



Southern African Research Consortium
for Mental health INtegration



Development, evaluation and scaling up a collaborative care model for integrated depression care in SA

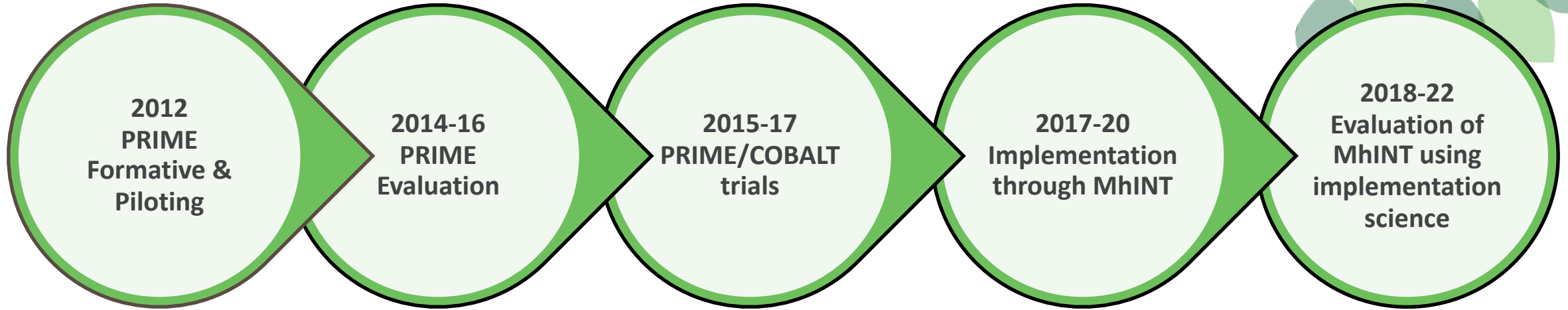
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History



DFID

NIH

CDC

NIH

Petersen, I., et al. (2016). Integrating mental health into chronic care in South Africa: the development of a district mental healthcare plan. *Br J Psychiatry*, 208 Suppl 56, s29-39. doi: 10.1192/bjp.bp.114.153726

Petersen, I., et al.. Evaluation of a collaborative care model for integrated primary care of common mental disorders comorbid with chronic conditions in South Africa. (2019). *BMC Psychiatry*, April; doi: [https://doi.org/10.1186/s13063-018-2517-7](https://doi.org/10.1186/s12888-019-2081-Fairall, L., (2018). Collaborative care for the detection and management of depression among adults receiving antiretroviral therapy in South Africa: study protocol for the CobALT randomised controlled trial. <i>Trials</i>. <a href=)

Petersen I, Fairall L, Zani B, et al. Effectiveness of a task-sharing collaborative care model for identification and management of depressive symptoms in patients with hypertension attending public sector primary care clinics in South Africa: pragmatic parallel cluster randomis Affect Disord. 2021;282:112-121

Petersen I, Kemp CC, Rao D, et al. Implementation and Scale-Up of Integrated Depression Care in South Africa: An Observational Implementation Research Protocol. *Psychiatry* 2021; doi:10.1176/appi.ps.202000014

Main outcome findings of PRIME trial

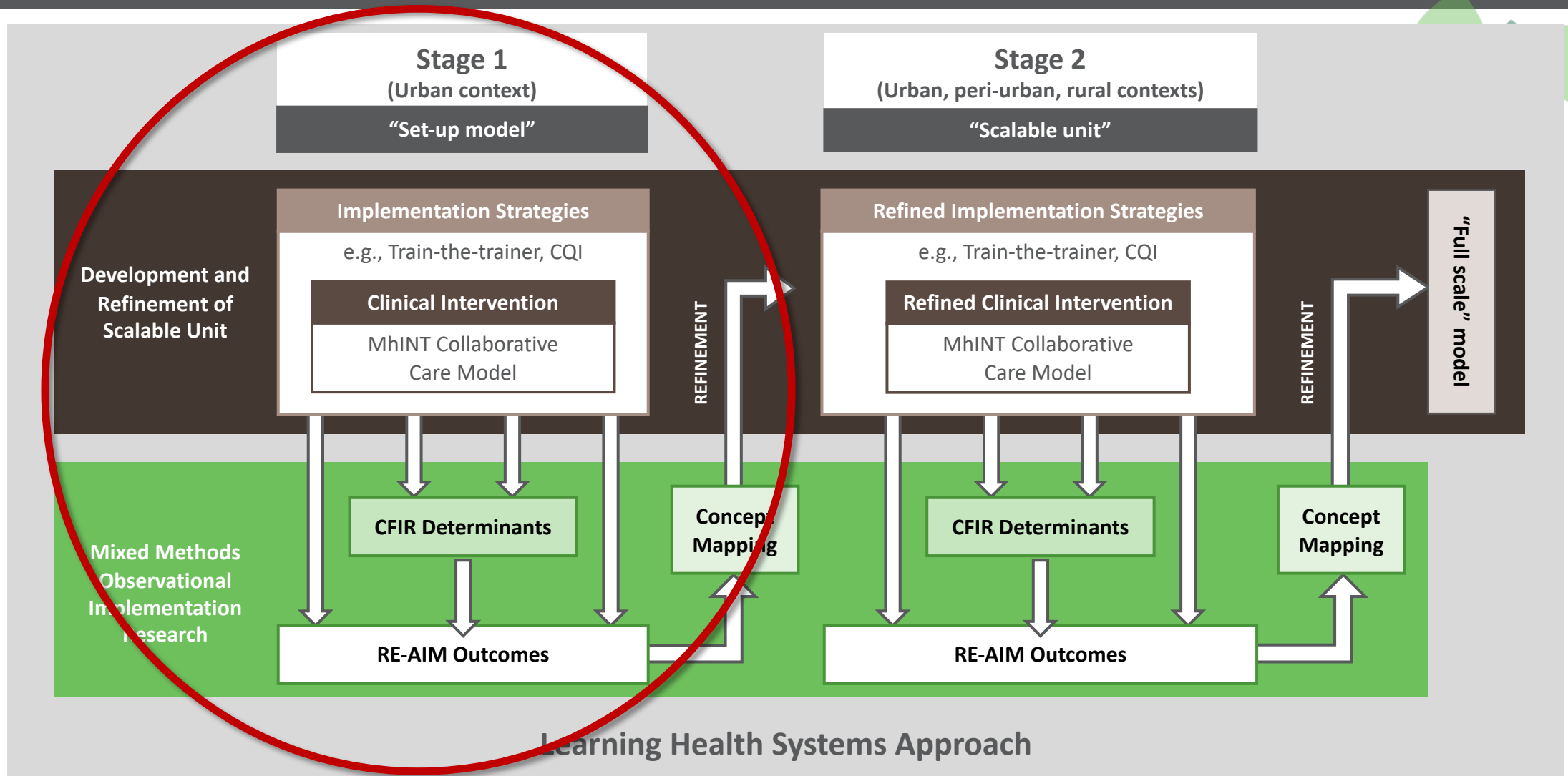


- Collaborative care for comorbid depressive symptoms in hypertensive patients that includes referral to clinic lay counsellors is neither superior nor inferior to usual care involving referral to PHC doctors & mental health specialists.
- Low exposure to any intervention in both intervention and control groups is a major concern
- PRIME did not use implementation science as its primary research design. We hope to understand how to strengthen diagnosis, referral and treatment uptake and retention of comorbid depression along the care cascade in primary health care clinics as part of the SMhINT project

