



IACAPAP 2016:

Addressing Youth Depression in Africa

September 2016
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Conflicts of Interest

- None to declare

Learning Objectives

- 1) Learn about the “Pathway Through Care” model as a means of meeting youth mental health care needs
- 2) Learn about how the “Pathway Through Care” model was applied as an innovative intervention in sub-Saharan Africa using: community radio broadcasts; school based mental health literacy interventions; training of community health care providers to address youth Depression
- 3) Learn about the outcomes of this innovative intervention in each of the components applied

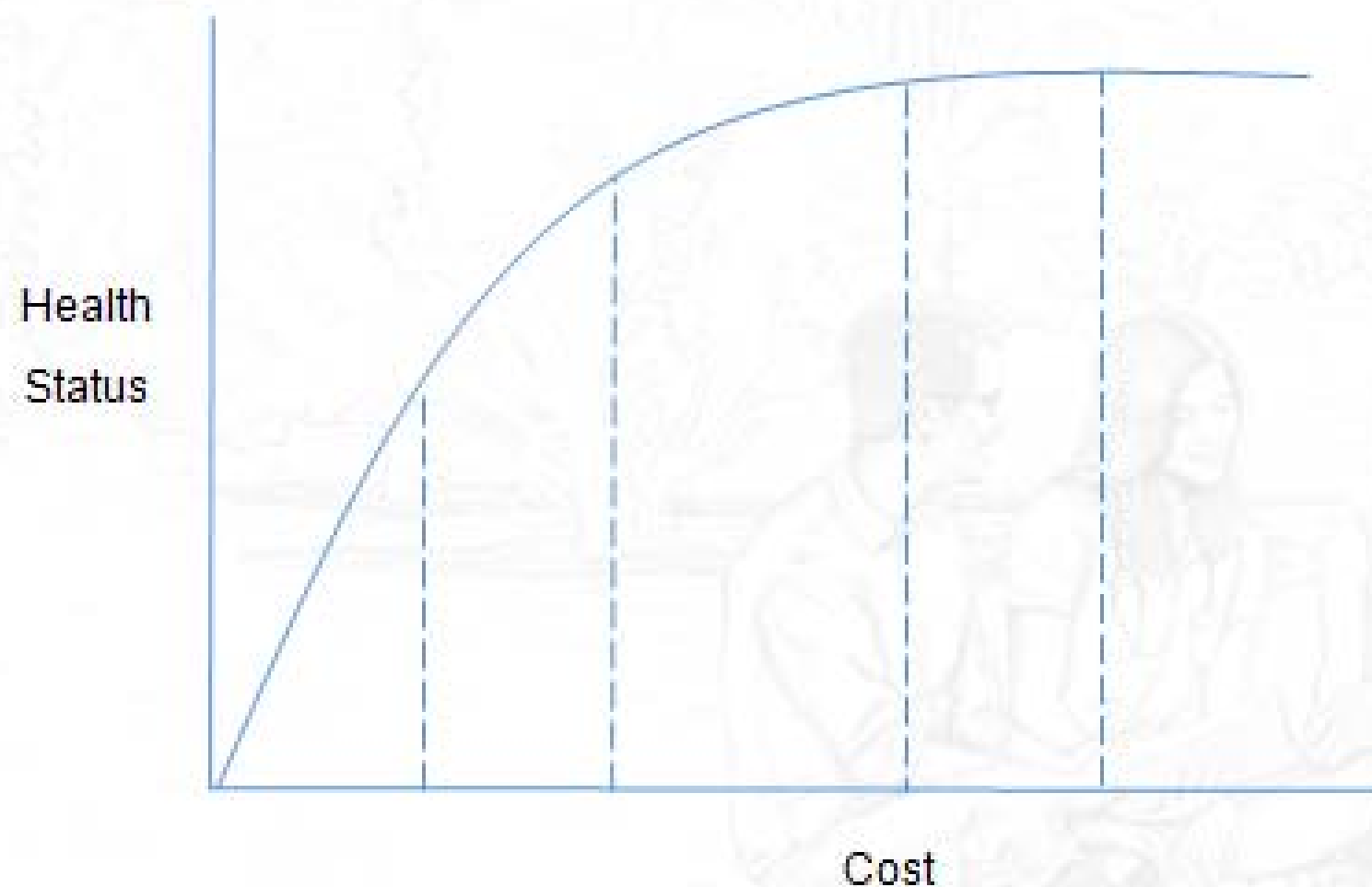


PRIMARY INVESTMENT IN GLOBAL MENTAL HEALTH MUST BE IN YOUNG PEOPLE

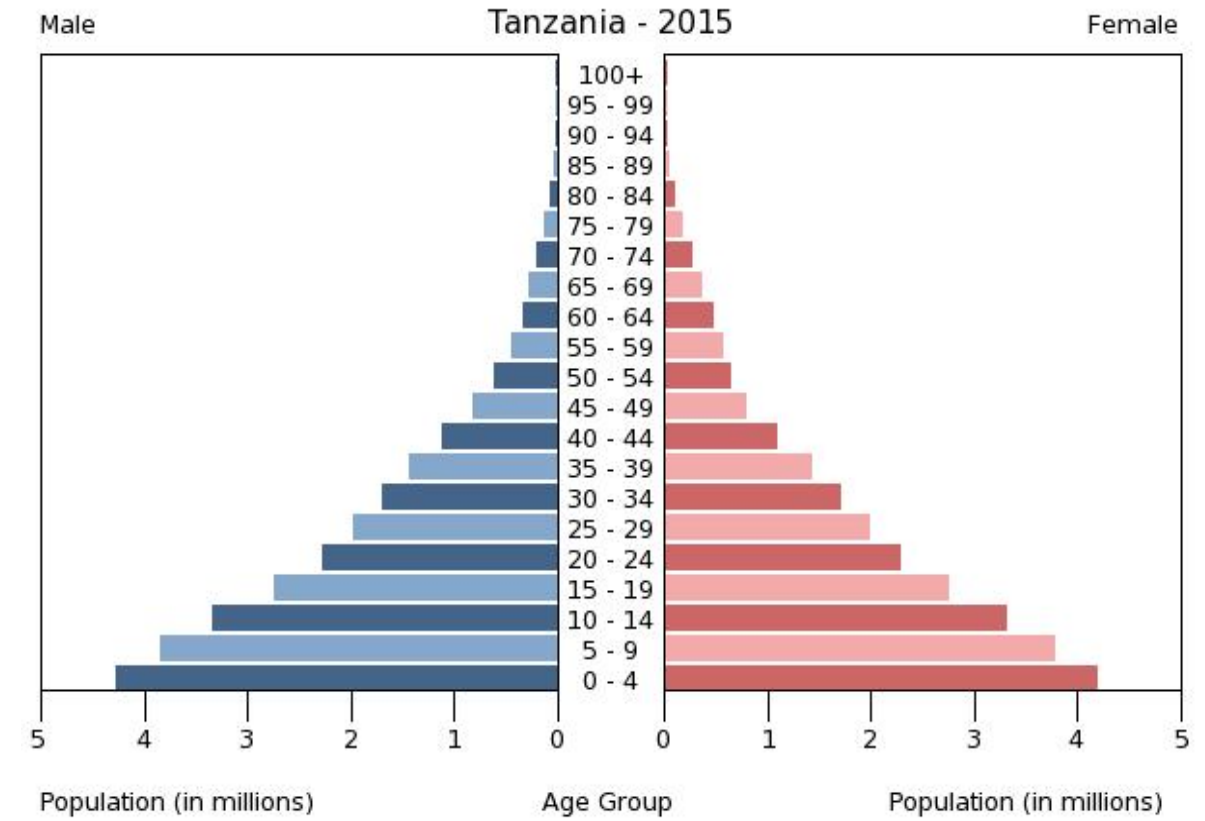
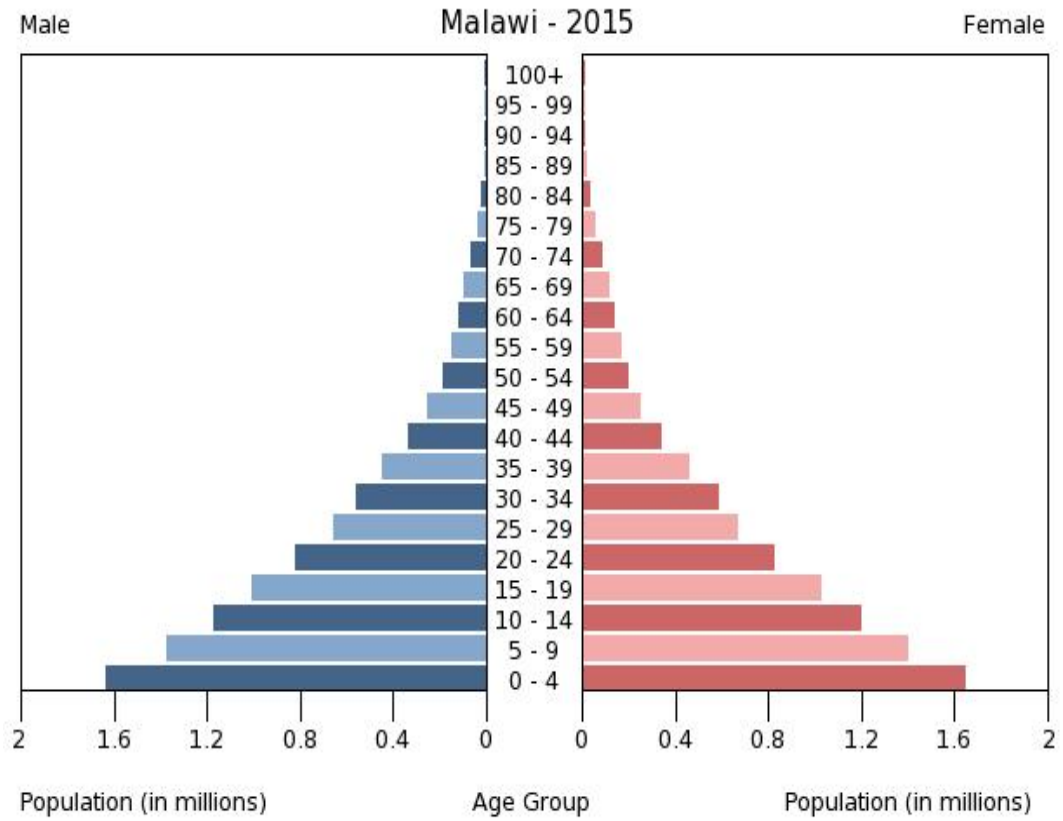
- 70% mental disorders can be diagnosed prior to age 25
- Most are high volume/low intensity disorders of mild to moderate severity and thus respond well to treatment in **PRIMARY CARE**
- **Effective** interventions are available for **scale-out** that can be relatively **easily applied**, are **inexpensive** and **strengthen systems** of care
- When widely applied they can be expected to bring a substantial **ROI** – both at point of impact but extended over the life span
- Pay a **POPULATION DIVIDEND**: decrease early mortality; increase labour force participation; improve productivity



