

# Effectiveness of a case identification tool to increase helpseeking of people with probable mental health problems

<b>Submission date</b> 18/05/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 23/05/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 04/03/2022	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Adopting the task-shifting approach where expert knowledge and skills are transferred to lay health workers, the Programme for Improving Mental Health Care (PRIME) trained health workers working at the community health facilities in Chitwan district of Nepal based on the WHO's mental health Gap Action Programme (mhGAP) Intervention Guidelines. Studies have shown that the provision of services is not enough to minimize the treatment gap in mental health, hence there is a need for increasing demand of mental health services as well. Thus, to bridge this gap, at the community level community sensitization activities were conducted. Similarly, to help with detection and referral of mental health problems, a tool called Community Informant Detection Tool (CIDT) was developed. The CIDT is an instrument that can be used by anyone even with limited education. It consists of a case vignette of particular mental health problem where common symptoms are presented in local idioms accompanied with pictures. In Nepal, the tool is being used by the Female Community Health Volunteers (FCHVs). The CIDT has already been validated and has shown promising results. The aim of this study is to evaluate whether the CIDT is effective at improving help seeking and increasing uptake of mental health services in the health facilities.

### Who can participate?

Female Community Health Volunteers (FCHV) working at one of the participating health facilities

### What does the study involve?

The health facilities in the PRIME implementation area are randomly allocated to two groups to either use the CIDT or to not use the CIDT. Before the implementation 6 months of data about the total number of identified mental health cases is collected from both groups. The FCHVs associated with all selected health facilities receive a two-day training on home-based care and a general introduction on mental health problems (similar for both groups). Additionally, the FCHVs in the CIDT group are trained about using the CIDT, specifically its concept, process and use in the identification and referral of people with probable mental health problems. After the training, the FCHVs go out in their community and start identifying and referring probable cases of mental health problems to the health facilities. All the referrals made by the FCHVs are

recorded in the Health Management Information System (HMIS). At the end of 6 months, HMIS data are collected on the total number of mental health cases identified and treated.

What are the possible benefits and risks of participating?

The possible benefit of participating in the study is increased access to mental health services for people with probable mental health problems. In both groups these benefits are likely to occur, with an increased likelihood of this benefit in the CIDT group. Increased access to services may subsequently lead to improvements in mental health after receiving treatment. Treatment in both groups may temporarily lead to increased levels of anxiety as part of the treatment process.

Where is the study run from?

Transcultural Psychosocial Organization (Nepal)

When is the study starting and how long is it expected to run for?

July 2016 to March 2017

Who is funding the study?

Department for International Development (UK)

Who is the main contact?

Dr Mark Jordans

mark.jordans@kcl.ac.uk

## Contact information

**Type(s)**

Scientific

**Contact name**

Dr Mark Jordans

**Contact details**

TPO Nepal, Baluwatar

Kathmandu

Nepal

PB602

0031619049149

mark.jordans@kcl.ac.uk

## Additional identifiers

**Protocol serial number**

1620

## Study information

**Scientific Title**

Assessing the effectiveness of the Community Informant Detection Tool (CIDT) in increasing help seeking behavior as measured by Health Management Information System (HMIS)

**Study objectives**

CIDT implementing health facilities' catchment areas (intervention group) have higher number of mental health case referral than health facilities' catchment areas that do not implement CIDT.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

Nepal Health Research Council, 07/04/2016, protocol no. 1620

**Study design**

Randomised controlled trial

**Primary study design**

Interventional

**Study type(s)**

Screening

**Health condition(s) or problem(s) studied**

Depression, psychosis, alcohol use disorder and epilepsy

**Interventions**

Female community health volunteers (FCHVs) from 40 health facilities were randomly assigned (1:1) to:

1. A two-day training on community outreach for mental health services (home based care and community sensitization) was provided to FCHVs covering the catchment area of 40 health facilities. This training dealt with basic concepts of psychosocial, mental health and orientation of 4 mental health problems.
2. The same training on community outreach combined with an additional two days training on detection and referral of four mental health problems using Community Information Detection Tool (CIDT), its concept, and process of use was provided to FCHVs from the intervention group. A monthly supervision was conducted to ensure the quality of work as well as to discuss challenges and possible ways to overcome it.

In both study arms community sensitization was done to make people aware about the availability of mental health services in the health facilities. We assessed the number of mental health cases in each of the study arms as the outcome. FCHVs were blind to condition.

**Intervention Type**

Other

**Primary outcome(s)**

Number of CIDT referral of probable mental health cases recorded in the HMIS over a period of 6 months (i.e. 6 months prior to FCHV training and 6 months following the FCHV training) at the health facilities

**Key secondary outcome(s))**

No secondary outcome measures

**Completion date**

30/03/2017

## Eligibility

**Key inclusion criteria**

Female Community Health Volunteers (FCHV) working in one of the selected health facilities

**Participant type(s)**

Health professional

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

Female

**Key exclusion criteria**

FCHVs from health facilities that are not selected in the study

**Date of first enrolment**

13/07/2016

**Date of final enrolment**

16/11/2016

## Locations

**Countries of recruitment**

Nepal

**Study participating centre**

Transcultural Psychosocial Organization

Baluwatar

Kathmandu

Nepal

PB602

## Sponsor information

**Organisation**

## Funder(s)

### Funder type

Charity

### Funder Name

Department for International Development, UK Government

### Alternative Name(s)

DFID

### Funding Body Type

Government organisation

### Funding Body Subtype

National government

### Location

United Kingdom

## Results and Publications

### Individual participant data (IPD) sharing plan

No participant level data will be made available. The dataset will not be made available as it concerns routine health information data from the health facilities where the study was implemented. This data is under the governance of the Nepal Ministry of Health and therefore cannot be made available. The anonymized data will be held by TPO Nepal and will be made available by the corresponding author upon request. Within 1 year after the publication, the dataset will be placed on a secure server that is presently being established.

### IPD sharing plan summary

Not expected to be made available

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>		23/04/2020	04/03/2022	Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes