the new comprehensive primary health care scheme prepared by the Government of India.

The primary objective of NMHP is to improve access of mental health services to the population by training and increasing primary healthcare workers. This aligns closely with SMART mental health programme of The George Institute for Global Health and there is a possibility of learning from each other.

The National Mental Health programme is giving a lot of emphasis to the anti-stigma campaign and development of IEC and multi-media material. But this needs to be evaluated periodically so that we can know what works and what does not on the ground. This will help in scaling up the campaign and make it evidence-based.

In order to meet the shortage of existing mental health manpower, a team approach involving the community health workers and primary health care doctors needs to be put in place so that the existing primary health care facilities are geared up to meet the rising burden of common mental disorders.

For introducing new interventions into the existing health system and to ensure its sustainability, it should be integrated into the routine practices of the healthcare workforce. It is also important to understand the enablers and barriers in using mHealth technology. In order to promote the proper use of such a technology that prescribes health solutions, there has to be policy guidelines developed around its use.