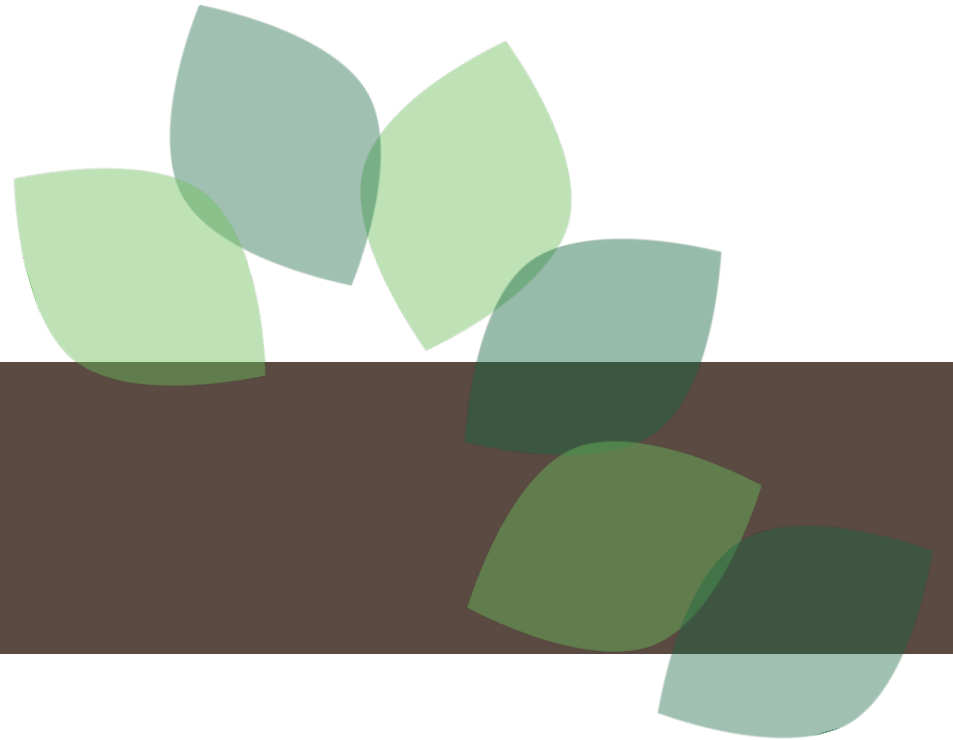
Petersen I, Fairall L, Zani B, et al. Effectiveness of a task-sharing collaborative care model for identification and management of depressive symptoms in patients with hypertension attending public sector primary care clinics in South Africa: pragmatic parallel cluster randomised controlled trial. *J Affect Disord.* 2021;282:112-121

Petersen I, Kemp CG, Rao D, et al. Implementation and Scale-Up of Integrated Depression Care in South Africa: An Observational Implementation Research Protocol. *Psychiatr Serv.* 2021: doi/10.1176/appi.ps.202000014.

Implementation Science Research Design



Highlights from stage one

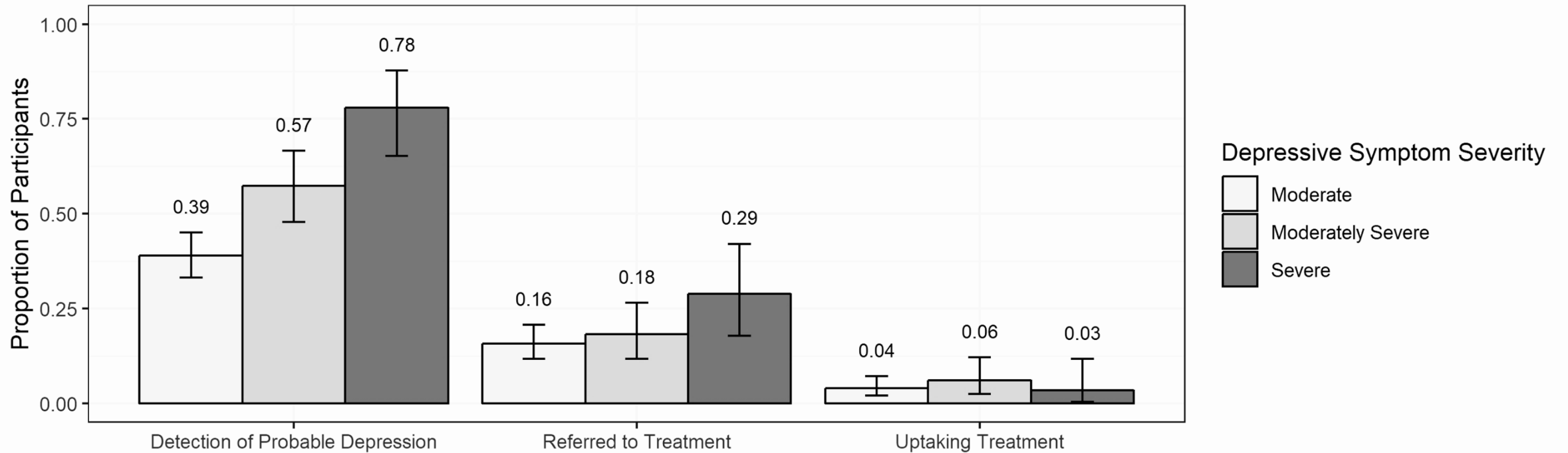


Diagnosis, Referral, Uptake (n=412)

49% diagnosed

37% (18%) referred

25% (5%) uptake treatment



Understanding drop-off (Cohort data)



Probability of Detection:

- Depressive severity (↑)
- Perceived stress (↑)
- Alcohol use (↑)

Probability of Referral:

- Other chronic disease dx (↓)

Probability of Uptake:

- Social support (↓)


Key determinants of drop off along the cascade (CFIR)

- **Individual**

- Poor mental health literacy & demand for MH services
- Varying levels of perceived competency

