ISRCTN28071919 https://doi.org/10.1186/ISRCTN28071919

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

Submission date
18/05/2018

Recruitment status
No longer recruiting

Registration date
23/05/2018

Overall study status
Completed

Last Edited
04/03/2022

Condition category
Mental and Behavioural Disorders

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[X] Results
[ ] 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

Primary study design
Interventional

Study design
Randomised controlled trial

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

TPO Nepal

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?
Results article		23/04/2020	04/03/2022	Yes	No