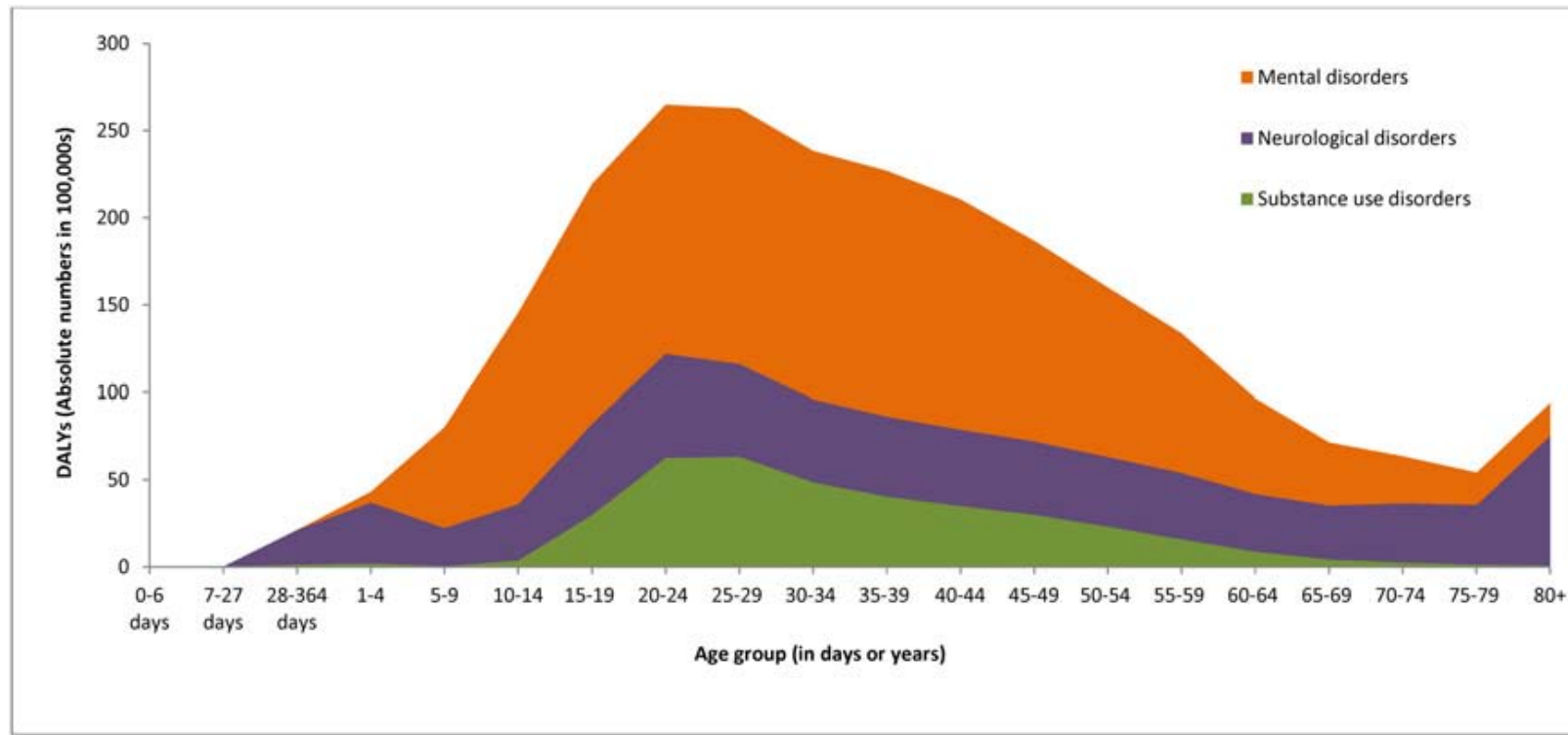
POPULATION HEALTH STATUS x INVESTMENT



Kutcher, 2014

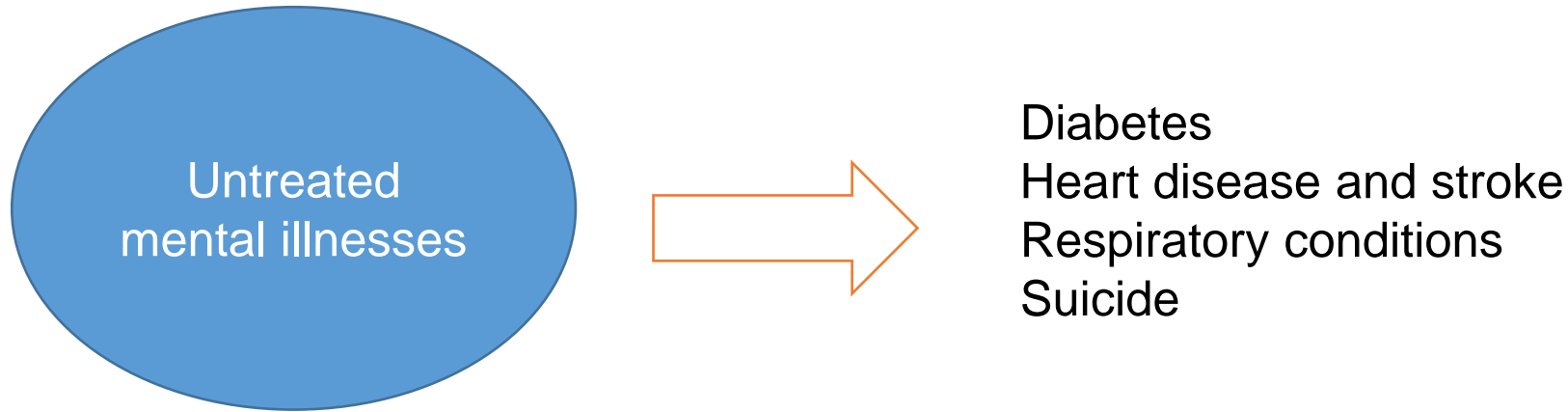


ABSOLUTE DALYS ATTRIBUTED TO MENTAL, NEUROLOGICAL & SUBSTANCE USE DISORDERS, BY AGE, 2010



Note: DALYs = disability-adjusted life years.

MENTAL ILLNESSES, PHYSICAL ILLNESSES AND SUICIDE



Untreated mental illnesses are strong independent predictors of reduced life expectancy due to associated medical conditions, such as diabetes, heart diseases and stroke, respiratory conditions, and suicide.

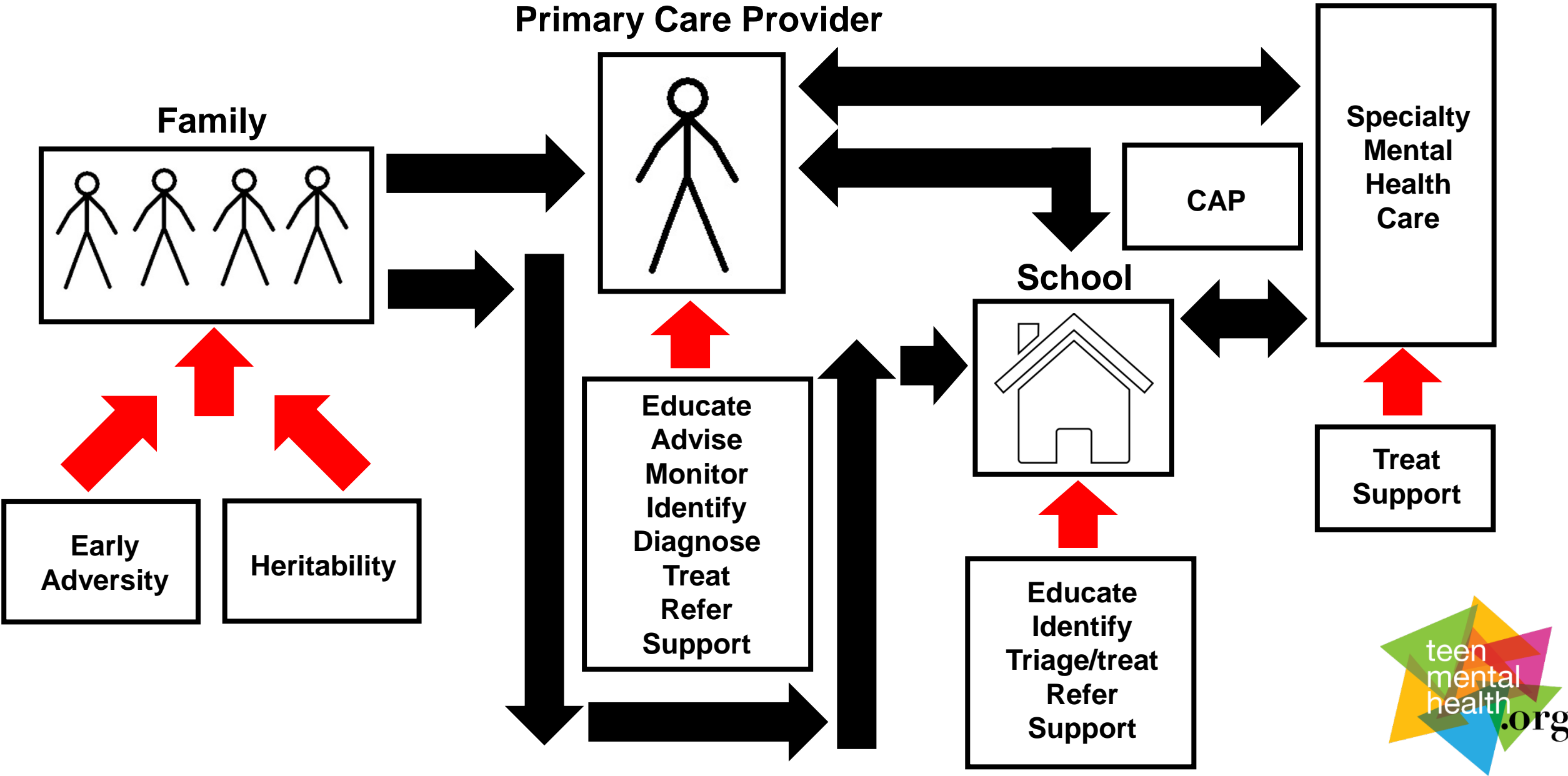
R. Rugulies, "Depression as a Predictor for Coronary Heart Disease: A Review and Meta-Analysis," *American Journal of Preventive Medicine* 23 no. 1 (2002): 51-61

INNOVATION FOR EQUITY: FOCUS ON YOUNG PEOPLE

- 1) Horizontally integrated pathway to youth mental health care – Depression as prototype
- 2) System enhancing, sustainable, inexpensive, youth focused – potential short and long-term positive outcomes (ROI): MH POLICY; PRE-SERVICE TRAINING INSTITUTIONS
- 3) All comer's model – reach young people where they are: communities; schools
- 4) Multi-step journey: **awareness-mental health literacy** (knowledge, stigma, help-seeking efficacy/self-care)-**identification** (self; peer; teacher),**rapid access to effective care** (primary care/community based)
- 5) Mental health CARE not mental health SERVICES – embed competencies in all providers
- 6) Primarily directed to address high volume, low intensity mental disorders
- 7) Malawi and Tanzania – Grand Challenges Funded: An integrated approach to addressing the challenge of Depression among youth in Malawi, **replicated** in Tanzania



