



Does lay counselling work? Results of a randomised controlled trial in Dang, Nepal

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Background: treatment gap and the need for new strategies

75-80% of persons with mental disorders lack treatment globally

Estimated 1.2 million mental health workers needed in LMICs

One effective strategy is task shifting/sharing

- Lay health workers traditionally in supporting roles (support to family members, ensure adherence, help in detection)
- Five trials in mental health, e.g. MANAS: intervention 55% more likely to recover from CMD



Becker, A. ja Kleinman, A. Mental Health and the Global Agenda. New England Journal of Medicine, 2013. sekä Kohn R. ym. The Treatment Gap in Mental Health Care Bulletin of the World Health Organisation

Mental health challenges in Nepal

High disease burden

- High prevalence of psychological symptoms (17-27% depression, 23% anxiety and 10% PTSD)

Large treatment gap

- In a survey, 8% of persons with depression and 5% of persons with alcohol use disorder had received help in the past 12 months (2% and 1% from PCH, respectively)
- Reported barriers: Stigma and cost

Lack of human resources

- 0.22 psychiatrists and 0.06 psychologists per 100,000 population (in total 60-70 psychiatrists)
- Overburdened primary care workers, lack of psychotropic medications, lack of mental health supervision



Context: Developing a Community Model of Mental Health Care in Nepal Project

Overall objective:

Effective treatment of mental health problems is available at government health facilities in Dang and all residents have an equal access to it.

- 1) Improved capacity of primary care workers to detect and treat mental health problems
- 2) Improved access to specialized services
- 3) Increased awareness and reduced negative attitudes among general population

Context: Developing a Community Model of Mental Health Care in Nepal Project



Aims and study setting

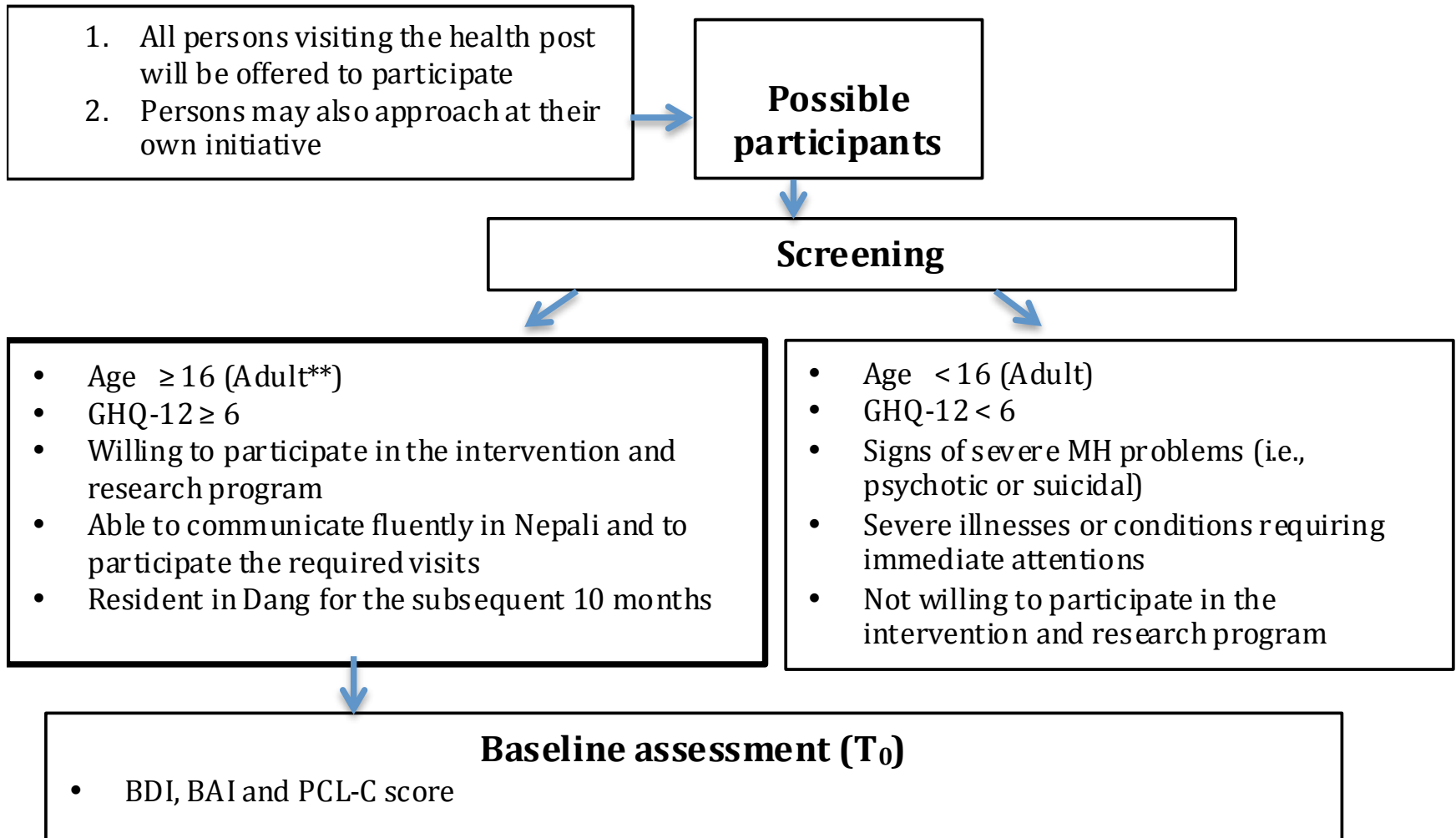
Aim: to assess the effectiveness of psychosocial counselling as practiced by non-medical psychosocial counsellors in improving the outcomes of persons with common mental disorders in a primary health care setting

