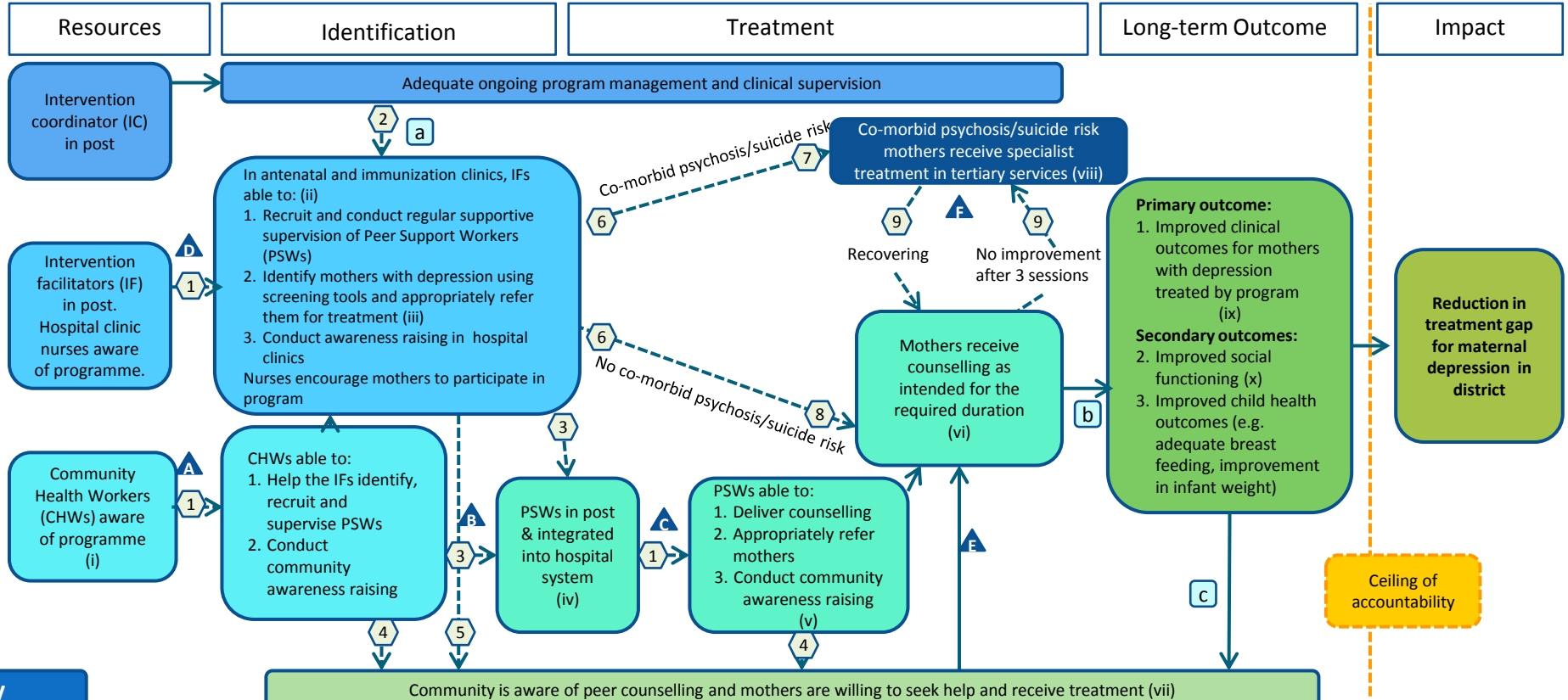

Key

- Specialist care/ tertiary services
- Intervention co-ordinator(IC)
- Intervention facilitator (IF), nurses
- Community Health Workers (CHWs)
- Peer Support Workers (PSWs)
- Community

Intervention needed

A Assumption

1 Intervention

a Rationale

(i) Indicator

Example assumptions A

A. CHW's are engaged with the program, are willing to undergo mental health training and have the time to recruit and supervise PSWs.
B. PSWs with the necessary qualities to be counsellors exist in the community and have the time and motivation to be counsellors. Families of potential PSWs allow them to undertake counselling of depressed mothers.
C. PSWs are continuously supervised, supervisors are available to discuss difficult cases and to help PSWs cope the psycho-social burden of providing counselling.
D. Mothers with depression attend the antenatal/immunization clinics. Mothers consent to be screened for depression.
E. Mothers are willing to receive counselling by PSWs and be referred to tertiary care for specialist treatment if necessary.
F. Tertiary care providers are willing and able to accept referrals from IFs and to refer those who are recovering for counseling to PSWs

Example rationale a

a. Evidence from implementation research that task shifting is not effective unless combined with ongoing supportive supervision
b. Evidence from systematic reviews that counselling is an effective treatment for depression. Evidence from RCT of Thinking Health Programme in Pakistan that THP is an effective treatment for maternal depression which also improves child outcomes.
c. Observational evidence that seeing people with mental illness successfully treated and return to social roles in the community reduces stigma and increases demand for services.

Example interventions 1

1. Training of IFs, nurses, CHWs and PSWs.
2. IC conducts regular supervision with IFs, nurses and CHWs.
3. IFs and CHWs recruit PSWs and conduct regular supportive supervisions.
4. CHWs and PSWs conduct awareness raising in community.
5. IFs & nurses conduct awareness raising in clinics.
6. IFs screen potential cases and refer mothers with depression for treatment according to the severity of their condition.
7. Mothers with co-morbid psychosis or at risk of suicide are referred to specialist care.
8. Mothers with no co-morbid psychosis and not at risk of suicide are referred PSWs for counselling.
9. Mothers with severe depression who are recovering are referred to PSWs for counselling. Mothers who show no improvement after 3 sessions of counselling are referred to tertiary care.

Example indicators (i)

i. 80% of CHWs in district are aware of program. 1 CHW per sub-centre is identified as a PSW supervisors
ii. 1 IF per hospital clinic has the core competencies post training to screen and refer women & conduct awareness raising activities.
iii. 80% of women attending the clinic are screened for depression and 80% of those diagnosed are appropriately referred.
iv. 8 PSWs in post and roles incorporated into structure of hospital.
v. 7 PSWs have the have the appropriate skills post training to deliver counselling, refer mothers and raise awareness.
vi. 80% of people treated by the program attend 60% of their counselling sessions.
vii. 20% Increase in mental health awareness and 20% reduction in stigma in community.
viii. 80% of cases referred to tertiary care received tertiary care services. 60% recovering cases referred back for counselling.
ix. 50% improvement in depressive symptoms at 3 months among mothers treated by the program compared to 30% improvement in control group.
x. 50% improvement in mothers social functioning score at 6 months compared to 30% improvement in control group.