Using Theory of Change as an approach to design complex mental health interventions: lessons from PRIME.


Background

There has been a recognition that many mental health interventions are researched, complex and require careful consideration of their design, evaluation and synthesis (Craig, Dieppe et al. 2008; Craig, Dieppe et al. 2010; Dieppe, Lefford et al. 2009). To address this, the Medical Research Council in the UK has published recent guidance on how to approach the design complex health interventions (MRC 2008). While it provides a framework for the evidence base and underpinning theory as well as modelling the processes and outcomes, it gives less practical guidance on how to approach this and has been criticised for not including theory-driven approaches to evaluation such as Theory of Change (Weiss 1995).

Theory of Change (ToC) is a structured and participatory theory driven approach to programme evaluation. It was developed further by Weiss (1995) and was refined to understand causal pathways and their potential outcomes, and to help articulate the relationships among the different steps that lead to different outcomes (Craig, Dieppe et al. 2008). ToC provides a structured and participatory approach which can be used to guide the design of complex mental health interventions. It allows for the identification of the causal pathway that will lead to expected outcomes and compelling stakeholders to articulate their assumptions and the rationale underlying the interventions. As a result, it helps to address this gap in the literature.

PRIME was introduced along with a brief introduction to the workshop process. Part of the ToC focused on the previous workshop was presented. The PRIME evaluation plan and implementation plans were reviewed and refined by the group. The ToC was developed in the district and adaptation for specific disorders was discussed. Indicators to measure outcomes were chosen.

Results

Processes of ToC development

The mental health district ToC was developed over three half-day workshops held with PRIME principal investigators across six countries. In each country, PRIME principal investigators worked with national stakeholders and country counterparts and used the PRIME draft cross country ToC as a starting point for generating research questions for the forthcoming workshops. The cross country ToC was subsequently refined, reduced and constrained through discussion with PRIME partners and country representatives in the workshop. The cross country ToC will be further refined following the facilitation of the country ToC maps and district mental health care plans and will be used to develop a cross country evaluative framework.

The country ToC maps were developed during two to four stakeholder workshops in each country across different levels of the healthcare system. These are summarised in Table 1. These stakeholder workshops as well as the results of the formative research have led to the development of district specific mental health care plans (Figure 1).

Emerging Themes from ToC workshops

ToC provides a systematic approach to designing complex mental health interventions by a group of researchers and mental health professionals by explicitly mapping the causal pathways that fit the expected outcomes and compelling stakeholders to articulate their assumptions and the rationale underlying the interventions. In addition, the ToC provides a framework to assist with the design of the monitoring and evaluation plan across and within countries.

ToC workshops within countries created a larger knowledge exchange between researchers and other stakeholders, particularly those in implementation states. The stakeholders’ general knowledge in country workshops was that they included an element of accreditation in mental health before or during the workshops. The length and content of these are adapted to the audiences and their previous exposure to mental health care.

The researchers generalised knowledge about the implementation site at the founding of the mental health system. The majority of this information was obtained during the workshop which included stakeholders involved in service delivery. For example, in South Africa and Ethiopia it also identified additional community workers who could potentially be involved in PRIME during the workshops. Constraints such as incentive structures for volunteers and medication shortages were also identified.

The workshop structure allowed flexibility in accommodating the stakeholders.

Workshops held with policy makers at a national level elicited less detail. However, they contributed to high level insights into systemic problems, e.g. medication delivery in Nepal. Multiple workshops were held, facilitated around a point of interest where additional information was gathered from the workshops. During the country workshops, various approaches were used to mitigate power imbalances due to the hierarchical structures within the health system. These included facilitating, partnering with the participants in the workshop and structuring activities to help meet participants engaged during the workshops.

Conclusion

ToC provides a structured and participatory approach which can be used to guide the design of conceptually relevant complex mental health interventions.

References


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