Development of a digital training and community-based intervention to increase help-seeking for depression and adherence to treatment in Goa, India

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Published on: Jun 16, 2023

DOI: https://doi.org/10.21428/3d48c34a.c431680c

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Access to mental healthcare in low- and middle-income countries (LMICs) remains limited due to both demand and supply side barriers such as lack of mental health professionals, low depression recognition rates, stigma associated with mental disorders and the lack of contextualized psychosocial interventions. We undertook a systematic process to develop an evidence-based community intervention to increase help-seeking for depression and adherence to treatment in primary health care facilities which will be tested in an effectiveness implementation hybrid type 2 cluster RCT in Goa, India. This paper presents the intervention development process which occurred in three steps: (1) Two systematic reviews were conducted to identify interventions that (a) promote help-seeking behaviors in LMICs and, (b) increase adherence to psychological treatments globally; (2) IDIs with local stakeholders engaged in public health, livelihood programs and other socio-developmental activities to identify contextually relevant and effective knowledge mobilisation strategies for their villages; (3) Two Theory of Change (ToC) workshops with key community stakeholders to identify their own roles in the implementation and evaluation of the program and derive a pathway of change that can be empirically tested. Evidence from 37 journal articles for help-seeking promotion and, 24 for improving adherence to treatment was synthesized and analyzed. The key content areas extracted from these papers included providing psychoeducation, distribution of informational materials, increasing social support, using reminders, providing incentives for treatment compliance and collaborating with gatekeepers of the community to create awareness and improve identification. The IDIs endorsed most of these strategies and indicated that training existing community volunteers to deliver the intervention is likely to be the most feasible and acceptable option. Finally, the ToC workshops resulted in mapping out the delivery of the intervention while acknowledging key challenges in implementation and sustainability of the program. The intervention will have 4 domains: Learn (digital training of community volunteers), Inform (knowledge mobilization), Engage (individual identification) and Follow-up (personalized adherence support). All domains will be converted into a self-paced digital course to be completed within 4 weeks. A coach will make weekly calls to support learning. Upon completion, community volunteers will deliver the intervention in their villages.