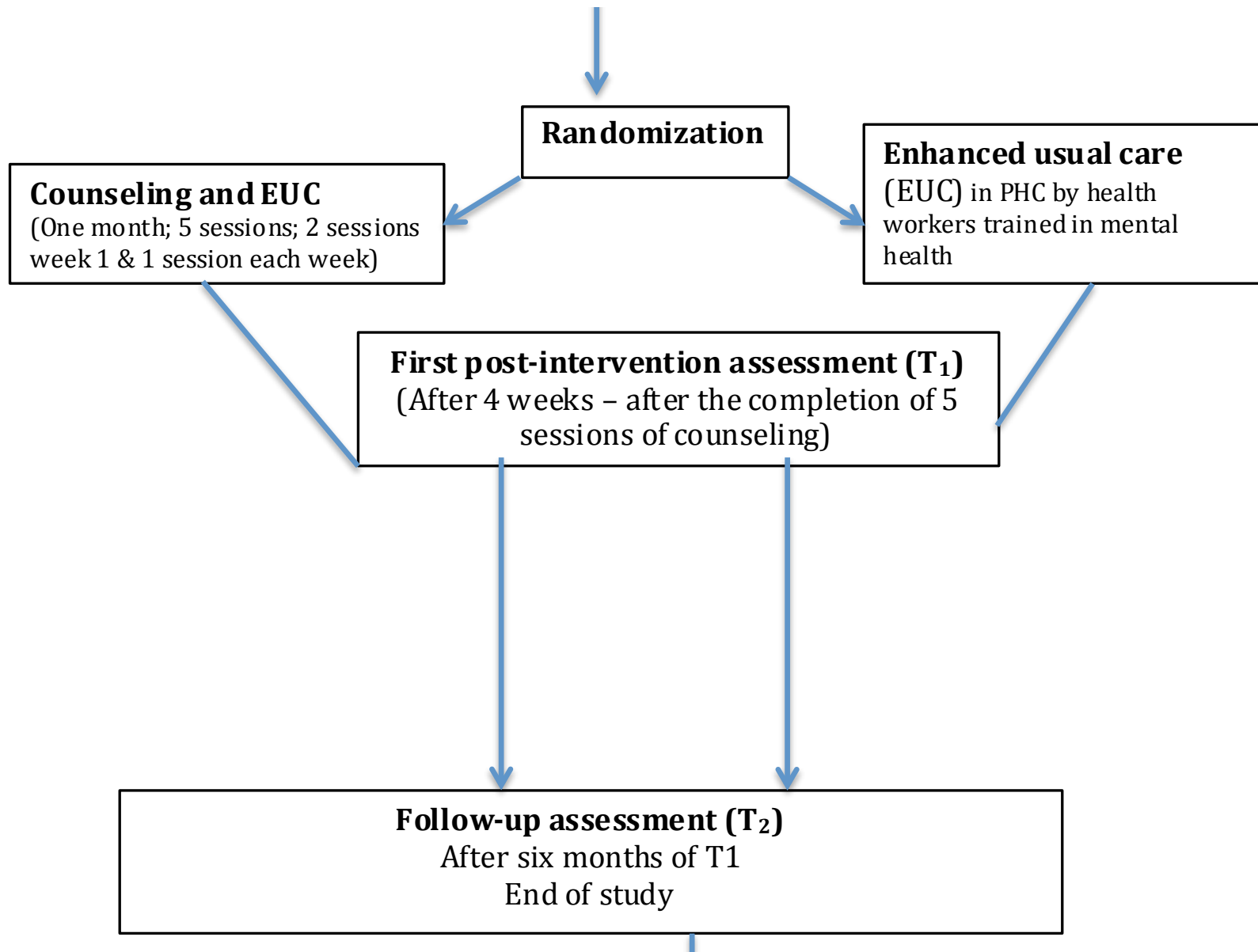
Recruitment in two health posts (Sisaniya and Lamahi, Dang district in Western Nepal)