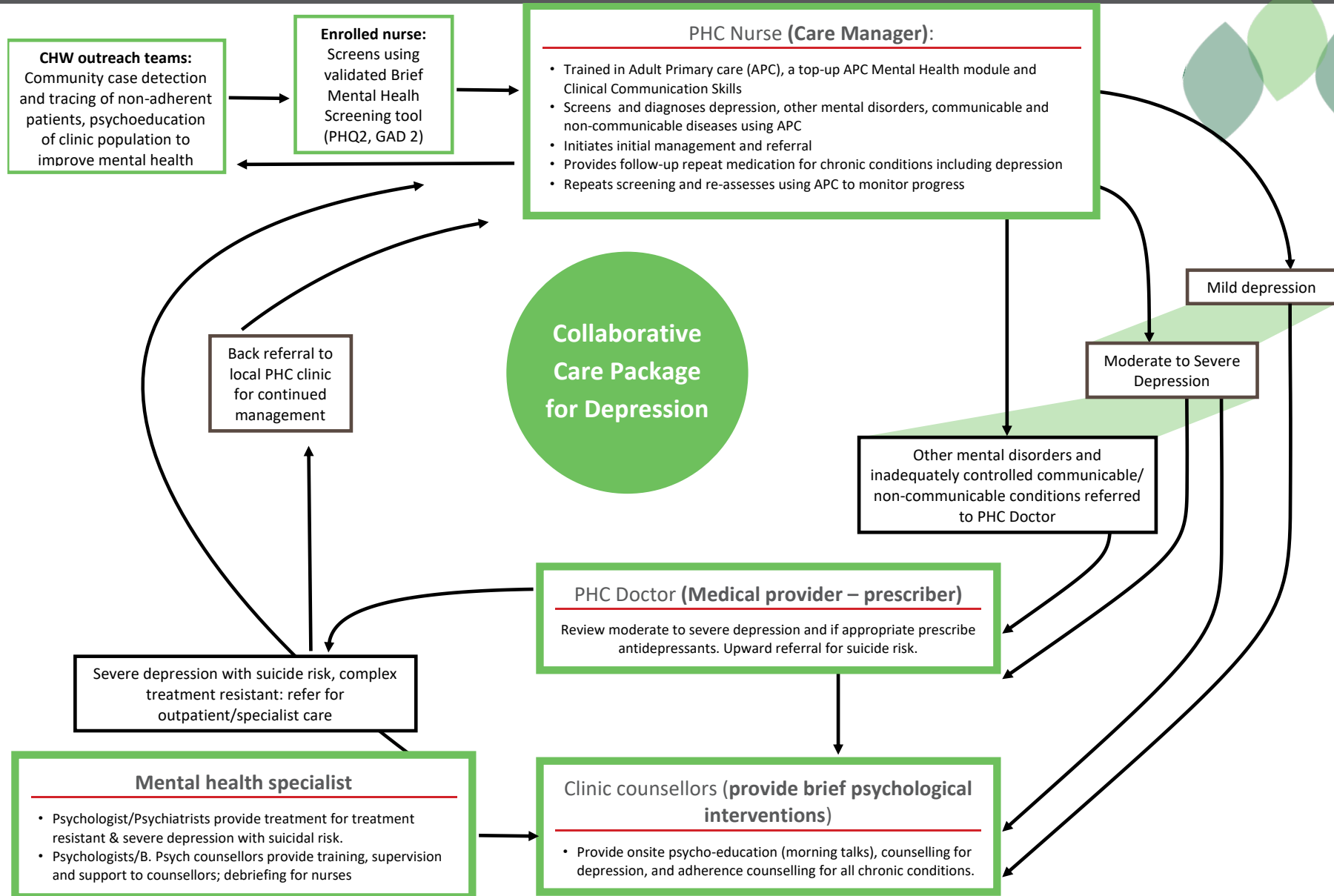
- **Systems**

- Lack of a validated screening tool
- Cascade APC model of training for nurses
- Lack of psychosocial support for providers
- Co-located counselling not always available, no indicators/targets



Interviews
(N=79): Nurses,
Counsellors,
OMs, patients
Survey: (N=68)

Collaborative Care Model being scaled up





Strengthening of the MhINT intervention

Integrated within the PHC care cascade and processes used for treating other clinical conditions

Strengthened MhINT programme along the cascade of care



The story of Nontobeko



1 Read the Story

Nontobeko is a 40 year old, married woman whose husband, Sfiso, lost his job three months ago. Sfiso used to drink quite a lot before he lost his job, but now he is spending more and more time at the shebeen where he spends the money she gets from her children's grants on alcohol. Nontobeko is constantly thinking about how she is going to feed her children. She cannot stop worrying about what is going to happen to her family. She feels tired all the time and that life is not worth living. Her appetite is often low and she has lost about 8 kgs over the past two-months. At night she has difficulty falling asleep. If she wakes up in the night she cannot get back to sleep. She reports feeling irritable and often shouts at her children. When she goes to church, she battles to concentrate when she is praying. She also finds that she does not enjoy singing like she used to. After church, Nontobeko does not socialise with her friends like she always did in the past. She is embarrassed about Sfiso and what they may say about his drinking problem – so goes home as soon as the service is over. As a result she has no-one to share her problems with and feels more and more desperate about her future and that of her family.

2 Discussion

A Ask: What has happened in Nontobeko's life?



Nontobeko is often sad and worried.



She has lost her appetite.



She feels life is not worth living.

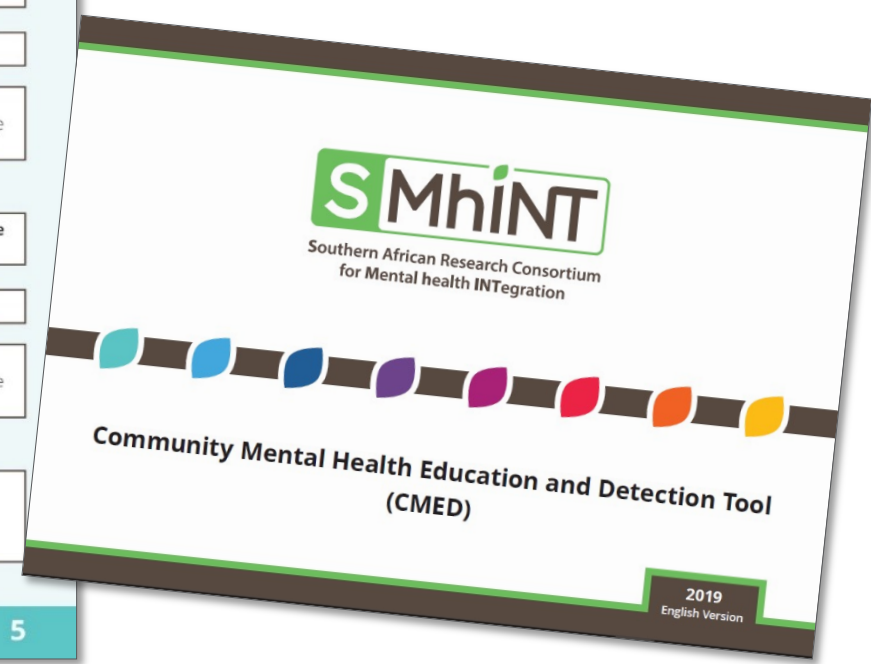
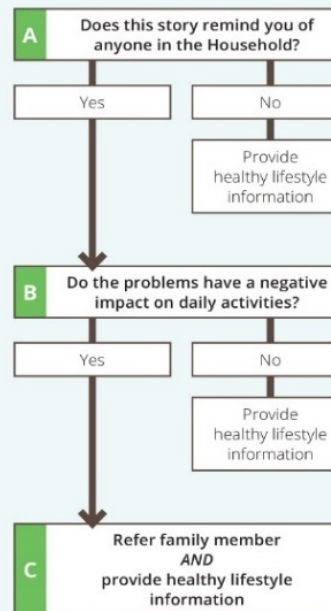


She no longer spends time with her friends.

