The Globe Study

Research Summary

Delivering resource-oriented interventions for patients with mental illnesses in low-and middle-income countries.

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Research Summary

GLOBE
NIHR Global Health Research Group
Developing Psycho-social Interventions

Delivering resource-oriented interventions for patients with mental illnesses in low-and middle-income countries.

How can we provide low-cost and sustainable interventions for people living with mental health conditions in low-and middle-income countries (LMICs), where there is often limited funding and services available to provide specialised mental health services?

EXECUTIVE SUMMARY

Instead of establishing new and expensive services for people with severe mental illnesses, we refined and tested interventions that utilise already existing resources in relationships with health care professionals (DIALOG+, an approach to make routine meetings effective), in families (multi-family groups) and in communities (befriending through volunteers). Our research across six countries on four continents suggests that these interventions are feasible, experienced as positive and beneficial for patients. Thus, resource-oriented interventions present a realistic option to improve care for people with severe mental illness across LMICs.

BACKGROUND

Mental illness presents as a major burden to societies with substantial distress to affected individuals and high costs to services. In LMICs this may be exacerbated by a lack of human and financial resources to provide specialised mental health care for people affected by mental illness. Resource-oriented approaches that support patients to draw from existing resources within themselves, and within relationships with their families, friends and communities can be beneficial in helping people to overcome the distress of mental disorders, and be sustainably implemented in low-resource settings.

The NIHR Global Health Research Group on Developing Psychosocial Interventions for Mental Health Care (The GLOBE study) explored how three resource-oriented interventions could be utilised to support mental health care in six LMICs.

1. DIALOG+ is an intervention delivered on a tablet computer, that is designed to make routine meetings between patients and mental health professionals therapeutically effective.

   Watch the latest animation explainer about the DIALOG+ intervention through the QR code

2. Multi-family Groups brings together in a group several patients, their families or friends and health care professionals to promote mutual learning through the sharing of support and experiences.

   Watch the latest animation explainer about Multi-family Groups through the QR code

3. Volunteer Befriending links unpaid volunteers with individual patients or in a group to provide psychological, practical and social support.

   Watch the latest animation explainer about Resource-oriented interventions through the QR code

HOW THE RESEARCH WAS CONDUCTED

We conducted 13 studies incorporating both randomised-controlled trials (RCTs), open controlled trials and open non-controlled trials in six countries: Argentina, Bosnia-Herzegovina, Colombia, Pakistan, Peru and Uganda. The interventions were all delivered over a period of six-months, with the option to receive a further 6-months of flexible sessions in Bosnia and Herzegovina, Colombia and Uganda.

Both quantitative and qualitative data collection was used to explore whether the interventions were effective, feasible and acceptable to participants.

	DIALOG+	Family involvement	Volunteer support
Argentina	Open non-controlled trial 43 patients with anxiety disorders	*Not delivered in this country*	*Not delivered in this country*
Key findings	***Remote DIALOG+ was successfully delivered remotely with significant improvements in quality of life and psychiatric symptoms***		
Peru	Open non-controlled trial 14/40 patients with severe mental illness	*Not delivered in this country*	*Not delivered in this country*
Key findings	***Study had to be discontinued due to COVID restrictions. Lessons were learned about integrating DIALOG+ into healthcare.***		

	DIALOG+	Family involvement	Volunteer support
Pakistan	Open non-controlled trial 40 patients with depression and anxiety	Open non-controlled trial 30 patients with depression and anxiety	*Not delivered in this country*
Key findings	***Significant improvement in quality of life and reduced symptoms of depression and anxiety at 6 months***	***Significantly reduced symptoms of anxiety and depression at 6 months***	
Bosnia and Herzegovina	Cluster RCT 72 patients with depression and anxiety Control group = treatment as usual	RCT 72 patients with severe mental illness Control group = treatment as usual	RCT 65 patients with severe mental illness Control group = treatment as usual
Key findings	***Significant improvement in quality of life at 12 months, and significant reduction in general psychiatric symptoms and anxiety and depression at 6 and 12 months***	***Significant improvement in quality of life at 6 and 12 months, and significant improvement in psychiatric symptoms at 12 months***	***Significant improvement in quality of life and psychiatric symptoms at 6 and 12 months, and significant improvement in objective social situation at 12 months***
Colombia	Cluster RCT 173 patients with severe mental illness Control group = treatment as usual	Open non-controlled trial 31 patients with severe mental illness	Open non-controlled trial 30 patients with severe mental illness
Key findings	***Non-significant trend towards improvements in quality of life at 6 and 12 months, and objective social situation and psychiatric symptoms at 6 months***	***Non-significant trend towards improvements in quality of life at 6 and 12 months***	***A significant improvement in objective social situation at 6 months***
Uganda	Cluster RCT 168 patients with severe mental illness Control group = treatment as usual	Open controlled trial 60 patients with severe mental illness Control site = treatment as usual	Open controlled trial 30 patients with severe mental illness Control site = treatment as usual
Key findings	***Significant improvement in quality of life at 6 months***	***Significant improvement in quality of life at 6 and 12 months.***	***Significant improvement in quality of life at 6 months.***

An additional three month non-controlled study was conducted in Bosnia and Herzegovina, Colombia and Uganda and recruited 117 patients from primary care clinics with chronic physical health conditions. The results showed significant improvements with large effect sizes in quality of life, and symptoms of anxiety and depression after three monthly meetings.

KEY FINDINGS

Improved quality of life:

- Participants who received one of the three interventions for at least a period of six-months reported better subjective quality of life.

Reducing symptoms:

- Most countries saw a reduction in psychological symptoms after participants received one of the three interventions.
- Rehospitalisation rates were found to be reduced in Bosnia and Herzegovina and Colombia in patients who received the Multi-family Groups intervention.

Feasibility and acceptability:

- All interventions were able to be implemented successfully at no-to-low cost with minimal training required.
- In Argentina, DIALOG+ was delivered remotely due to ongoing COVID-19 restrictions, this was shown to be a feasible and acceptable mode of intervention delivery.
- Intervention sessions were generally well attended and positively experienced by participants, who reported that they boosted self-esteem (DIALOG+), reduced stigma (Volunteer Befriending), and that they were a safe space to allow for shared learning (Multi-family Groups).

CONCLUSIONS

- Resource-oriented interventions are a feasible and effective treatment for patients with mental illnesses in a range of resource-limited contexts.
- Whilst all interventions were beneficial their precise effect varied and some interventions made a substantial difference to the quality of life of patients, much larger than seen in studies conducted in higher income countries.
- DIALOG+, Multi-family Groups and Volunteer Befriending are all scalable solutions. They are less resource-intensive than other interventions, as they are low-cost, require minimal training to implement and do not require specialised services.
- DIALOG+ is able to be delivered remotely, which can be beneficial in situations limiting mobility, for example any future restrictions imposed by the COVID-19 pandemic.

RECOMMENDATIONS FOR FUTURE RESEARCH

- Further research is required to assess how the interventions may be scaled up in other LMICs with similar settings.

LINKS TO FURTHER INFORMATION

Please visit the project website for more information on the partners, activities, and outputs, including all scientific publications:
https://www.qmul.ac.uk/nihr-ghrg/

For more information and to access the DIALOG+ intervention:
https://www.elft.nhs.uk/dialog

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