Data collection May 2016 - October 2017











Intervention

- Lay persons (minimum 12 years of education completed) underwent a 6 month training in psychosocial counselling
 - Theoretical, therapeutic skills, components of CBT, problem solving, exposure therapy, yoga, meditation
- Psychosocial counselling tailored to individual participant needs
 - Introduction, Assessment, Goal setting, Problem management, Implementation, Termination

Results

- 146 were randomized to EUC, 139 (95.2%) participated in the T1 visit and 134 (91.8%) in the T2 visit
- 141 randomized to PSY, 123 (87.2%) participated in the T1 visit and 124 (87.9%) in the T2 visit



	EUC n=146	PSY n=141
Women	92.5%	90.7%
Age (mean)	33.8 yrs	29.1 yrs
Illiterate	18.5%	12.1%
Education		
Informal	47.1%	25.4%
Primary	15.7%	13.9%
Lower secondary	12.4%	30.3%
High school or above	24.8%	30.3%
Ethnicity		
Brahmin	27.2%	33.3%
Tharu	56.3%	57.1%
Religion		
Hindu	91.0%	87.9%
Marital status		
Unmarried	7.5%	14.9%
Married	78.8%	77.3%
Widow	13.0%	5.0%
Family members (mean)	6.3	5.8

T0	EUC n=146	PSY n=141
BDI score mean (95% CI)	22.0 (20.6-23.4)	25.0 (23.6-26.5)
BAI score mean (95% CI)	19.4 (17.9-20.9)	21.9 (20.3-23.6)
WHODAS score mean (95% CI)	18.0 (16.3-19.6)	20.0 (18.4-21.6)

Results at 6 months

T2	EUC n=146	PSY n=141	p
BDI score mean (95% CI)	14.0 (12.4-15.6)	6.6 (4.9-8.2)	<0.001
Reduction in BDI	-8.04 (-9.6 - -6.6)	-18.5 (-19.9 - -17.0)	
<i>Difference</i>		-10.44 (-12.5 - -8.5)	

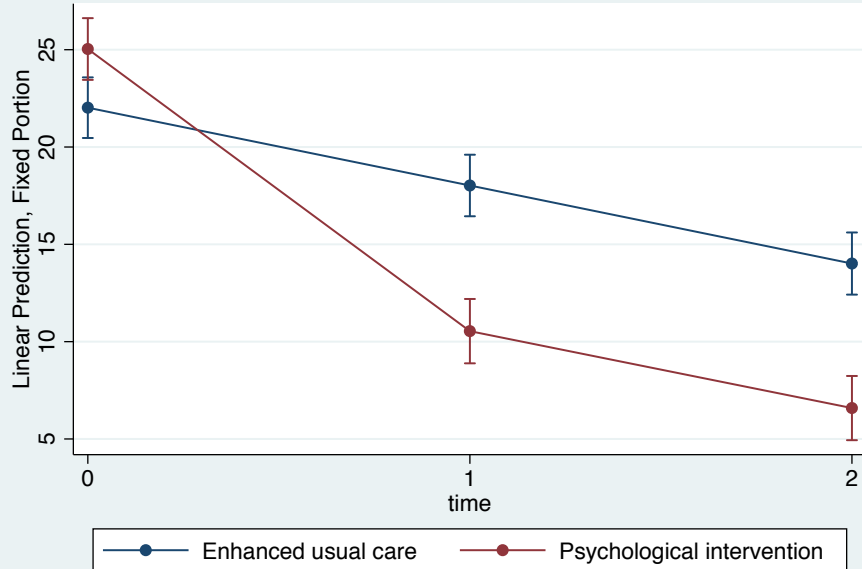
101/123 (81.4%) of PSY vs. 57/134 (42.5%) had a response (>50% reduction in BDI) in 6 months

RR 1.91 (1.55-2.37), risk reduction 0.39 (95% CI 0.28-0.50)