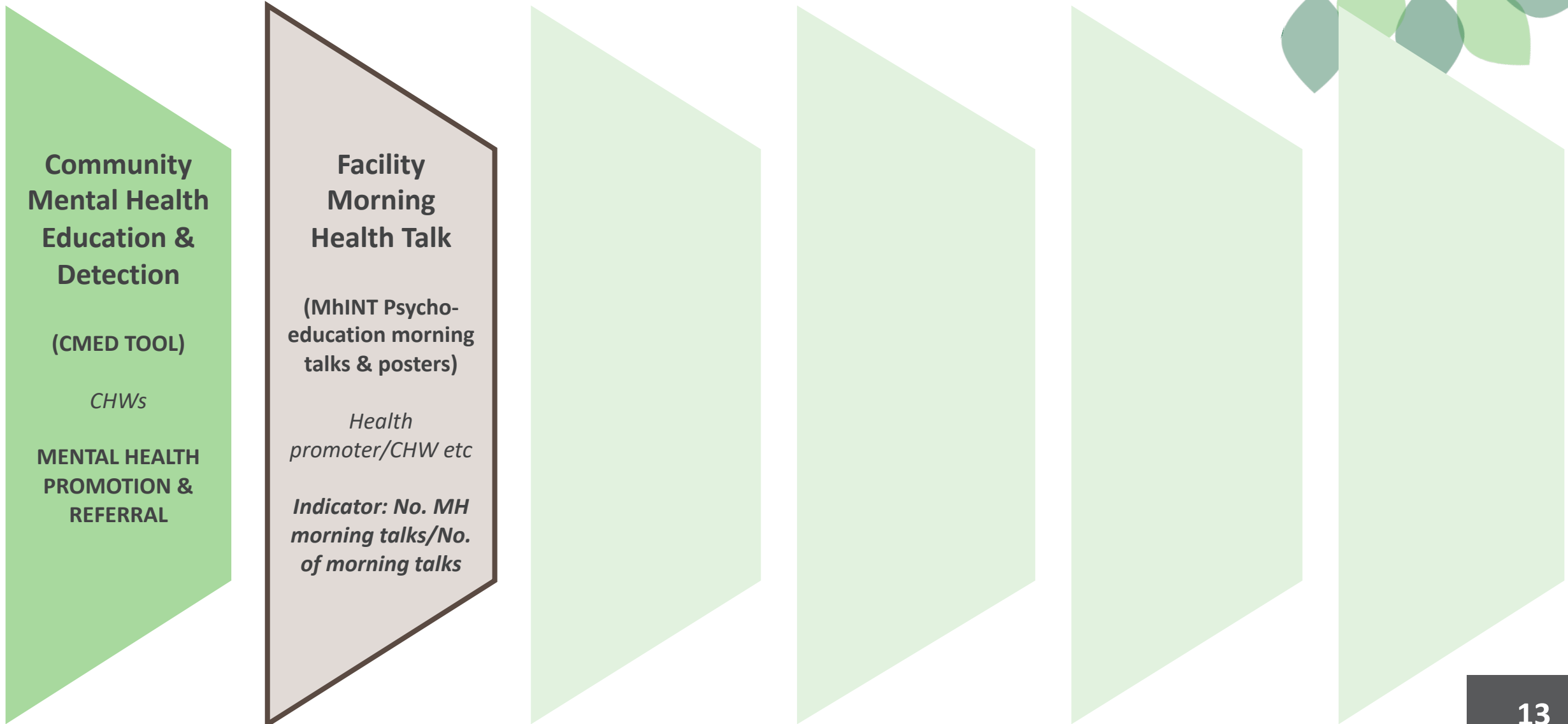
B Summarise: Nontobeko's story is a common experience that can happen to anyone. Negative things that happen can affect how we feel and can also change how we function. It affects how we feel about life, what we think about ourselves and how we behave. These negative feelings are considered to be severe if they are experienced daily and lasts for more than 2 weeks. Other signs to be concerned about is when a person's mood affects their relationships and they cannot complete everyday household tasks. Some people may have thoughts of committing suicide. Suicidal thoughts need immediate attention. People who suffer from these symptoms can get help and they do get better!

C Ask: When looking at the pictures and listening to the story is there someone in the household who reminds you of Nontobeko?

