Mental Health Innovation Network

Research Summary

Systematic Review

Psychological treatments for the world: Lessons from low- and middle-income countries

This review describes how and which psychological treatments for common mental disorders in adults are delivered by non-specialists in low-resource settings. It helps to inform the design, delivery and scale-up of such treatments in low- and middle-income countries in order to reduce treatment gaps in highly-burdened populations.

Why was this research needed?

Populations affected by natural and man-made disasters, which primarily occur in low- and middle-income countries (LMIC) show high rates of depression, anxiety, and posttraumatic stress disorder – which account for more than 40% of the burden of all mental and substance use disorders.

However, psychological treatments or 'talk therapies' are often not accessible due to the limited number of mental health professionals, interventions focused on single disorders, and stigma. As a result, up to 93% of people in need remain untreated.

A promising strategy to address these issues is to use non-specialist providers and treatment approaches targeting a range of mental health problems at the same time. Nevertheless, there is a need to identify the common elements among successful interventions and how, by whom, and where they are implemented.

Key Messages

1. Interventions can be broken down into **key elements and techniques.** The successful ones can be selected to develop optimal interventions for a specific context. These include nonspecific approaches to engage patients, specific psychological mechanisms, and in-session techniques.

2. The delivery of existing combinations of these elements by **trained and supervised non-specialists** successfully reduces the burden of common mental disorders, compared to usual care in low-resource settings.

PUBLICATION DETAILS

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What Works

- **WHAT –** Psychological treatments in this review share a number of key elements and implementation techniques. The researchers analysed the number of elements and techniques in each trial and how frequently each technique was used.
- **WHO –** Using local, affordable non-specialists with good language, communication, and interpersonal skills, as well as appropriate training in psychological treatments and supervision, is more effective than usual care in LMICs. Two-thirds of all non-specialist treatments were delivered only by women and for women.
- **HOW:** There were different training, supervision, and treatment delivery methods. On average, there were 10 days of face-to-face training mixed with a practice phase. Supervision was mostly done on a weekly basis, either in groups or individually with a range of techniques such as in-person and phone or online communication.
- **WHERE:** The interventions were delivered where it was most convenient for the participant. Use of public spaces required modification of confidentiality practices in some cases.
- **HOW WELL:** Most trials targeted depression or PTSD with moderate-to-strong effects.[i]

Recommendations for Researchers

- Explore which combinations of elements are most effective in psychological treatments for specific mental disorders.
- Address barriers to training and supervision, possibly using technology platforms and other incentives.
- Evaluate treatment interventions in younger populations.
- Explore opportunities for more non-specialist psychological treatments delivered by and for men.
- Collect data more systematically, eg. by using a checklist of key iplementation processes[ii].

Authors' Conclusions

Psychological treatments delivered by non-specialist providers that share a number of key treatment components are more effective than usual care in low- and middle-income countries. There is potential for scaling up such treatments globally.

INCLUSION CRITERIA

Randomised controlled trials of psychological treatments for common mental disorders in adults delivered by non-specialist providers in low- and middle-income countries.

STUDY CHARACTERISTICS

25 articles with 27 trials from 17 countries including primary care attendees (78%), torture survivors (15%), persons living with HIV (7%) and refugees (7%).

Most trials included females (~50% in pre- or postnatal phase) and/or participants with low socioeconomic background.

The average sample consisted of 219 participants aged 34 years.

The final comparisons included 19 outcomes for depression, 8 for trauma, 5 for mixed anxiety and depression, and 3 for anxiety.

COUNTRIES INCLUDED

QUALITY OF EVIDENCE

Some figures are not representative of all 27 trials as many did not collect data.

KEY REFERENCES

Chisholm et al., *Lancet Psychiatry*, 2016

Patel et al., *Lancet*, 2016

[i] Standardized mean differences from meta-analyses: All primary outcomes 0.49 (95% CI = 0.36-0.62); depression 0.46 (95% CI = 0.33-0.59); trauma 0.47 (95% CI = 0.17-0.76); mixed anxiety/depression 0.65 (95% CI = 0.31-0.99); anxiety 0.24 (95% CI = 0.09-0.39).

[ii] Checklist available at www.mhinnovation.net/resources/mhin-summary-psychological-treatments-world

1 What did the treatments consist of?

Nonspecific elements

Family involvement
Active listening
Discussing advantages to treatment
Discussing barriers to treatment
Empathy
Case management
Normalisation of illness
Collaboration
Eliciting commitment

In-session techniques

Goal setting
Assigning homework
Psychoeducation
Direct suggestions
Giving praise

Specific elements

INTERPERSONAL

Assessing relationships
Eliciting social support
Communication skills

EMOTIONAL

Emotional regulation
Linking affect to events
Eliciting affect
Emotional processing

BEHAVIOURAL

Relaxation
Problem-solving
Exposure
Activation
Self-monitoring

COGNITIVE

Distraction
Mindfulness
Restructuring
Identifying thoughts
Self talk
Insight building

2 Who delivered the treatments?

Non-specialist providers

Most used

COMMUNITY HEALTH WORKERS

PEERS FROM SAME COMMUNITY

NURSES

MIDWIVES

Least used

Auxillary health staff
Teachers
Primary care doctors and nurses
People without a professional service role

64% female

23% primary educated
31% postgrad

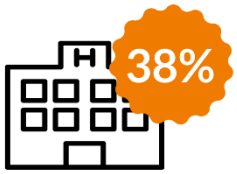
Mental health specialists in diverse roles

Maintaining quality
Evaluating treatments
Supervision
Assuring safety
Building competency

3 Where were these treatments delivered?

50%

- Schools
- Outdoors
- Community meetings



38%

- Primary care centres

27%

- Homes