HORIZONTALLY INTEGRATED PATHWAY TO MENTAL HEALTH CARE





Mental Health Care for Youth

Schools

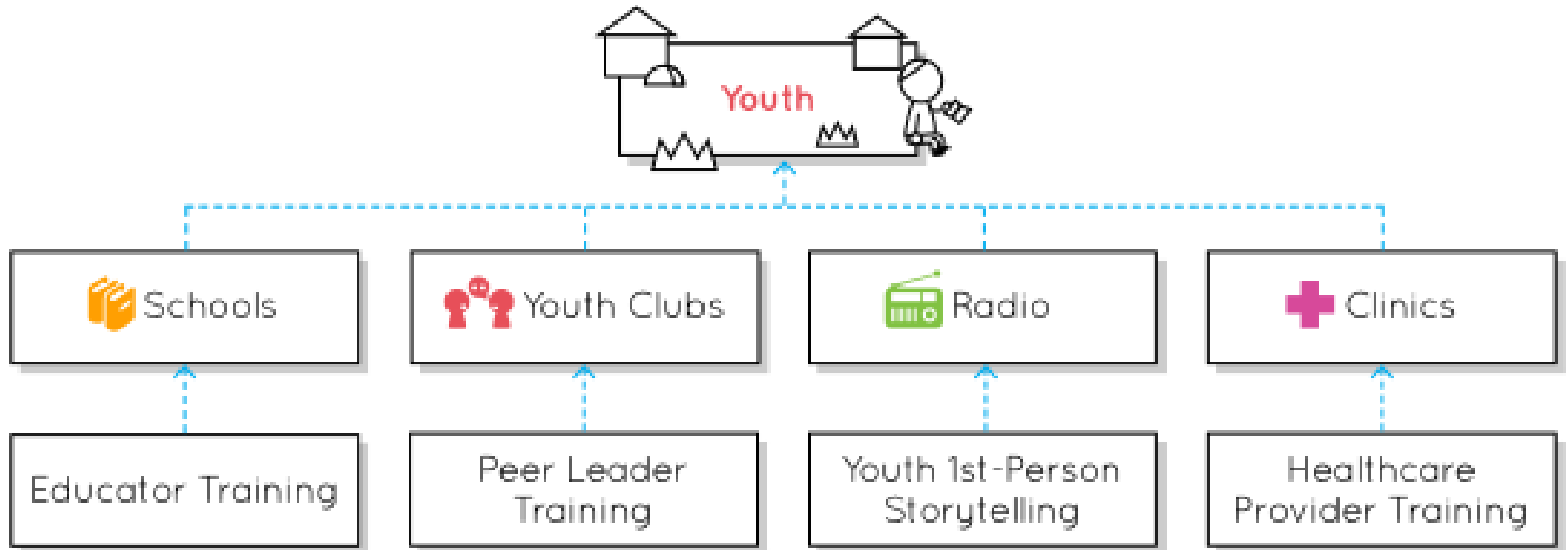
Radio

Clinics



DEPRESSION

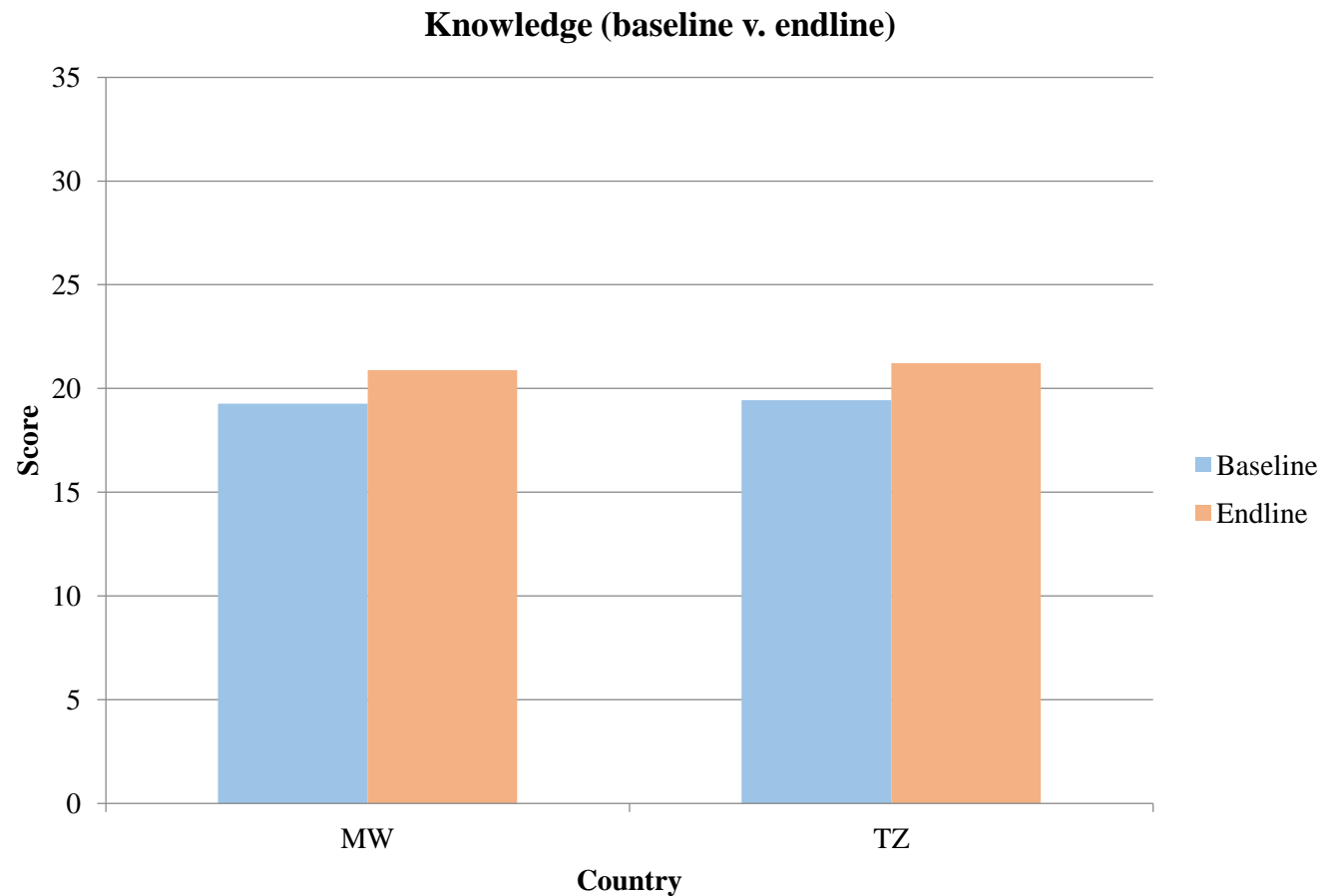
will soon be the No.1 burden of disease in the world for young people



RADIO PROGRAM LISTENING CLUBS



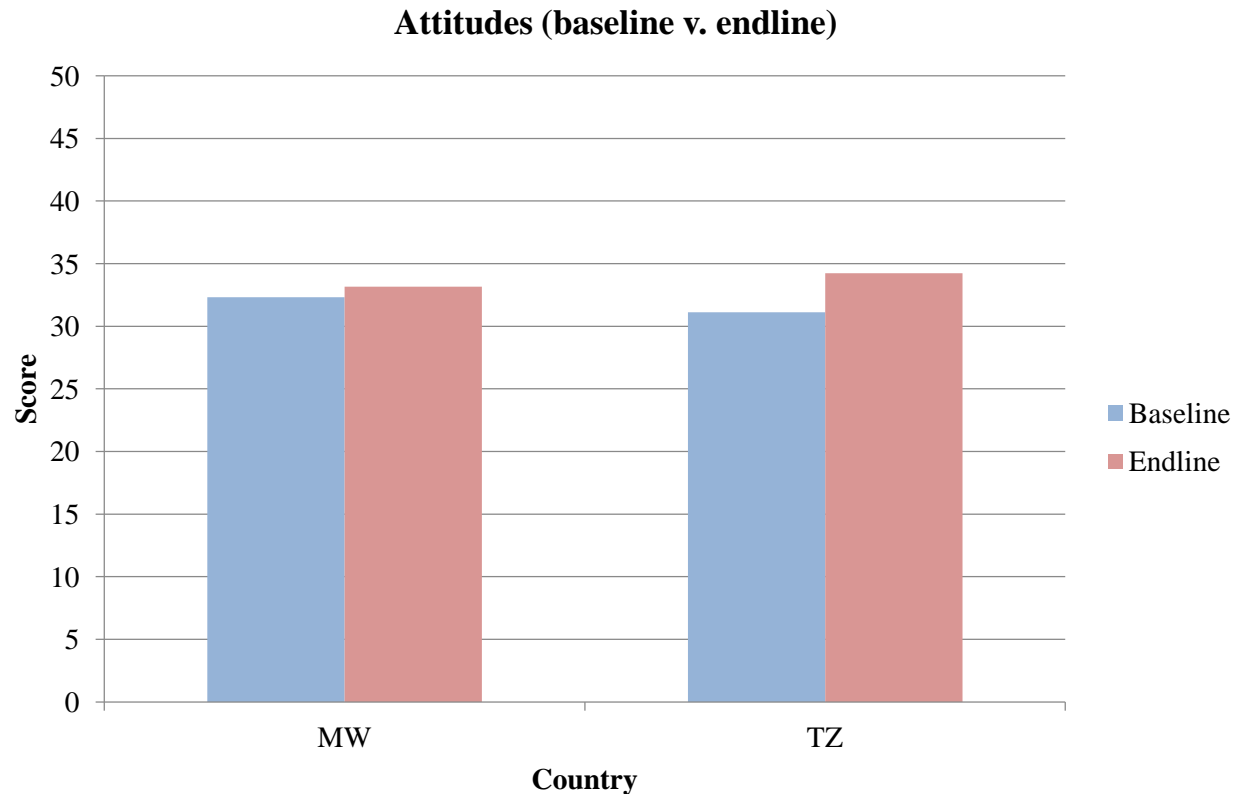
YOUTH KNOWLEDGE



- Significant difference for knowledge scores between baseline and endline radio listening assessments for both Malawi ($t(1600.045) = 9.426, p < .001$) and Tanzania ($t(1411) = 8.236, p < .001$) among youth populations.