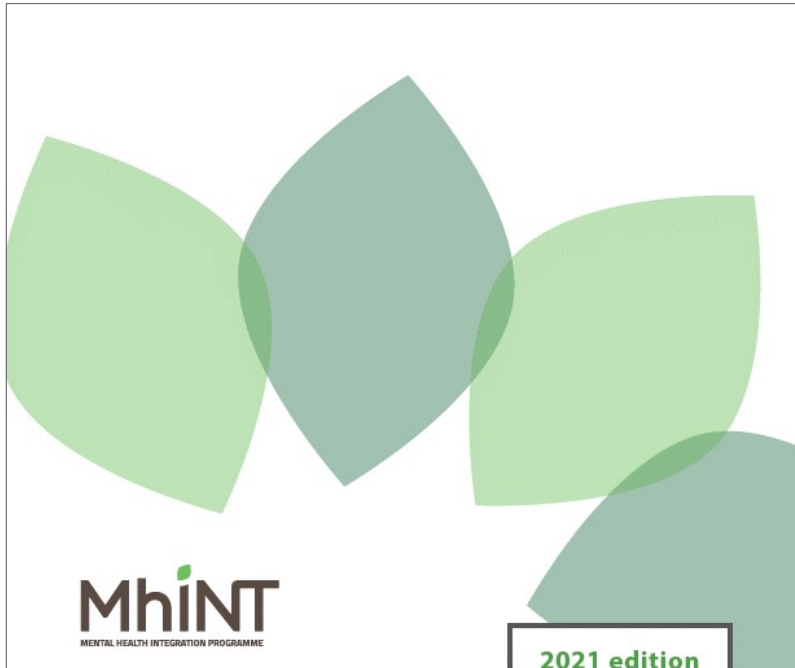
3 Ask



Strengthened MhINT programme along the cascade of care



Strengthened Psychoeducational Materials



MhINT
MENTAL HEALTH INTEGRATION PROGRAMME

2021 edition
Stories in isiZulu

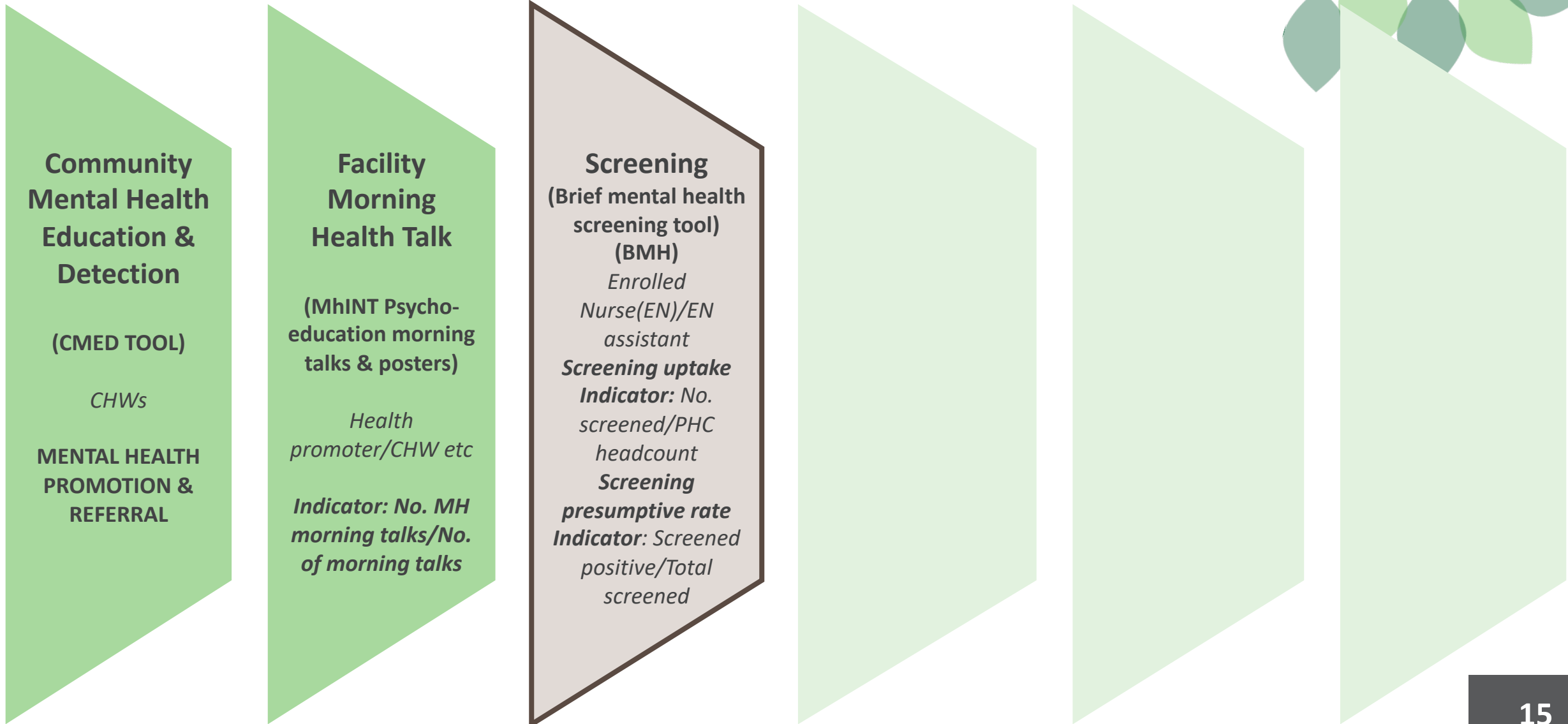
The Mental Health and Well-being Waiting Room Talks

Name: _____
Date: _____
Clinic: _____



<https://crh.ukzn.ac.za/covid-19-hub/>

Strengthened MhINT programme along the cascade of care



Validated standardized Brief Mental Health Screening tool

April 2021

Brief Mental Health Screening Tool (BMH)

Where will screening happen? → **VITAL SIGNS STATION** Mental Health Screening BMH tool (18) → Administered by trained EN/ENA/PN Refer to BMH SOP for guidance

Tick ROR register - (#pt screened for MH/Head Count)

1. DEPRESSION: Patient Health Questionnaire - 2

Over the last 2 weeks, how often have you been bothered by the following problems?

Kulamasonto amabili edlule, kukangaki ube nalezizinkanga ezilandelayo?

1. Little interest or pleasure in doing things	0 days	0
	1-7 days	1
	8-11 days	2
1. Uzizwa engathi awufuni ukwenza lutho futhi ayikho nento ekujabulayo	12-14 days	3
2. Feeling down, depressed or hopeless	0 days	0
	1-7 days	1
	8-11 days	2
2. Uzizwa sengathi umoya wakho uphansi, unengondazi noma utahlelelwe ithemba	12-14 days	3

A score of 3 or more is screen positive for depression: TOTAL /6

2. ANXIETY: Generalized Anxiety Disorder - 2

Over the last 2 weeks, how often have you been bothered by the following problems?

Kulamasonto amabili edlule, kukangaki ube nalezizinkanga ezilandelayo?

1. Feeling nervous, anxious or on edge	0 days	0
	1-7 days	1
	8-11 days	2
1. Uzizwa engathi ushaya uvale noma uzizwa wehukile ngaphandle kwesizathu	12-14 days	3
2. Not being able to stop or control worrying	0 days	0
	1-7 days	1
	8-11 days	2
2. Uzizwa ukhathazekile ngaso sonke isikhathi futhi awukwazi nokuyeka ukukhathazeka	12-14 days	3

A score of 3 or more is screen positive for anxiety: TOTAL /6

3. ALCOHOL: Alcohol Use Disorders Identification Test (AUD-C)

I am going to ask you some questions about your use of alcoholic beverages

Ngizokubuzisa imbuzo mayelana nokusebenzisa iziphuzo ezidakayo

1. How often do you have a drink containing alcohol?	Never	0
	Monthly or less	1
	2-4 times a month	2
	2-3 times a week	3
	4 or more times per week	4
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	0
	3 or 4	1
	5 or 6	2
	7 to 9	3
	10 or more	4
2. Uma uphuzo uwayele uphuzo ezingaki?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
3. How often do you have six or more drinks in one session?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
3. Kwenzeka kangaki ukuthi uphuzo iziphuzo ezizwa-6 kuyaphuzulu ngesikhathi esisodwa?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4

A score of 4 or more is screen positive for harmful substance use: TOTAL /12

How to score

Score	What and how to record
2 or less	NAD (No Abnormality Detected) in the Mental Health section of the Clinical Management Page in the patient file
3 or more	Write as a fraction i.e. 3/6, 4/6, 5/6 or 6/6 so that the CNP can use their Adult Primary Care Guideline to conduct further assessment

Steps to administer BMH

Step 1

- Greet your patient and introduce yourself if you are meeting a new patient
- Explain what service you offer at the vital signs service point
- Inform the patient that you will be asking questions about their physical as well as emotional health

Step 2

- Screen using BMH
- Ask the questions in a conversational style
- Allow patient to ask questions if they are not clear

Step 3

- Score each section of the BMH for each individual patient
- Follow "How to score and how to document instructions on BMH form"
- Document Depression and Anxiety scores in the "Mental Health" and Alcohol score in the "Alcohol" section under the lifestyle risk assessment section of patient health record
- Explain score and if screened positive inform the patient that the nurse will manage them further

Step 4

- Tick in the RoR under "PHC Clients screened for Mental Disorders"
- If patient screened positive tick with (+) in the tick register
- If the patient does not screen positive for any of the CMDs, then tick (-) in the tick register

Suicide is an emergency

If a patient should disclose suicidal thoughts, you should stop following these steps and escort the patient to the PN for further assessment and management.

Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care

Training guide

April 2021

Name: _____

Date: _____

Brief Mental Health (BMH) Screening for Common Mental Health Disorders in Primary Health Care

