Introduction

Over 13% of the global burden of disease is due to mental illness.

The vast majority of this disease burden is in low- and middle-income countries. Past surveys of LAMICs found that over 75% of those affected have not received adequate treatment.

The PRIME (PRogramme to Improve Mental Health Care) consortium consists of investigators from five LAMICs, working with partners from South Africa, the United Kingdom and the World Health Organization.

Aims

PRIME seeks to incorporate mental health services into the primary health care systems in five districts, thus reducing the treatment gap.

Prior to the implementation of the district mental health care plans, we aim to estimate the baseline level of treatment coverage among adults who screen positive for depressive disorder or alcohol use disorder.

Methods

We will conduct population-based surveys of adults in four of the five implementation areas immediately prior to the implementation of the mental health care plans.

We will repeat the survey at least 12 months after the plans have been fully implemented.

Sample sizes range from 1100 to 1800 adults.

At households, interviewers will screen selected adults for depression (PHQ-9) and alcohol use disorder (AUDIT). Those who screen positive will be asked about their recent history of care seeking.

We will assess whether the care sought was adequate, given the burgeoning evidence base for cost-effective interventions in LAMICs, e.g., currently in care, or completed ≥6 counselling sessions with or without appropriate medication dispensed.

Country | District | Population | Number of mental health care specialists in 2011
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Ethiopia | Sodo | 161,000 | 2 psychiatric nurses
India | Sehore | 1,311,000 | 1 psychiatrist
Nepal | Chitwan | 472,000 | 5 psychiatrists, 2 psychiatric nurses
South Africa (not part of community survey) | Dr Kenneth Kaunda | 632,000 | 1 psychiatrist, 1 psychiatric nurse, 1 psychologist
Uganda | Kamuli | 740,000 | 1 psychiatric clinical officer