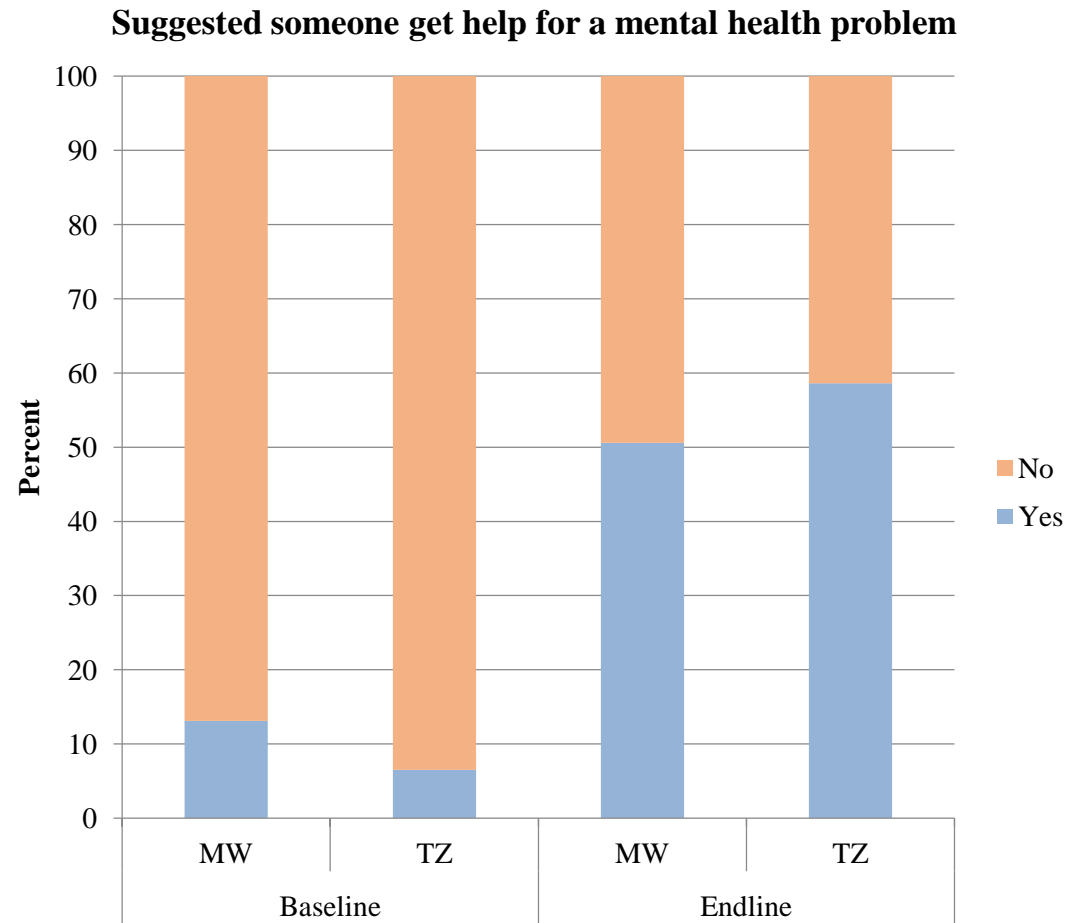
YOUTH ATTITUDES



- Significant difference for attitude scores between baseline and endline assessments for radio listening in both Malawi ($t(1495.659) = 3.499$, $p < .001$) and Tanzania ($t(954.618) = 8.606$, $p < .001$) among youth populations.



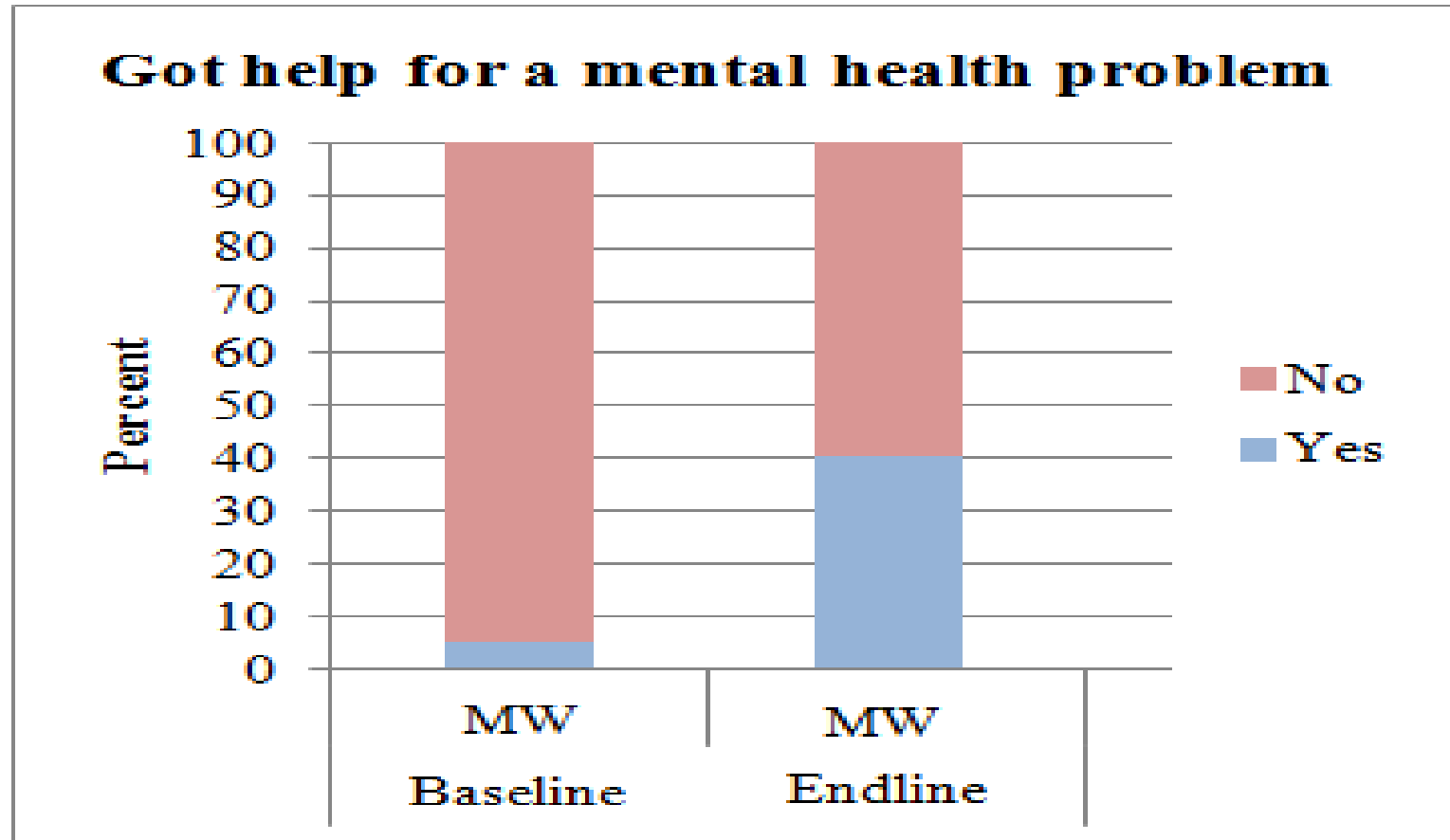
RADIO PROGRAM HELP-SEEKING



**Significant improvements
($p < 0.001$) in youth advising other
youth in help seeking for mental
health needs as a result of radio
program exposure.**

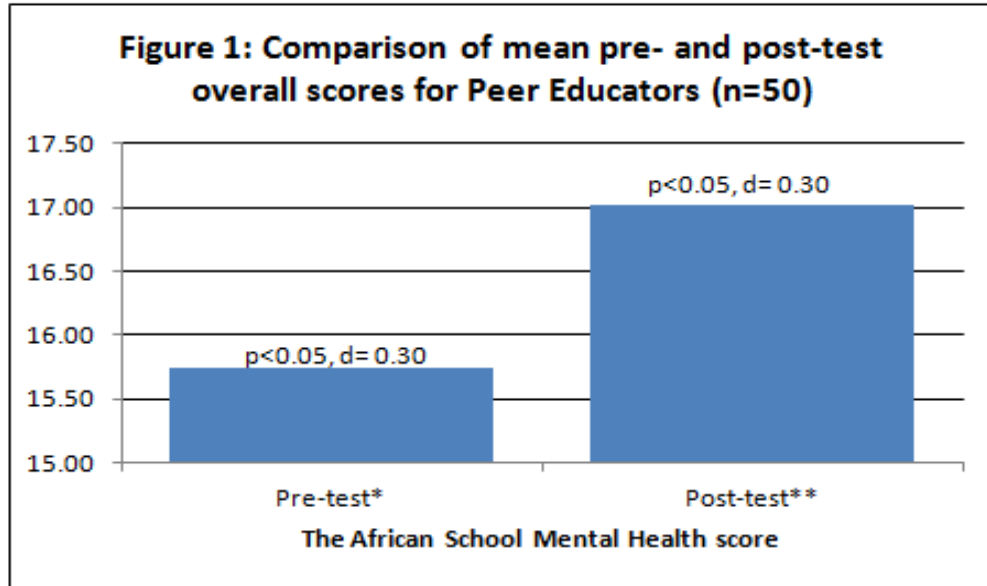


RADIO PROGRAM HELP-SEEKING – self: ML ($p<0.001$)



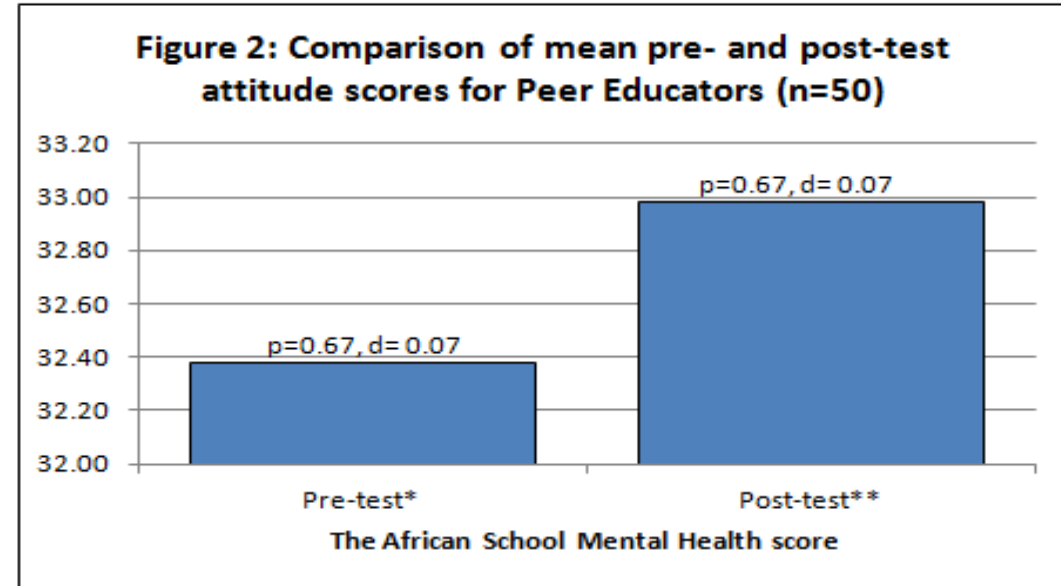
MALAWI PEER EDUCATORS

- Significant improvements to knowledge; non-significant improvement in attitudes



*Pre-test: N=50, Mean=15.74, Standard deviation = 4.89, $p < 0.05$, Cohen's $d = 0.30$.

**Post-test: N=50, Mean=17.02, Standard deviation=3.52, $p < 0.05$, Cohen's $d = 0.30$.



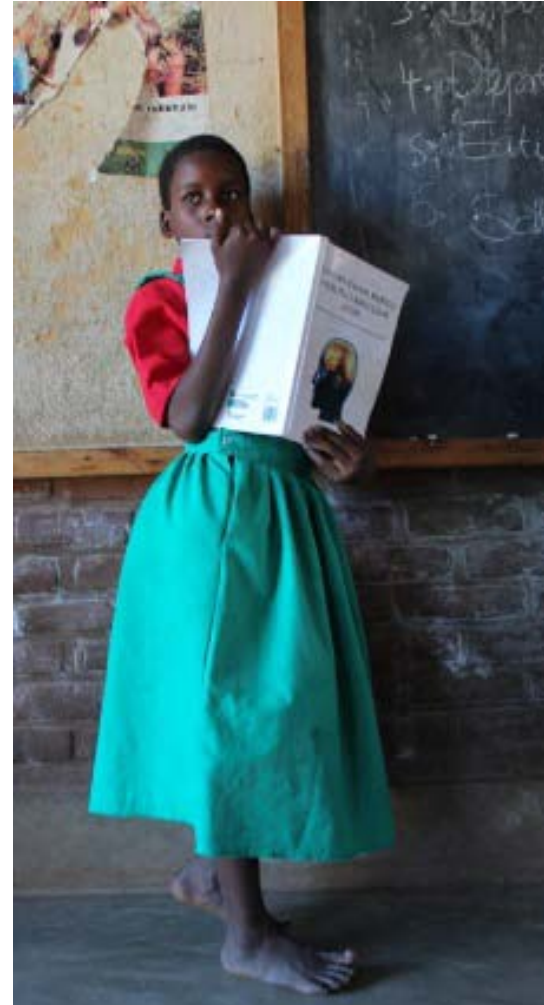
*Pre-test: N=50, Mean=32.38, Standard deviation = 8.10, $p = 0.67$, Cohen's $d = 0.07$.

