

Psychosocial and Psychological Interventions

Partners In Health's approach to evidence-based care: increasing access, decentralizing services, & training providers

Worldwide, more than 90% of mental health services are provided by non-specialists. Yet mental health conditions in low- and middle-income countries (LMICs) are typically diagnosed and treated in centralized, inaccessible psychiatric hospitals and clinics. **To increase access to care, Partners In Health (PIH) decentralizes mental health treatment from psychiatric institutions to the community by training non-specialist providers to deliver mental health services that are safe, effective, and culturally sound.**

PIH develops locally and culturally tailored curricula for psychosocial and psychological interventions and helps implement evidence-based psychotherapy interventions across the community and facility levels. This provides an opportunity for clinicians to expand their toolboxes for treating mental health conditions.

PIH's psychological care is rooted in cognitive-behavioral therapy (CBT), which is a form of psychological treatment targeted towards a range of conditions including depression, anxiety disorders, substance use, eating disorders, and severe mental illnesses. Mental health professionals deliver CBT-based interventions to patients to help change patterns of thinking and behavior, develop coping mechanisms, and autonomously monitor their emotions and behaviors. In October 2019, PIH colleagues across sites were trained in the evidence-based psychotherapeutic technique, Common Element Treatment Approach (CETA), which was developed by a team at Johns Hopkins University specifically for LMIC settings. CETA is grounded in treatment for depression, anxiety, substance use, trauma, and stress-related disorders and relies on the use of non-specialist providers who are supported through sustained supervision.



- **Currently in LMICs, centralized hospitals and clinics provide most mental health services.**
- **PIH increases access to care by training non-specialist providers in community settings.**
- **Interventions are context-adapted to be safe, effective, and culturally sound, are rooted in CBT, and feature sustained cross-site supervision and trainings.**

Severe Mental Health Conditions & Psychosocial Rehabilitation

For: Severe Mental Health Conditions, including Depression, Epilepsy, & Psychotic Disorders

PIH is striving to provide care for severe mental health conditions and psychosocial rehabilitation at a multitude of sites. As an example, the team in **Haiti** created a community-based model integrated into the primary care system with focused clinical programs for depression, epilepsy, psychotic disorders, and child and adolescent mental health across 12 health facilities in the Central Plateau and Artibonite departments. In **Sierra Leone**, severe mental disorders are treated at Sierra Leone Psychiatric Teaching Hospital thanks to ongoing renovations and investments in capacity building and



procurement of essential medications and supplies. There is a cross-site steering committee working to strengthen psychosocial rehabilitation and care across all PIH sites via an enhanced training curricula and implementation guide.

Implementing Sites: **Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Mexico, Peru, Sierra Leone, Rwanda**

[Development of a Comprehensive, Sustained Community Mental Health System in Post-Earthquake Haiti, 2010–2019 \(2020\)](#)

[Innovation: Marking 10 Years of Mental Health Care in Haiti](#)

[Celebrating New Possibilities at Sierra Leone's Only Psychiatric Hospital](#)

Problem Management Plus

For: Common Conditions, Depression, Anxiety, Stress-Related Conditions

Problem Management Plus (PM+), an evidence-based psychotherapy for common mental health conditions, including depression, anxiety, and stress-related conditions is being piloted across four sites (Rwanda, Peru, Mexico, and Malawi). PM+ for individuals was first implemented in Rwanda in 2016. To our knowledge, this was the first time PM+ was piloted in a rural, public setting worldwide, and the first time psychotherapy was provided in **Rwanda** outside of the capital city Kigali. PIH sites then engaged in a cross-site process of sharing PM+ adapted curricula and implementation experiences. Group PM+ is now being piloted as part of a stepped care model of screening and integrating treatment for depression into **Malawi's** National HIV Care Delivery Platform.



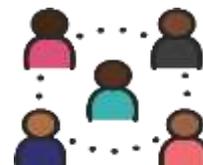
Implementing Sites: **Mexico, Rwanda, Peru, Malawi (Group)**

[Problem Management Plus \(PM+\) intervention](#)

Common Elements Treatment Approach

For: Common Conditions, Depression, Anxiety, Substance Use, Stress-Related, Youth Behavior

The Common Elements Treatment Approach (CETA) is an evidence-based intervention that combines treatments for a range of common mental health conditions such as depression, anxiety, substance use, stress-related conditions, and behavior problems in youth. Non-



specialist and lay providers in low-middle income contexts perform CETA in the community rather than in the clinic to increase access to care. PIH sites are piloting CETA. Each site integrates CETA into existing services in phases and modifies the program to meet local priorities.