NNT 3

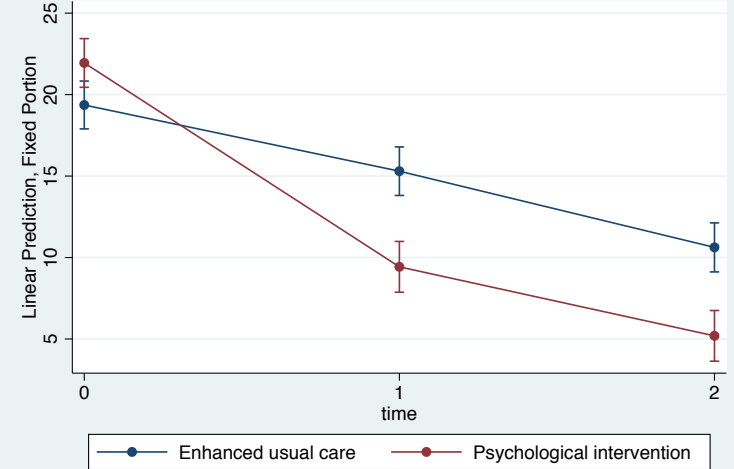
BDI

Adjusted Predictions of intervention#time with 95% CIs



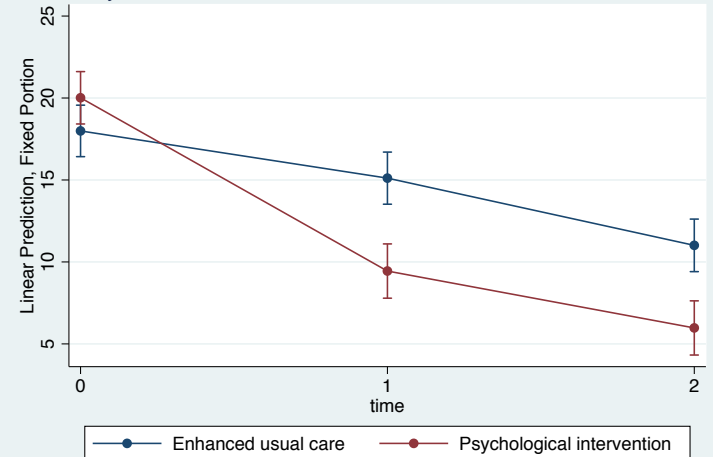
BAI

Adjusted Predictions of intervention#time with 95% CIs



WHODAS

Adjusted Predictions of intervention#time with 95% CIs





Thank you!

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- Shidhaye, R., Lund, C., & Chisholm, D. (2015). Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: strategies for delivery and integration of evidence-based interventions. *International Journal of Mental Health Systems*, 9(1), 40. doi:10.1186/s13033-015-0031-9
- Kakuma, R. (2011). Human resources for mental health care: current situation and strategies for action. *Lancet*, 378. doi:10.1016/s0140-6736(11)61093-3
- Luitel, N. P., Jordans, M. J. D., Kohrt, B. A., Rathod, S. D., & Komproe, I. H. (2017). Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal. *PLoS One*, 12(8), e0183223. doi:10.1371/journal.pone.0183223
- Luitel, N. P., Jordans, M. J. D., Adhikari, A., Upadhaya, N., Hanlon, C., Lund, C., & Komproe, I. H. (2015). Mental health care in Nepal: current situation and challenges for development of a district mental health care plan. *Conflict and Health*, 9, 3. doi:10.1186/s13031-014-0030-5
- Luitel, N. P., Jordans, M. J., Sapkota, R. P., Tol, W. A., Kohrt, B. A., Thapa, S. B., . . . Sharma, B. (2013). Conflict and mental health: a cross-sectional epidemiological study in Nepal. *Soc Psychiatry Psychiatr Epidemiol*, 48(2), 183-193. doi:10.1007/s00127-012-0539-0
- Luitel, N. P., Baron, E. C., Kohrt, B. A., Komproe, I. H., & Jordans, M. J. D. (2018). Prevalence and correlates of depression and alcohol use disorder among adults attending primary health care services in Nepal: a cross sectional study. *BMC Health Serv Res*, 18(1), 215. doi:10.1186/s12913-018-3034-9
- Tol, W. A., Jordans, M. J., Regmi, S., & Sharma, B. (2005). Cultural challenges to psychosocial counselling in Nepal. *Transcult Psychiatry*, 42(2), 317-333. doi:10.1177/1363461505052670
- Jordans, M. J. D., Tol, W. A., Sharma, B., & van Ommeren, M. (2003). Training psychosocial counselling in Nepal: Content review of a specialised training programme. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict*, 1(2), 18-35.