**Post-test: N=50, Mean=32.98, Standard deviation=10.31, $p = 0.67$, Cohen's $d = 0.07$.

MENTAL HEALTH ON AIR

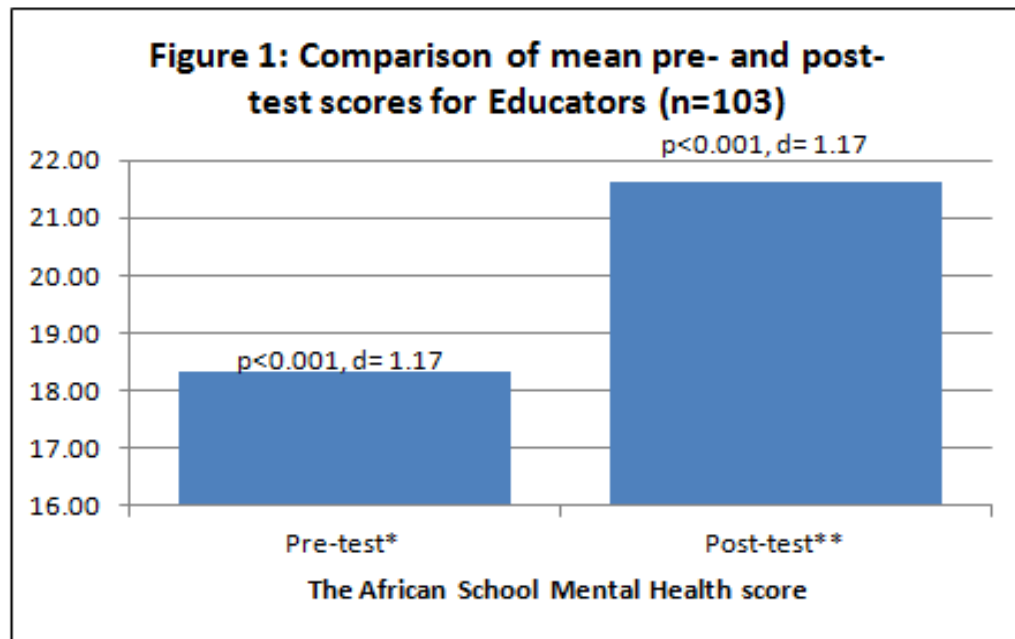


SCHOOL-BASED MHL

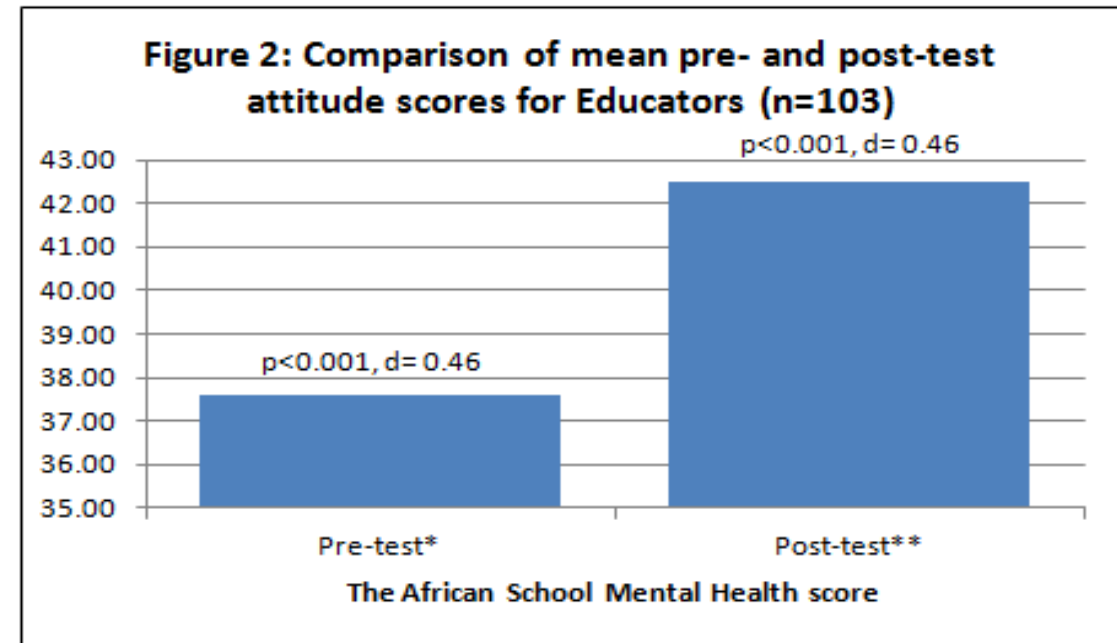


MALAWI EDUCATORS

- Significant improvement in MH knowledge and attitudes (decreased stigma)



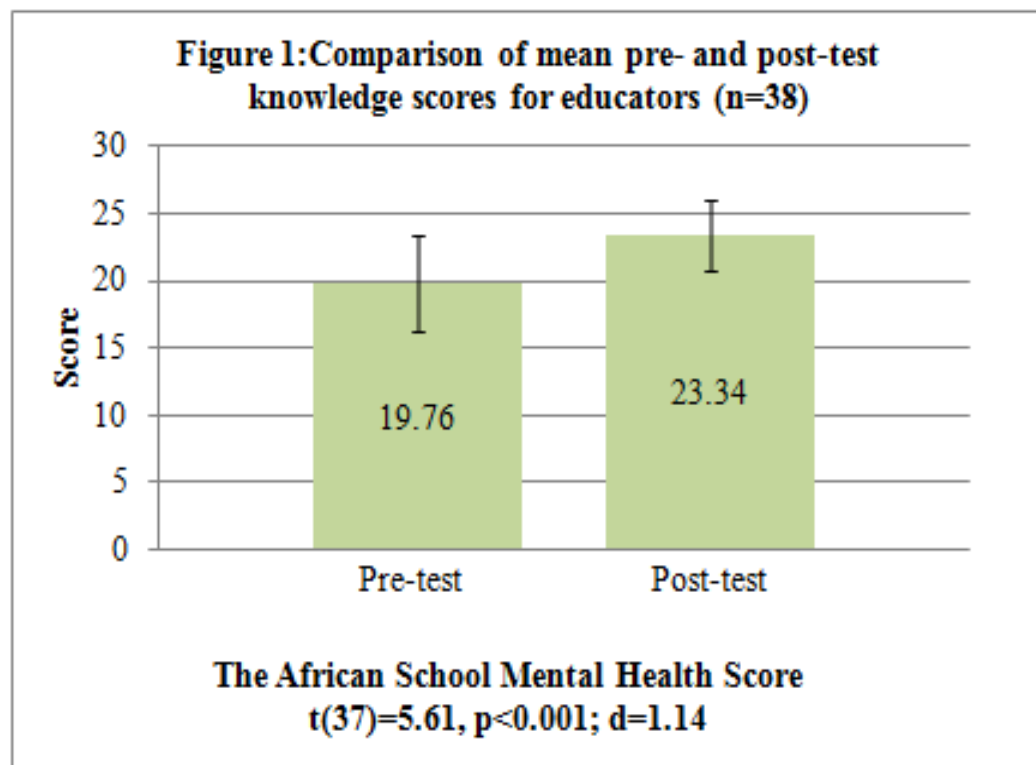
*Pre-test: N=103, Mean=18.32, Standard deviation=3.67, p<0.001, Cohen's d = 1.17.
**Post-test: N=103, Mean=21.62, Standard deviation=1.17, p<0.001, Cohen's d = 1.17.



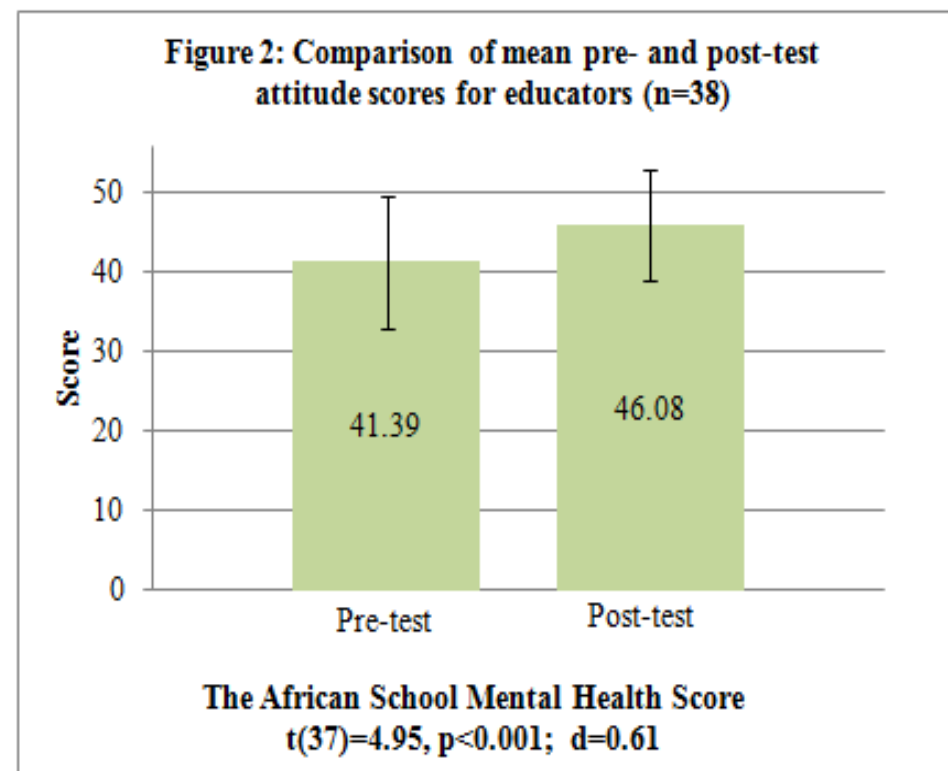
*Pre-test: N=103, Mean=37.59, Standard deviation=11.18, p<0.001, Cohen's d = 0.46.
**Post-test: N=103, Mean=42.50, Standard deviation=10.04, p<0.001, Cohen's d = 0.46.