3 September 2020

GROWING KWAZULU-NATAL TOGETHER

Diabetes client 45 years and older

Diabetes visit by clients on treatment

Diabetes client with HB1c > 6.5

Diabetes client with HB1c < 6.5

Client under 18 years screened for Hypertension

Client 18 - 44 years screened for Hypertension

Client 45 years and older screened for Hypertension

Hypertension clients 18-44 years new

Hypertension clients 45 years and older new

Obesity BMI >30 - new

Client screened for mental disorders

Mental Health Disorder Suspect

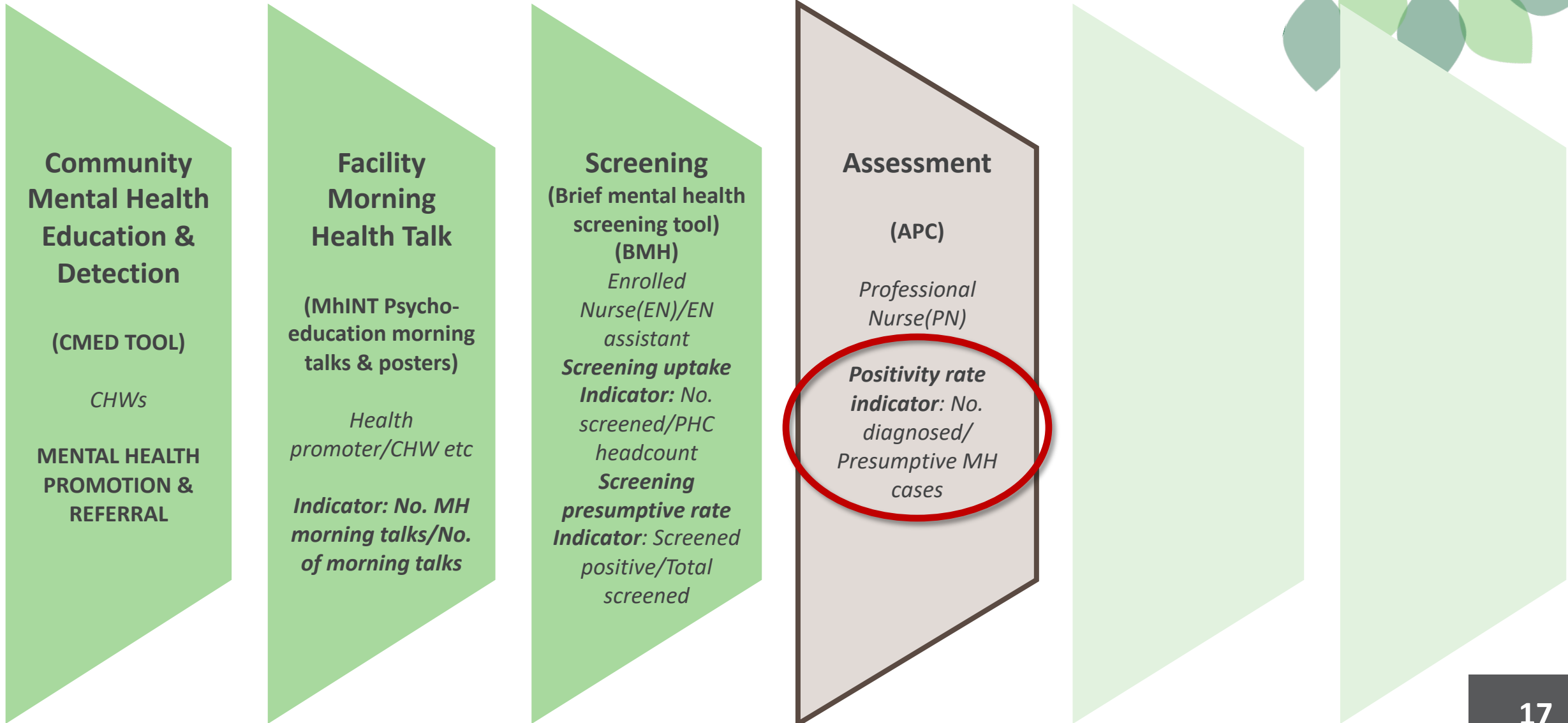
Client treated for mental disorders-N

Mental health visit under 18 years

Mental health visit 18 years and over

Tick Register

Strengthened MhINT programme along the cascade of care



APC Self-directed online modules



Looking for peace of mind?



Is your emotional health thermometer in the red? 

At Uvuyo Clinic our emotional thermometers were in the red! But the APC Wellness Resource helped us learn coping skills. Join us and we'll help you get to the green zone too!



Hi, I'm **Sr Buthelezi** the acting operational manager. During the pandemic I lost direction and struggled to cope with all my responsibilities... Through this resource I learnt skills to **manage problems** that felt impossible to tackle. It also helped me strengthen my **leadership skills**. The skills I learnt are actually for all of us!



Hi, I am **Sr Johnson**. I'm a burnt out exhausted nurse. I can't go on giving bad news to families when their loved one is unwell or has passed away. The Wellness Resource taught me that I can **give bad news and still care for myself!**



Hello, I'm **Mr Mthembu**. I'm diabetic and going to work where we treat COVID-19 stressed me. My fear and anxiety stopped me from sleeping. With this resource I learnt how to deal with my unhealthy thoughts which **helped manage my anxiety**. I also learnt how to manage my diabetes and protect myself against getting COVID-19.



Hi there, I'm **Sr February**. This year has been very challenging. I have been struggling with anxiety that led to depression. The Wellness Resource taught me that **depression can happen to any of us** and we can get help. I did! I also learned how breathing can help with managing my anxiety.

