Integrating mental health with other NCDs

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Outline of presentation

• Why integrate mental health with other NCDs?
• Example of integration using the collaborative chronic care model in HIC.
• PRIME (Programme for Improving Mental Health Care) in South Africa as an example of integration in LMIC.
Why integrate?

• **Rising burden of mental disorders**
  • Depression is predicted to be the second leading burden of disease globally in 2020\(^1\)

• **High prevalence of depression comorbid with NCDS**
  • Between 9.3% and 23.0% of people with NCDs had comorbid depression\(^2\).

Why integrate?

• Common mental disorders (CMDs) compromise fight against rising burden of NCDs²
  • Prevention – exacerbate modifiable risk factors
  • Treatment - compromise adherence

• Depression comorbid with NCDs has worse health outcomes compared to:
  • Depression alone
  • Any other NCD alone
  • Any combination of NCD without depression²

Mental Disorders in South Africa

- Neuropsychiatric disorders rank 3rd after HIV/AIDS and other infectious diseases\(^1\)
- One in six adults experience a common mental disorder (CMD) within a 12 month period\(^2\)
- Only one in four receive treatment of any kind\(^3\)


CMDs in chronic conditions in SA

• Integrated chronic care users:
  • 31% of mixed chronic disease group (N=252) met diagnostic criteria for major depressive disorder
    (Large PHC facility in North West)
Solution: Integrated Chronic Care

- Depression & alcohol use disorders ripe for integration\(^1\)
  - Prevalence
  - Evidence of effectiveness of “task shared” care
- TEAMcare trial in the United States\(^2\)
  - Depression co-morbid with poorly controlled diabetes and/or heart disease
  - More cost-effective than usual care

Collaborative Chronic Care Model

• Nurse-led team based approach
  • Combined pharmacotherapy with psychosocial interventions to solve problems and set goals to improve adherence and self-care.

How do we implement such a collaborative chronic care approach in scarce resource settings?
Integrating mental health into ICDM in South Africa

• THROUGH the programme for improving mental health care

• Purpose is to generate world class research 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
  • Centre for Public Mental Health
  • WHO
  • Centre for Global Mental Health
  • Basic Needs
  • Perinatal Mental Health Project

• Ethiopia
• India
• Nepal
• South Africa
• Uganda
South African National Department of Health model

How? Development of district mental health care plan

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Facility level
The PRIME -SA collaborative care model for depression

If severe depression with suicide risk refer for out patient/specialist care

PHC nurse identifies depression and other mental disorders as well as other non-communicable diseases (NCDs) using PC101+. Initiates initial management of other NCDs.

Other mental disorders and NCDs including diseases of lifestyle which are inadequately controlled referred to PC doctor/other referral sources

Severe/moderate depression

Referral to PC doctor for assessment & diagnosis and initiation of psychopharmacological treatment and/or upward referral if suicide risk

Moderate/severe depression

Referral for counselling (individual/group) facilitated by HIV counselors and supervised by district hospital psychology outreach team

9 to 10 weeks re-assessment by PHC nurse using PC101 post the psychosocial interventions

Back referral to local clinic for continued management

Severe depression with suicide risk

If severe depression with suicide risk refer for outpatient/specialist care

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Moderate/severe depression

Referral for counselling (individual/group) facilitated by HIV counselors and supervised by district hospital psychology outreach team

9 to 10 weeks re-assessment by PHC nurse using PC101 post the psychosocial interventions

Back referral to local clinic for continued management
The PRIME-SA collaborative care model for Alcohol misuse

- PHC nurse identifies alcohol misuse and other non-communicable diseases (NCDs) using PC101+. Initiates initial management of other NCDs.