TANZANIA EDUCATORS

- Significant Improvements in MH knowledge and attitudes (decreased stigma)



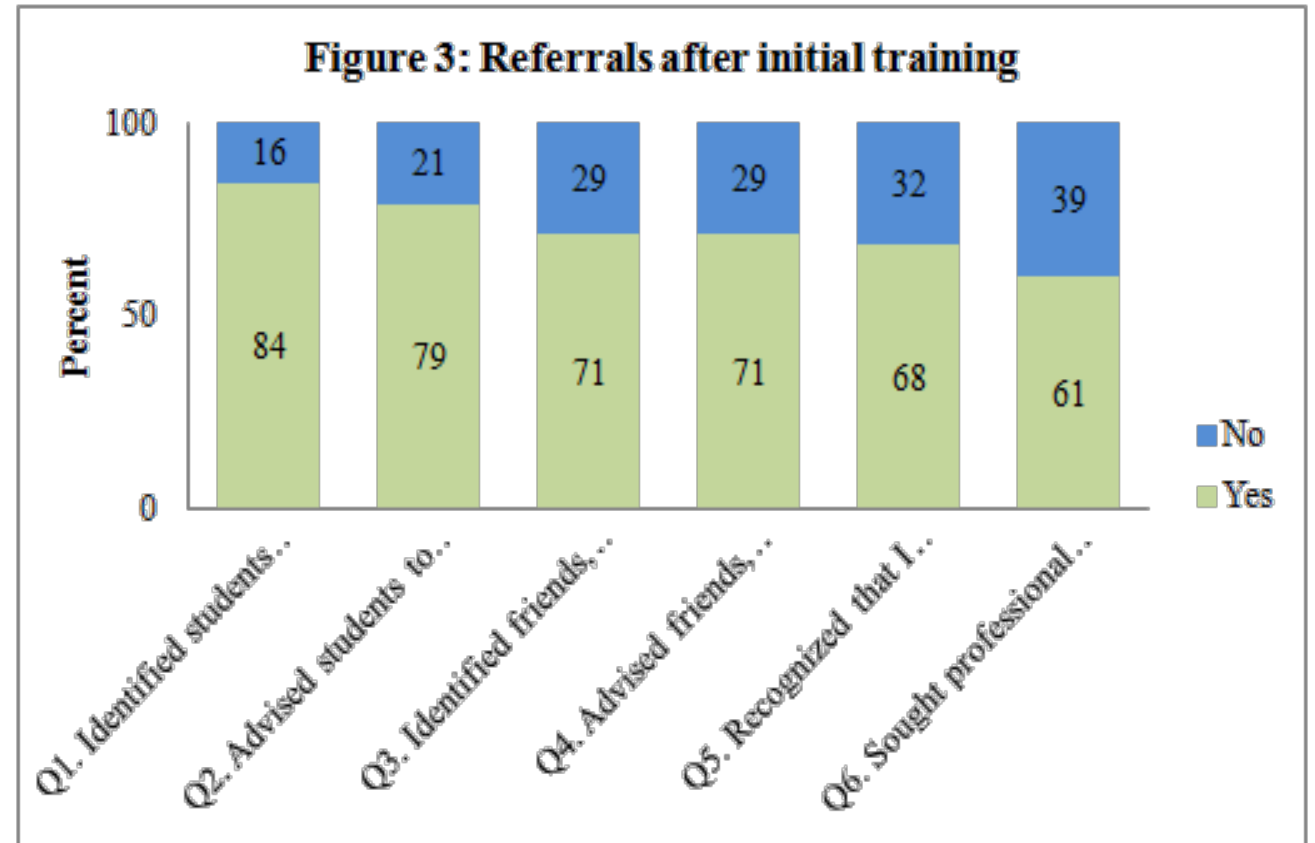
Error bars represent +/- 1 SD.



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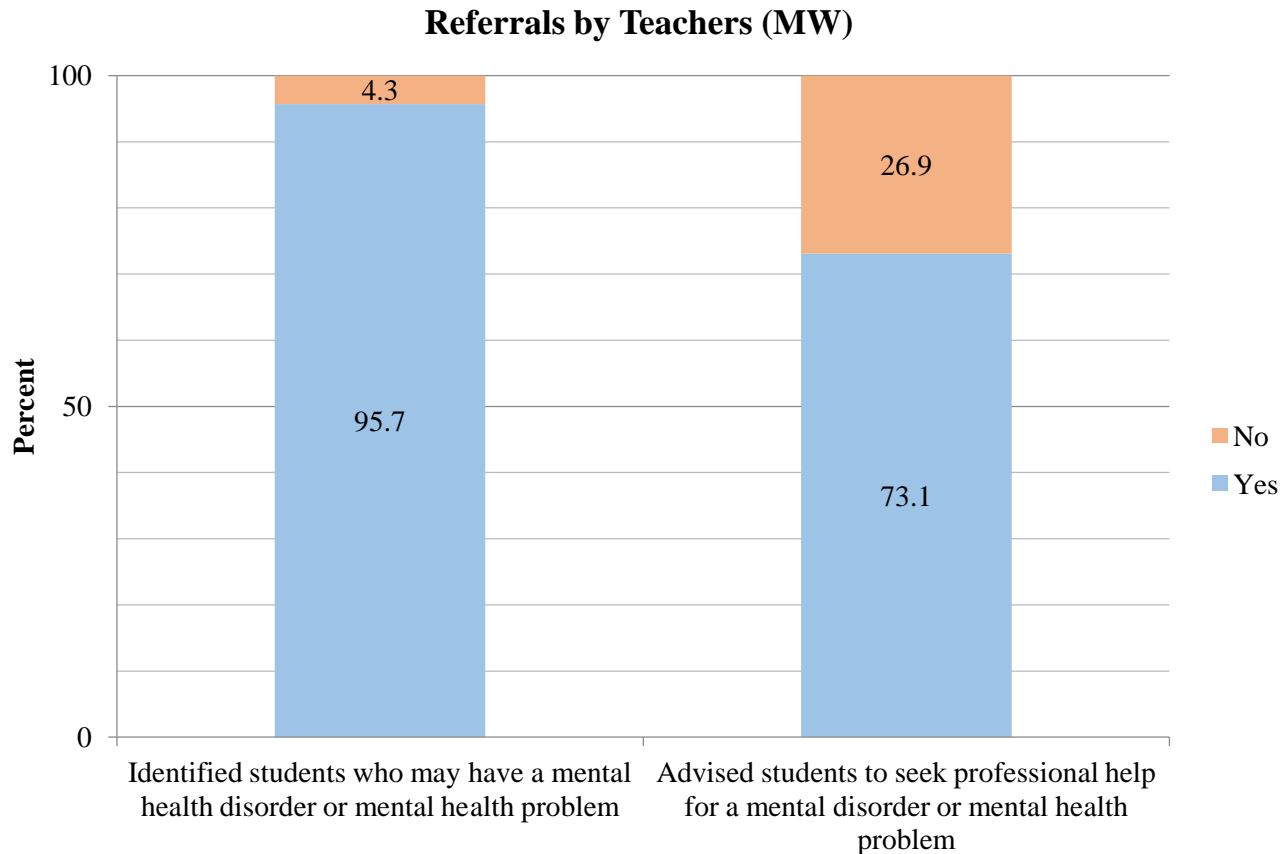
TANZANIA EDUCATORS

- Improvements in identification and/or advising students, friends, peers, or family members to seek professional help for a mental health problem or sought professional help themselves



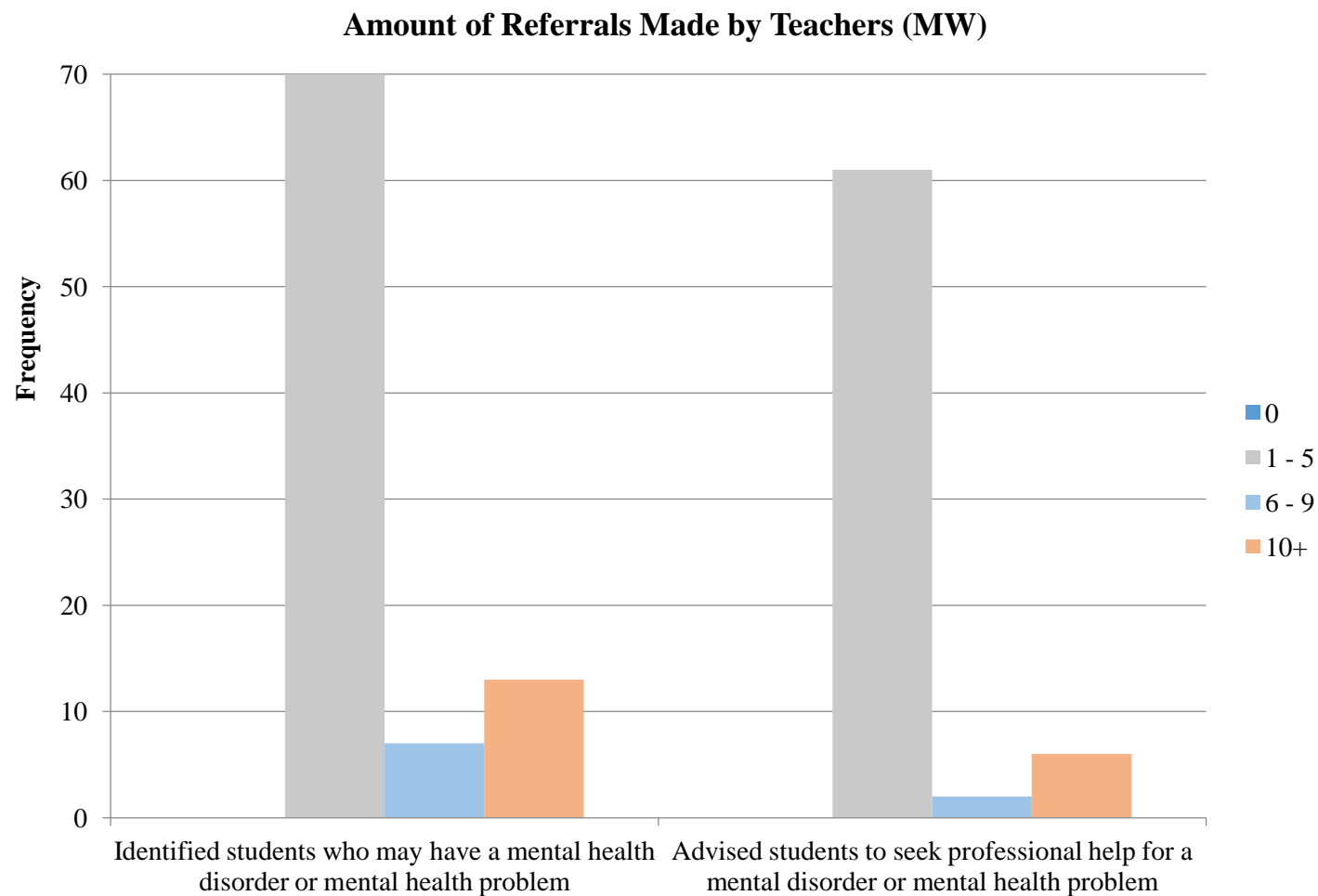
Percent of 'Yes' to 'No' Responses for Referrals

STUDENTS REFERRED BY TEACHERS



- 95% of teachers reported that they had identified students who had a mental disorder or mental health problem
- The number of students identified for mental health care totaled over 500 from <30 schools
- 73% of teachers reported that they advised students to seek professional help for a mental disorder or mental health problem.