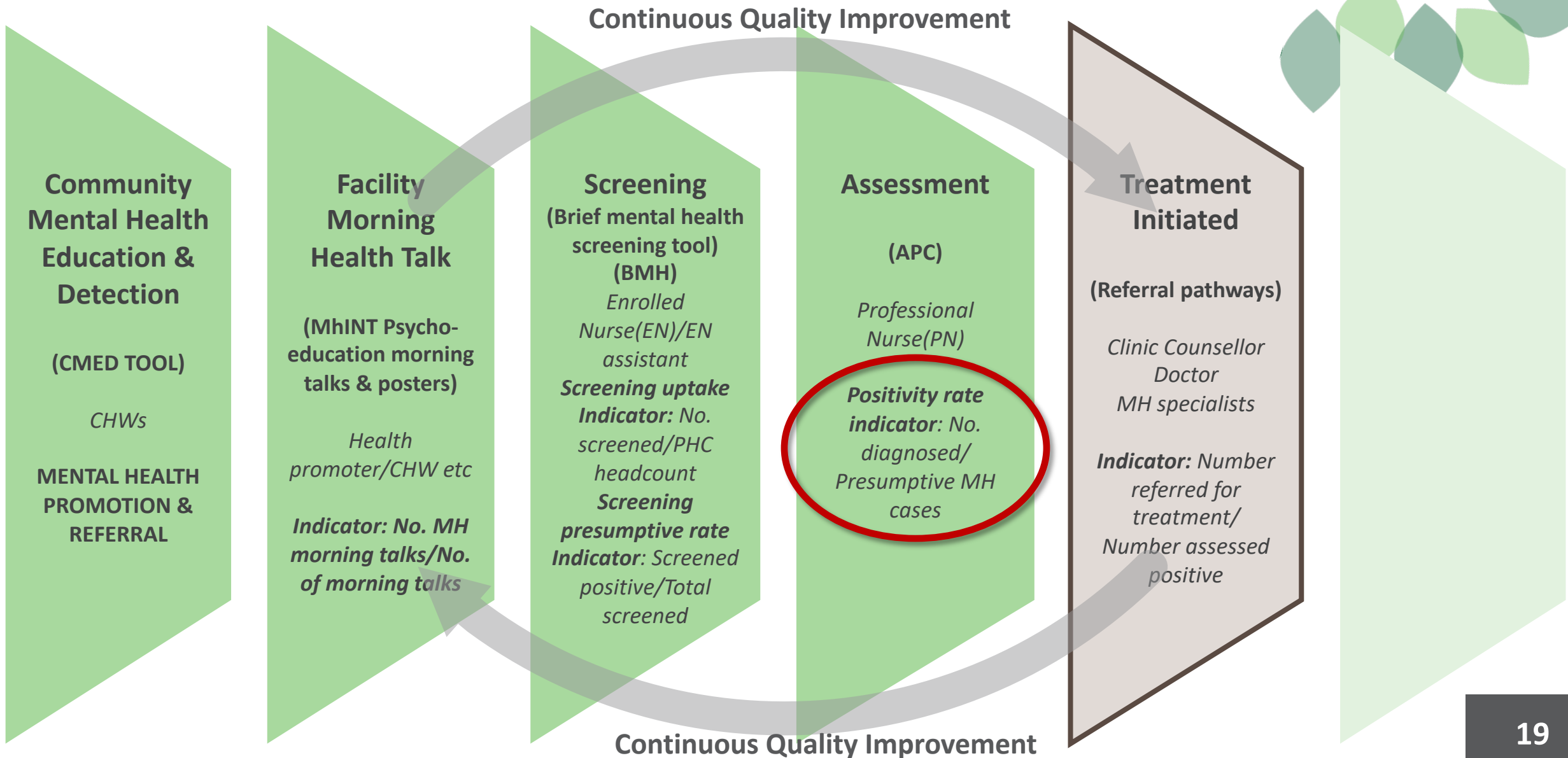


And I'm **Mr Ward**. Due to COVID, I have lost a family member and a close friend. The Wellness Resource helped me to **understand my losses** and how to **find ways to grieve** during this crazy time. My family and I are now coping better.

Find us on <https://ktuonline.school.datafree.co/courses/Wellness>



Strengthened MhINT intervention along the care cascade



Facilitated self-help counselling sessions

Session 2: Feeling anxious because of COVID-19



Aunty Trudie says things like: *"I am scared of getting COVID-19"*.

This session:

- Helps the person understand their anxiety related to COVID-19.
- Empowers the person with healthy thinking skills to take back control of their thoughts.

Session 3: Worrying about making ends meet



Thandi says things like: *"I am struggling to make ends meet"*.

This session:

- Helps the person understand that the impact of not having resources can lead to depression and anxiety.
- Empowers the person with problem management skills to find ways to be entrepreneurial and resourceful.

Session 4: Feeling stigmatized and discriminated against



Lerato says things like: *"I feel discriminated against/stigmatized"*

This session:

- Helps the person understand that feeling stigmatized or discriminated against can lead to depression and/or anxiety.
- Empowers the person with healthy thinking skills to help take back control of their thoughts.

Session 5: Feeling overwhelmed by relationship problems



Thandi says things like: *"I have relationship problems"*.

This session:

- Helps the person to manage problems in relationships.
- Empowers the person with problem management skills to manage relationship problems effectively.

Session 6: Understanding grief and loss

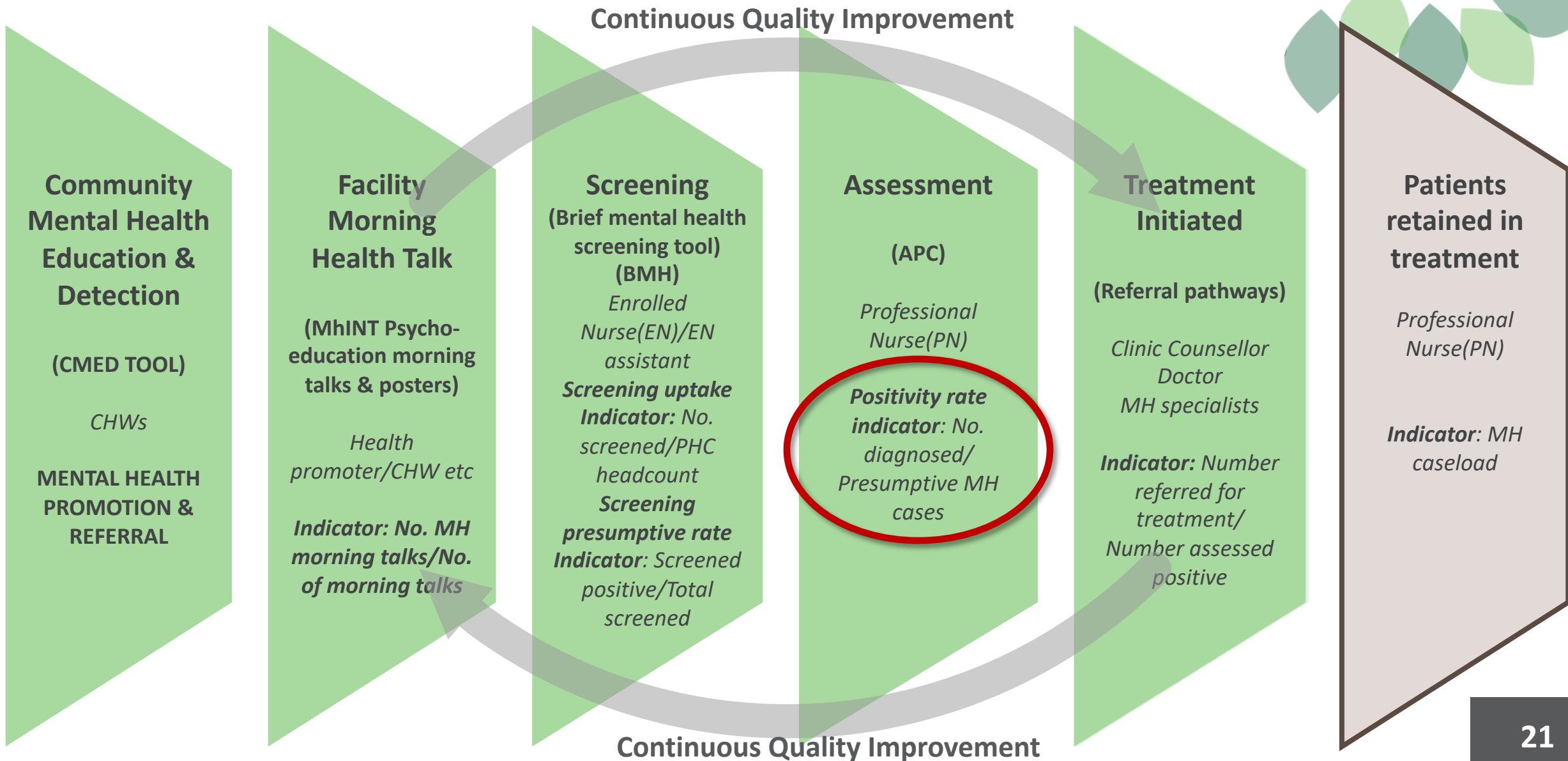


Thuso says things like: *"I am grieving my losses"*.