- SBI protocol to be initiated if mild to moderate risk (harmful/hazardous risk pattern)

- Alcohol dependency - referral to district hospital for detox

- Other mental disorders and communicable and NCDs including diseases of lifestyle which are inadequately controlled referred to PC doctor/other referral sources

- Referral to rehabilitation services
Tools: PC 101 +

- Strengthened mhGAP guidelines for adult mental disorders included in the PC 101 guidelines
- Depression
- Alcohol misuse
Step by step lay counsellor guidelines

• 8 sessions

• Draws on evidence-based psychological therapies¹:

• Adapted from an intervention shown to have good outcomes in a non-randomized trial in South Africa²

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REFERRAL from nurse/PHC doctor to counsellor: Client with chronic condition who is depressed

ASSESSMENT by Counsellor on intake duty whether service user is a candidate for group/individual counselling
For group: Can commit time to attend 6-8 one hour long sessions once a week?
Comfortable with confidentiality of a group?
Comfortable to be in a mixed chronic disease group/HIV+ group only?

<table>
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| Book client into a group: 8-10 per group  
Men and women in separate groups  
Group service users of similar ages together  
Provide written reminder with date of first session  
Provide telephonic reminder day before the session | Provide first session immediately  
Arrange for follow-up appointments  
See pages for step-by-step guide for individual counselling in guidelines |

SESSION 1: Introduction  
Establish group norms (confidentiality etc.)  
Psychoeducation: What is depression?

SESSIONS 2 – 7  
Triggers of depression and strategies to help manage them  
Not all clients will identify with every cause, but will be able to offer help to others in the group. If there are no HIV+ patients in a group, only facilitate sessions 2-5. If the group has PLWHA, facilitate sessions 6 and 7 as well

SESSION 2  
‘I have no resources’  
POVERTY  
Problem management

SESSION 3  
‘Relationship trouble’  
INTERPERSONAL CONFLICT  
Problem management

SESSION 4  
‘I avoid people’  
SOCIAL ISOLATION  
Getting active

SESSION 5  
Mourning for a loved one’  
GRIEF AND LOSS  
Problem management

SESSION 6 PLWHA only  
‘People discriminate against me’  
EXTERNALISED STIGMA  
Problem management

SESSION 7 PLWHA only  
‘People are talking about me’  
INTERNALISED STIGMA  
Healthy thinking

SESSION 8: CLOSURE  
Refer back to nurse or doctor for clinical review

Signs of Suicide (Same day referral for clinical review):  
Talking & having thoughts of suicide

Group dynamics (Speak to the person afterwards):  
Member dominates  
Member doesn’t say anything
Community level
Assisted self-management

- Provided by community health worker led community outreach teams
- DoH CHW training programme
  - Screening and identification
  - Follow-up patients who are non-adherent to medication/counselling
  - Provide follow-up medication for stable patients
- Health promotion
Tools

• DoH CHW training & resource manual
• Self-help pamphlets
  • Psycho-education to promote self-care for depression and alcohol misuse
• Information on helpful resources within the community
Training & supervision structure for PC 101+

- Specialist trainer of master trainers/Specialist district teams
- Master trainers/Chronic care coordinator
- Facility trainer
Training & Supervision structure for Counselling for CMDs

- Specialist district teams for mental health
- District PHC psychologist/district hospital psychology outreach team
- Peer to peer mentoring
PRIME/COBALT (Comorbid Affective Disorders, AIDS/HIV, and Long Term Health) Trials

- Pragmatic cluster randomized controlled trials (RCTs)
- Measure the real-world effectiveness of the PRIME facility-based collaborative care intervention for depression in
  - ART patients
  - NCD patients
- Assess health and mental health outcomes for depressed ART/NCD patients
First message: Integrating mental health is smart.

- Optimize & protect investment in NCD
  - Prevention
  - Treatment
- Improve health outcomes
- Reduce stigma
- Strengthen health systems for chronic care
  - Counselling in particular is important to promote patient self management
    - Provides advantages of treatment and health promotion
Second message: Adopt task sharing to integrate mental health

• Strengthen decision support for mental health for PHC nurses & doctors
  • PC101+

• Diversify roles of existing HIV counsellors to provide counselling for CMDs
  ✓ Manualized counselling guidelines
  X Need a clear job description
  X Standardized training programme
  X Standardized supervision & support structure
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