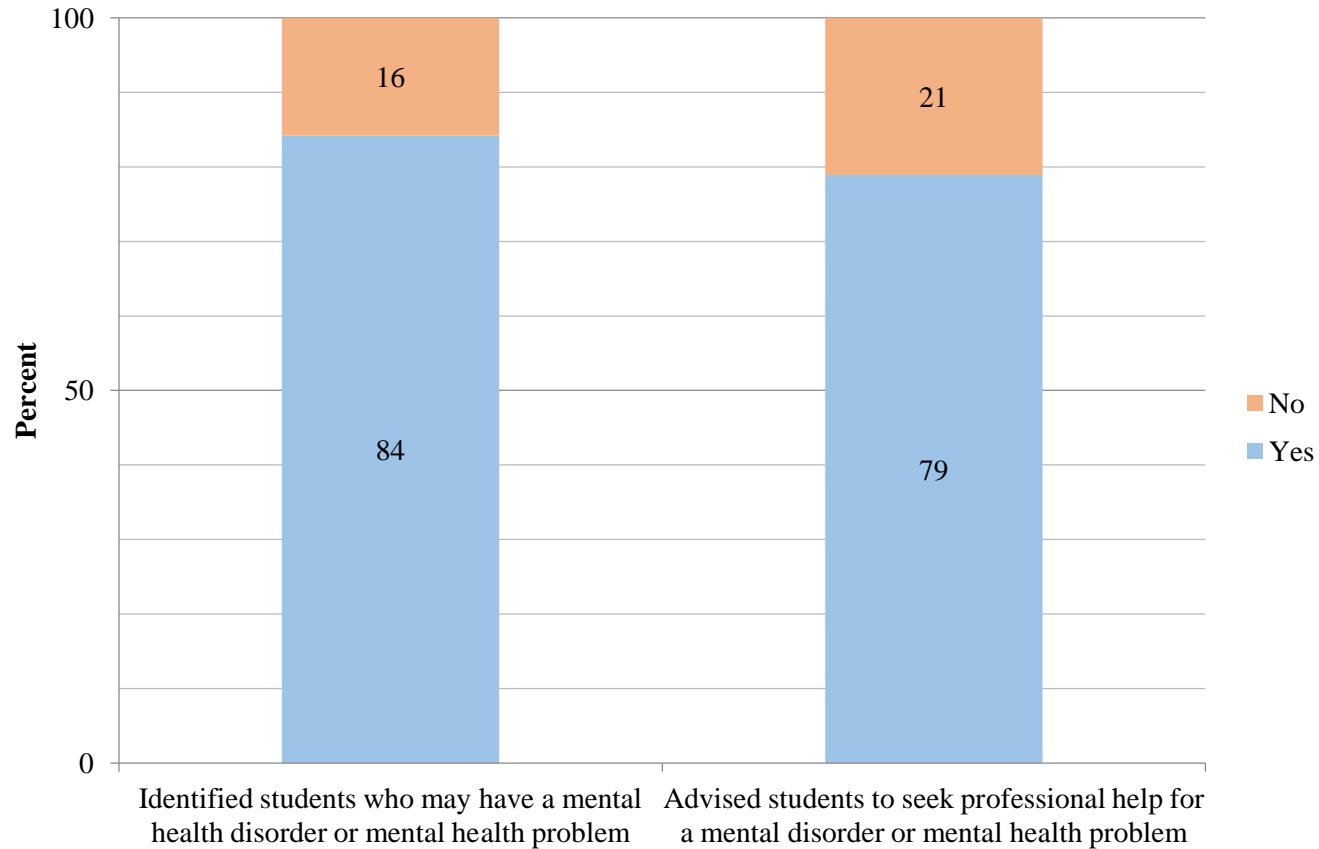
NUMBERS OF STUDENTS REFERRED BY TEACHERS (ML)



- The number of students teachers advised to seek help for a mental health problem totaled over 375 with most teachers reporting between 1 and 5 students were so advised

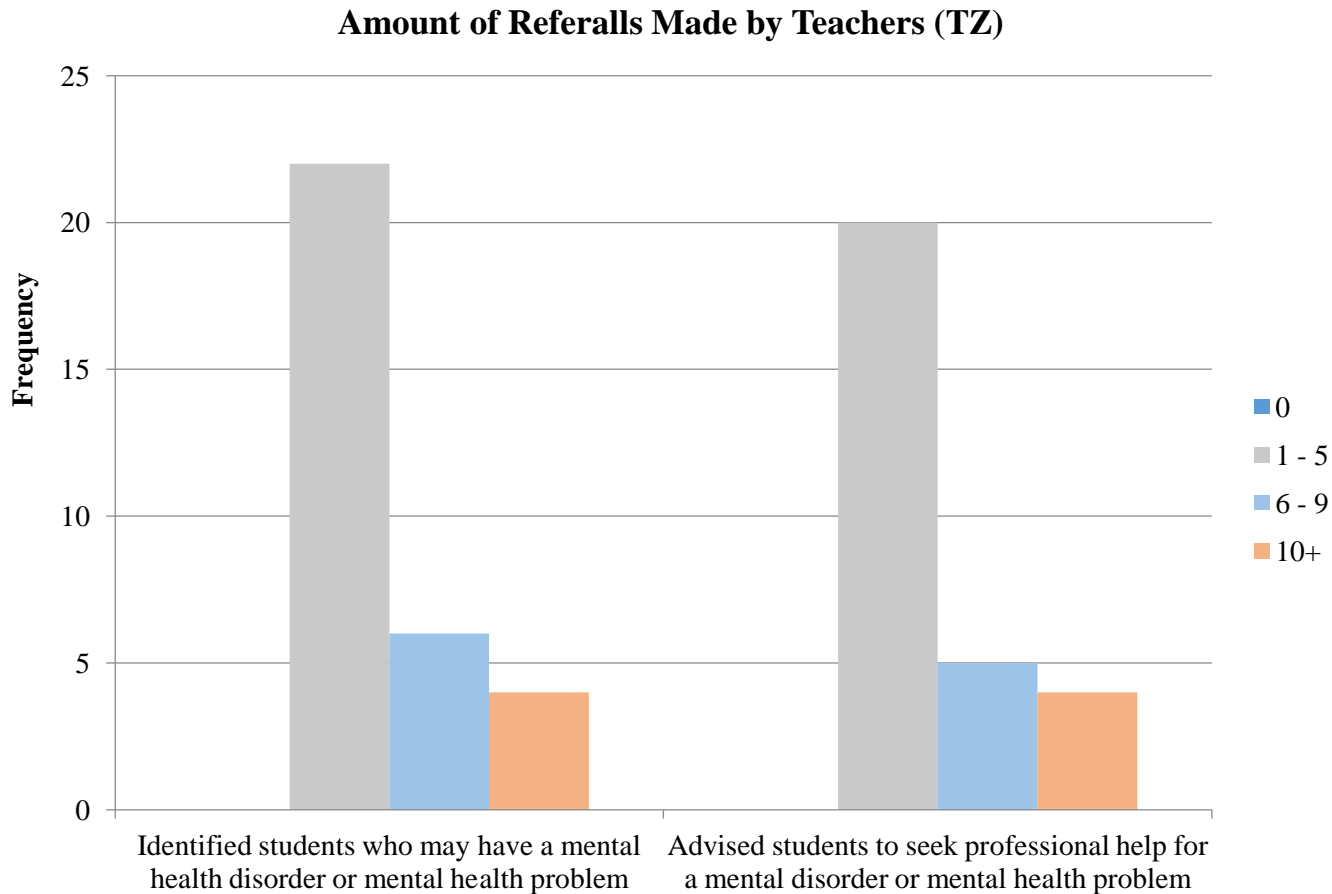
STUDENTS REFERRED BY TEACHERS

Referrals by Teachers (TZ)



- 84% of teachers reported that they had identified students who had a mental disorder or mental health problem
- The number of students teachers identified for mental health care totaled over 200 from <20 schools
- 79% of teachers reported that they advised students to seek professional help for a mental disorder or mental health problem

NUMBERS OF STUDENTS REFERRED BY TEACHERS (TZ)



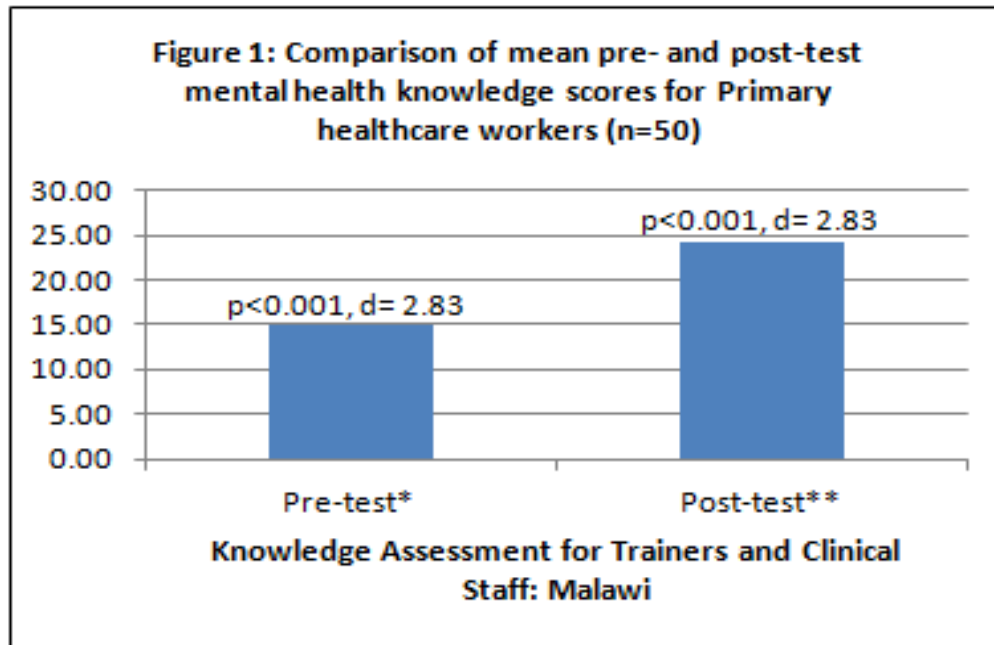
- Number of students teachers advised to seek help for a mental health problem totaled over 200 with most teachers identifying between 1 and 5 students.

ENHANCING COMMUNITY CLINICAL CARE



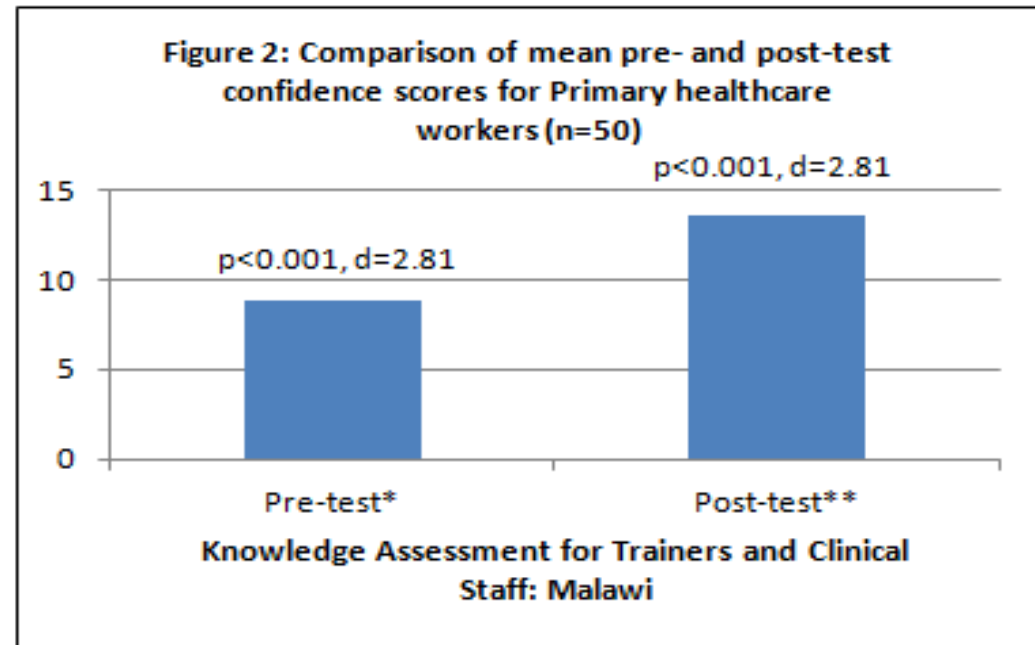
MALAWI HEALTHCARE WORKERS

- Significant improvements in MH knowledge and self-reported competency



*Pre-test: N=50, Mean=14.84, Standard deviation = 4.03, p<0.001, Cohen's d = 2.83.