Implementing Sites: Kazakhstan, Lesotho, Liberia, Malawi, Mexico, Peru, Sierra Leone, Rwanda

[Common Elements Treatment Approach](#)

CASITA (early childhood development)

For: Common Conditions, Depression, Anxiety, Substance Use, Stress-Related, Youth Behavior

CASITA consists of community health workers teaching and carrying out personalized activities to strengthen the development of children. The program is centered around caring for the needs of children between 6 and 24 months old at risk of development delays, as well as their principal caregivers. Caregivers and children attend weekly sessions in community centers or health centers over three months. During the sessions they participate in fun activities such as games and stories to support the development of the children’s motor skills, language development, and physical development. CASITA has been delivered in **Peru** and **Lesotho**.



Implementing Sites: **Peru, Lesotho**

[CASITA project](#)

[ECD HUB | CASITA – EARLY STIMULATION AND SOCIAL SUPPORT IN PERU \(iadb.org\)](#)

Thinking Healthy

For: Perinatal Depression

Thinking healthy is a low-intensity intervention integrating CHWs into maternal and child health care programs in primary care settings. It requires no previous knowledge or experience of mental health care, and its manual guides CHWs to incorporate The WHO Mental Health Gap Action Programme’s (mhGAP) guidelines on psychological management of perinatal depression into maternal care. PIH initiated this program in **Peru** in 2017 and now engages pregnant women for mental health screening, referral, and enrollment into the *Thinking Healthy* program.



Implementing Sites: **Peru**

[World Health Organization’s \(WHO’s\) Thinking Healthy Intervention](#)

[Implementation Lessons Learned from Public Sector Settings Across Rwanda](#)

Child and Adolescent Mental Health

For: Child and Adolescent Mental Disorders

PIH **Haiti** is currently adapting CAMH curriculum based off International Association for Child and Adolescent Psychiatry and Allied Professions' (IACAPAP)'s Match program.

Implementing Sites: **Haiti**

[\(IACAPAP\)'s Match program](#)



Cognitive Processing Therapy

For: PTSD

Cognitive Personal Therapy (CPT) is a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD by helping patients learn how to challenge and modify unhelpful beliefs related to their trauma. It is generally delivered over 12 sessions and allows patients to create new understandings of their trauma. PIH has adapted CPT for the **Haitian** context, enabling psychologists to address trauma in their patients.

Implementing Sites: **Haiti**

[Cognitive Processing Therapy \(CPT\).](#)

[Implementation Lessons Learned from Public Sector Settings Across Rwanda](#)



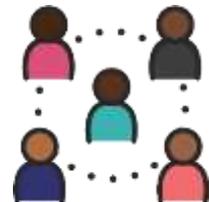
Interpersonal Therapy

For: Depression

Interpersonal Therapy (IPT) is a time-limited (12-16 week) depression treatment intervention with three phases that looks to encourage the patient to regain control of mood and functioning. Trained psychologists and community health workers in **Haiti** work with patients to address ways in which a better understanding of oneself can yield an improvement in depressive symptomology.

Implementing Sites: **Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Mexico, Peru, Sierra Leone, Rwanda**

[Interpersonal Therapy \(IPT\)](#)



Psychological First Aid

For: Initial Distress from Traumatic Events, Short- and Long-Term Coping

Psychological First Aid (PFA), a WHO intervention designed to reduce the initial distress caused by traumatic and emergency events and to foster short- and long-term coping, was adapted to the PIH context in the wake of COVID-19. The adapted training package was informed by trainings delivered by PIH mental health team members across the globe as well as to Massachusetts/US contact tracers for the US COVID-19 response since the beginning of PIH's.



Implementing Sites: **Haiti, Kazakhstan, Lesotho, Liberia, Malawi, Massachusetts, Mexico, Peru, Sierra Leone, Rwanda**

[World Health Organization PFA Guide for field workers](#)

[Partners In Health COVID-19 Mental Health and Psychosocial Response training package \(available upon request\)](#)

WHO mhGAP and mhGAP HIG

For: Depression, Psychoses, Suicidal Ideation, Epilepsy, Dementia, Alcohol/Psychoactive Substance Use Disorders, Extreme Stressors

The WHO Mental Health Gap Action Programme (mhGAP) aims to scale up services for mental, neurological and substance use disorders, especially in countries with low- and middle-income. mhGAP assists healthcare providers to provide clinical decision making. The priority conditions addressed by mhGAP are depression, psychoses, suicidal ideation, epilepsy, dementia, disorders due to use of alcohol and psychoactive substances, mental and behavioral disorders in children and other conditions including medically unexplained somatic complaints and emotional, physical or behavioral problems after exposure to an extreme stressor. Primary care staff in **Liberia** currently use this program to accurately screen and diagnose patients for mental disorders and refer them to proper care pathways.



Implementing Sites: **Liberia**

[WHO mhGAP](#)