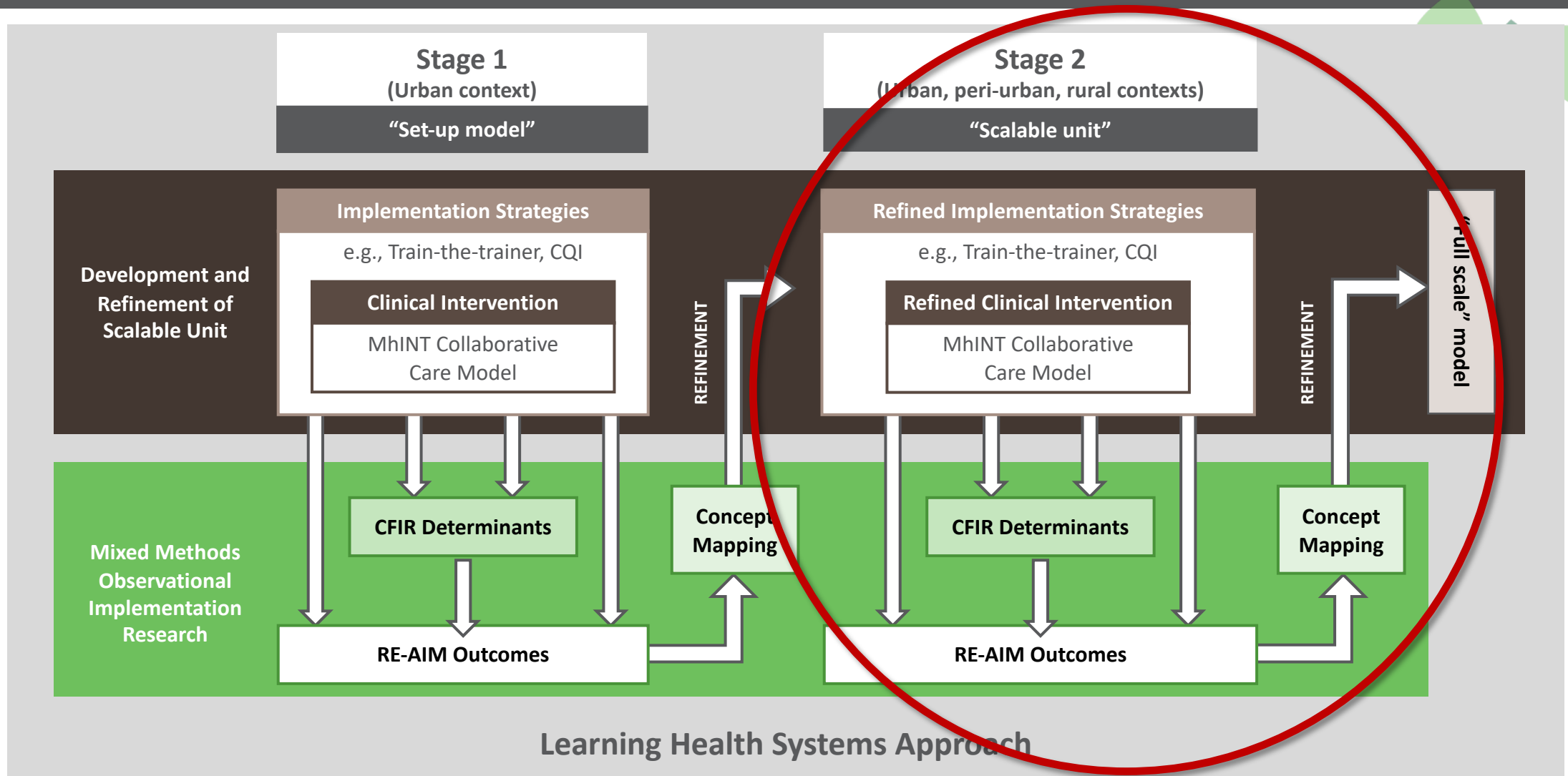
This session:

- Helps the person understand that loss and grief can lead to depression.
- Empowers the person with self-help strategies to find ways to cope with challenging circumstances around grieving during the pandemic.

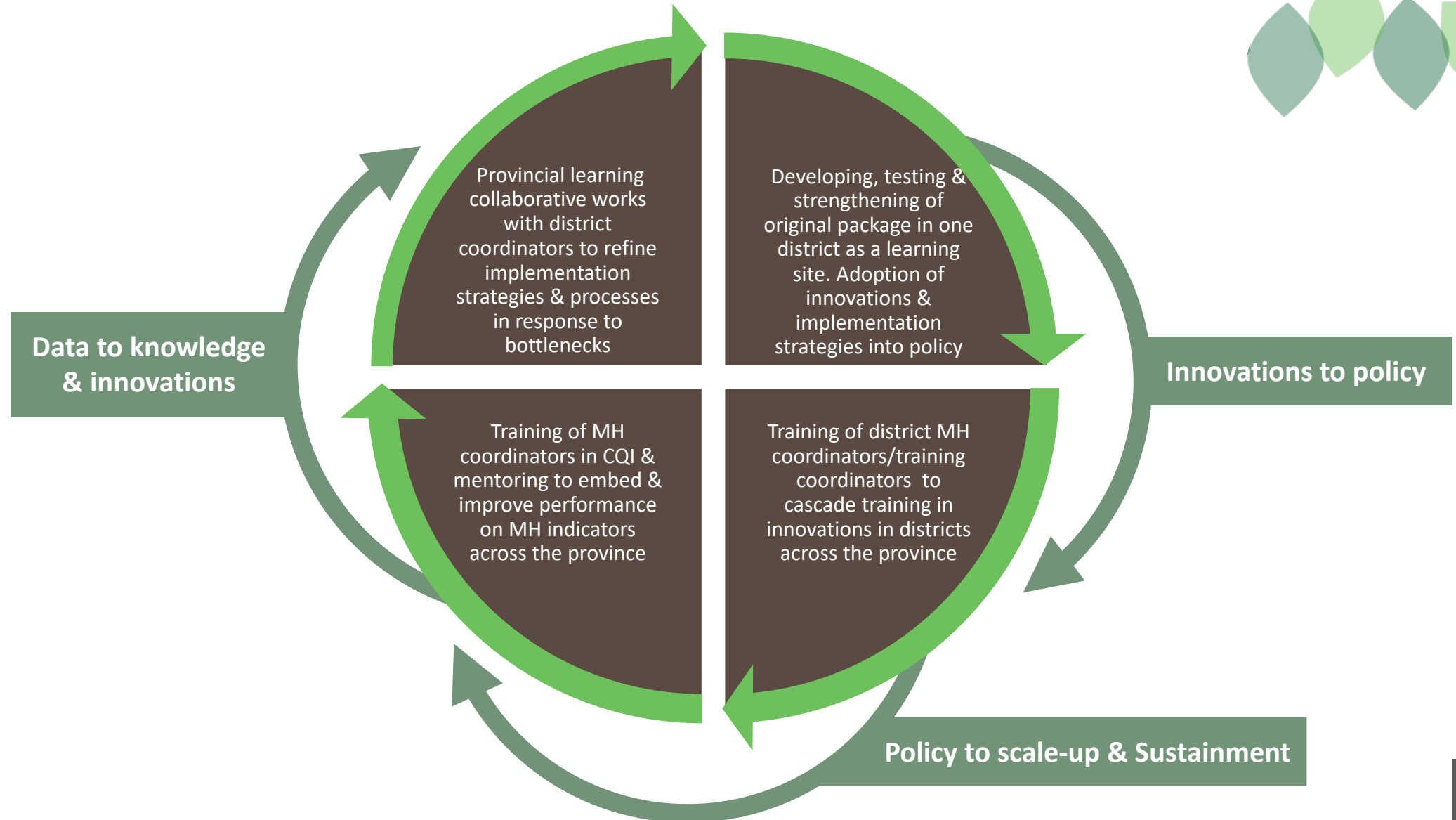
Strengthened MhINT intervention along the care cascade



Research Design



Learning health systems approach for promoting scale-up



Thank you

KZN Department of Health - Our staff and patients



TEAM MEMBERS

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