**Post-test: N=50, Mean=24.14; Standard deviation=2.54, p<0.001, Cohen's d =2.83.

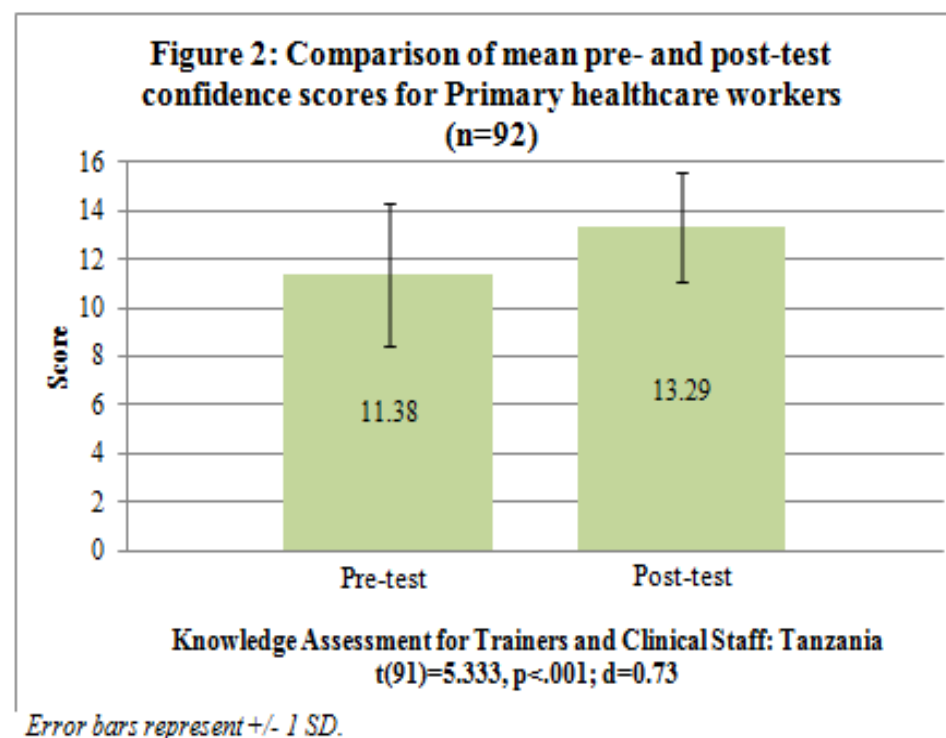
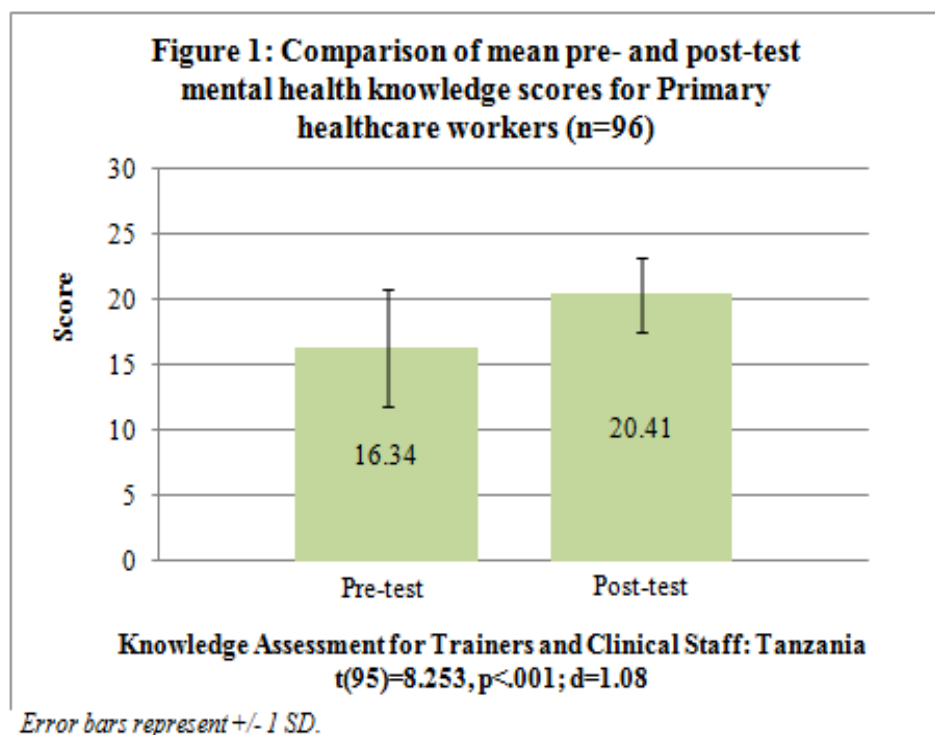


*Pre-test: N=50, Mean=8.89, Standard deviation = 2.81, p<0.001, Cohen's d = 2.81.

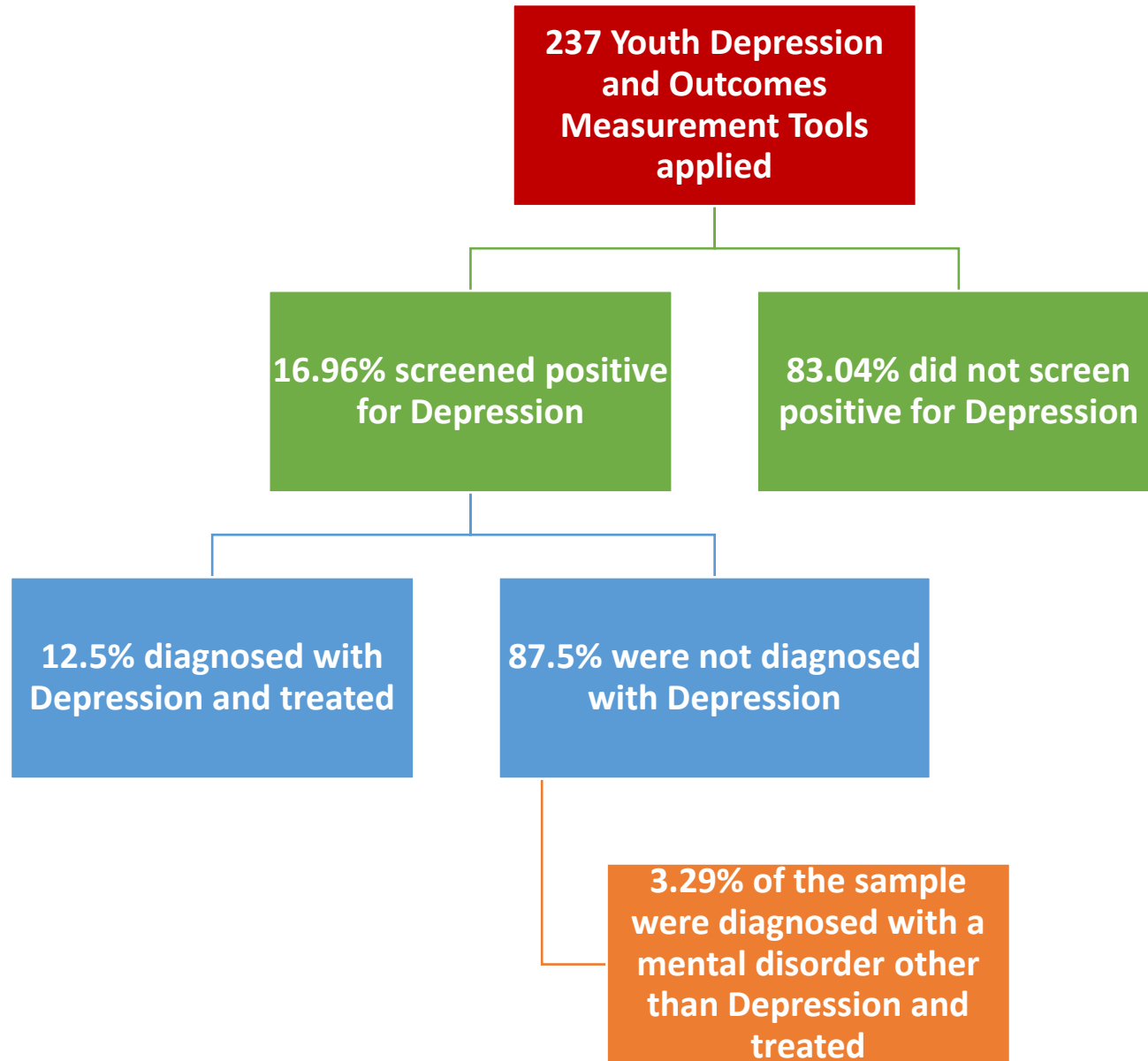
**Post-test: N=50, Mean=13.64; Standard deviation=1.59, p<0.001, Cohen's d = 2.81.

TANZANIA HEALTH CARE WORKERS

- Significant improvement in MH knowledge and self-reported competency



Youth who visited clinics in Tanzania



Youth Depression in Malawi & Tanzania (Results to Date)



12
"Master Facilitators" gain expertise in adolescent mental health training program delivery.



40
Health workers develop competencies as adolescent mental health trainers.



200+
Primary health providers able to identify and treat adolescent Depression in primary care settings.



400+
Teachers demonstrate improved knowledge and attitudes as a result of mental health curriculum training.



4
Radio stations air more than 200 hours of radio programming, reaching an estimated 500,000 youth.



30k+
Youth participate in the radio program through mobile phones.



1k+
Youth are treated for Depression with medication or effective helping.



3k+
Youth talk to teachers about their mental health concerns or that of a friend or family member.



15k+
Youth reached in their schools with information about mental health from their teachers.

ADDRESSING KEY CONSIDERATIONS NOW

- 1) Radio programs self-sustaining: corporate/public/donor
- 2) Master trainers groups maintained – leadership/activity
- 3) MOH engaged – MH policy development input (project embedding)
- 4) Updating of Youth Depression training program
- 5) Enhancement and first cut assessment of EFFECTIVE HELPING
- 6) More clinical outcomes data – Hub and Spoke – Clinic and Schools
- 7) Embedding youth Depression training into pre-service NURSING training curriculum (case controlled trial in each country)
- 8) **READY FOR SCALE-OUT – NEXT SET OF FRUSTRATIONS:
COLLABORATORS WELCOME**





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