

Evaluating a community-based mental health intervention to promote help-seeking for depression care in Nepal

Submission date 13/09/2026	Recruitment status No longer recruiting	☐ Prospectively registered ☒ Protocol
Registration date 16/09/2026	Overall study status Completed	☐ Statistical analysis plan ☐ Results
Last Edited 15/09/2026	Condition category Mental and Behavioural Disorders	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Depression is a common mental health condition that can affect how people think, feel, and manage everyday activities. Although effective treatments are available, many people do not seek professional help because they are unaware of available services, have limited knowledge about depression, or experience stigma related to mental health problems. This study aimed to evaluate a community-based intervention designed to encourage people with depression to seek treatment. It also examined which parts of the intervention were most effective in promoting help-seeking behaviour.

Who can participate?

Adults aged 18 years and over who live in two municipalities in eastern Nepal, meet the screening criteria for depression using the Community Informant Detection Tool (CIDT), are able to provide written informed consent, and can communicate in Nepali can take part.

What does the study involve?

Female Community Health Volunteers are trained to identify people who may have depression using the CIDT. Eligible participants are randomly allocated to receive different combinations of four intervention components. These components provide information about depression, explain available mental health services, address myths and stigma surrounding depression, and share recovery stories from people who have experienced depression. Information is delivered using materials such as flipcharts, booklets, calendars, and videos. Researchers then assess whether participants seek help for depression treatment and whether the intervention affects treatment adherence and depression symptoms.

What are the possible benefits and risks of participating?

Participants may benefit from learning more about depression, available treatments, and local support services. The intervention may encourage people to seek appropriate care and improve their understanding of mental health. Risks are expected to be minimal, although some participants may find discussions about depression or personal experiences of mental health difficulties uncomfortable.

Where is the study run from?

The study is coordinated from Kathmandu, Nepal and was carried out in two municipalities in eastern Nepal.

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

The study began recruiting participants in July 2024 and completed recruitment in December 2024. The study was completed in March 2025.

Who is funding the study?

Wellcome Trust, UK.

Who is the main contact?

Dr Nagendra Prasad Luitel, Npluitel@tponepal.org.np, luiteln@gmail.com.

Contact information

Type(s)

Principal investigator, Public, Scientific

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Wellcome Trust grant: 'Improving help-seeking for depression care in Nepal: Development and testing the feasibility, acceptability and appropriateness of a social contact-based community intervention'

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Study information

Scientific Title

Evaluating individual components of a community-based mental health intervention to promote help-seeking for depression care in Nepal: a multiphase optimization trial

Study objectives

This study evaluated the impact of the community intervention on help-seeking behavior and examine the contribution of its four core components: information on depression, awareness of

treatment options, stigma reduction and dispelling myths about depression, and sharing personal recovery stories.

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 15/05/2024, Nepal Health Research Council (NHRC) (Ramshah Path P.O.Box 7626, Kathmandu, 44600, Nepal; +977-1-5327460; nhrc@nhrc.gov.np), ref: 184_2024

Primary study design

Interventional

Allocation

Randomized controlled trial

Masking

Blinded (masking used)

Control

Dose comparison

Assignment

Factorial

Purpose

Health services research

Study type(s)

Health condition(s) or problem(s) studied

Adults who meet Community Informant Detection Tool (CIDT) threshold for depression.

Interventions

Adults aged 18 years or older who met the Community Informant Detection Tool (CIDT) threshold for depression were identified by trained Female Community Health Volunteers (FCHVs), provided written informed consent, and individually randomised to one of eight intervention conditions according to a randomisation schedule generated by an independent statistician. The study used a 2×3 factorial, single-blinded design, with research assistants blinded to allocation.

The intervention comprised four community-based components delivered by FCHVs: (1) information about depression, (2) information about available mental health services, (3) information addressing myths, facts and stigma related to depression, and (4) recovery-story videos. All participants received Component 1, which provided information on the causes, symptoms and consequences of untreated depression, including stressful life events, socio-cultural influences, genetic predispositions, cultural practices, economic hardship, family stress, and culturally specific symptoms such as stomach aches and headaches. Depending on randomised allocation, participants also received Component 2, which described available mental health services in the community and surrounding areas, including service types, costs and operating hours; Component 3, which addressed common myths, misconceptions and

stigma associated with depression through a myths-versus-facts format; and/or Component 4, which consisted of two approximately 8-minute recovery-story videos featuring individuals who had recovered from depression and discussed symptoms, treatment, challenges and the importance of family support. Components were delivered using flipcharts, booklets, wall calendars and tablet-based videos, as appropriate. Each component took approximately 45 minutes to 1 hour to deliver, and a maximum of two components were delivered during a single visit.

Participants were assessed by research assistants at one and three months after the intervention. Follow-up assessments examined whether participants had sought, initiated or continued mental health treatment, reasons for seeking or not seeking care, depression symptoms and other relevant outcomes. Total participant follow-up was three months.

Intervention Type

Other

Primary outcome(s)

1. Help-seeking for mental health treatment measured using a structured questionnaire asking participants whether they had sought treatment from a healthcare professional following the FCHV intervention at 1 month and 3 months after the intervention

Key secondary outcome(s)

1. Mental health treatment initiation and continuation: Initiation of treatment among participants who had not previously sought care and continuation of treatment among those who had initiated care measured using a structured questionnaire at 3 months after the intervention

2. Depression symptom severity measured using the Patient Health Questionnaire-9 (PHQ-9) at 3 months after the intervention

3. Participants' knowledge, attitudes and perceptions related to depression and help-seeking, to assess their association with help-seeking behaviour, measured using the training evaluation questionnaire at 3 months after the intervention

Completion date

03/03/2025

Eligibility

Key inclusion criteria

1. Being a resident of Kanepokhari Rural Municipality or Pathari Sanischare Municipality
2. Being aged 18 years or older
3. Meeting the CIDT threshold for depression
4. Being able to provide written informed consent
5. Being proficient in Nepali

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 Years

Upper age limit

99 Years

Sex

All

Total final enrolment

290

Key exclusion criteria

Participants who were receiving mental health services or had been diagnosed with another mental health condition

Date of first enrolment

11/07/2024

Date of final enrolment

08/12/2024

Locations**Countries of recruitment**

Nepal

Sponsor information**Organisation**

Wellcome Trust

ROR

<https://ror.org/029chgv08>

Funder(s)**Funder type****Funder Name**

Wellcome Trust

Alternative Name(s)

Wellcome, WT

Funding Body Type

Private sector organisation

Funding Body Subtype

Trusts, charities, foundations (both public and private)

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		16/08/2025	15/09/2026	Yes	No