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INTEGRATING MENTAL HEALTH WITH TB CARE

ADDRESSING DEPRESSION, ANXIETY AND PSYCHIATRIC PROBLEMS AMONG TB PATIENTS AND PRISON INMATES

BACKGROUND

TB patients, especially those with drug-resistant (DR-TB) and drug-susceptible tuberculosis (DS-TB), face significant psychological distress during treatment. In prison settings, this distress is amplified by confinement and isolation. Upon diagnosis, TB patients often experience anxiety and fear, which are heightened for DR-TB patients due to prolonged, complex treatments with severe side effects. Prison inmates' harsh environment further complicates their mental health when combined with a TB diagnosis.

Depression is a critical factor at any stage of TB care, leading to more advanced disease and prolonged infectious periods. This is worse for DR-TB patients due to the extended treatment and severe side effects causing sustained psychological stress.

Mental health support is crucial for TB patients to cope with stigma and build resilience. For inmates, it also improves rehabilitation prospects. Integrated care models that include mental health support improve overall outcomes, especially for DR-TB patients and inmates, by enhancing treatment adherence, quality of life, and recovery.

KEY OBJECTIVES



Identify Mental Health Challenges

Assess the mental health issues faced by TB patients, focusing on those with drug-resistant TB (DR-TB) and prison inmates. Understand their psychological distress and identify the prevalence of mental health problems among inmates screened for TB and mental health



Implement Psychosocial Interventions

Introduce tailored interventions like counselling, support groups, and therapeutic services to reduce mental health challenges among TB patients, especially DR-TB patients, and inmates



Improve Clinical Outcomes

Enhance clinical outcomes and quality of care for TB patients by integrating mental health support into TB care. Improve treatment adherence, reduce disease progression, and enhance overall well-being



Develop National Guidelines

Create comprehensive guidelines for implementing mental health services for TB patients and inmates. Standardize mental health assessments and interventions within TB care protocols across different settings, including prisons

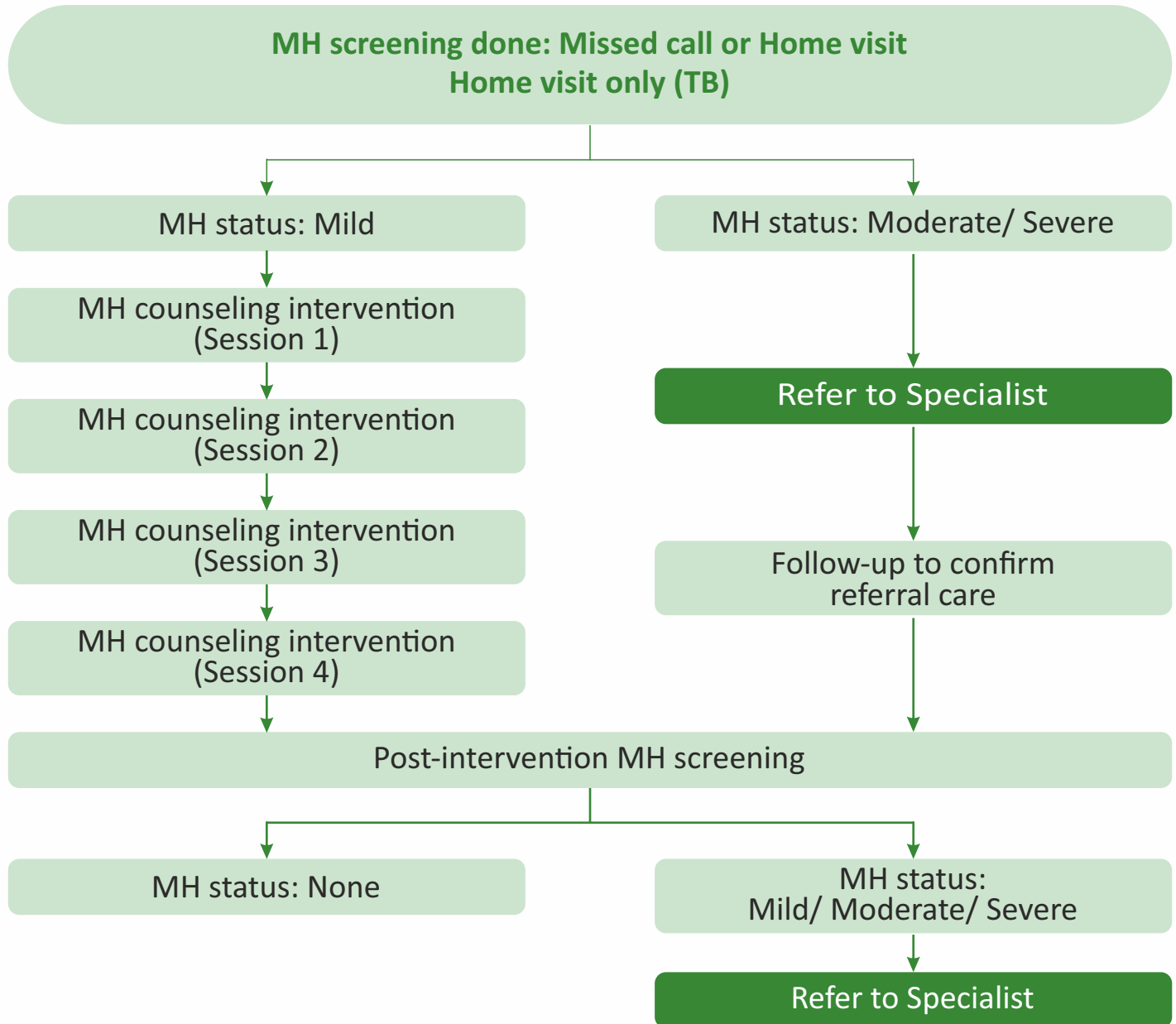


Strengthen Health Systems

Promote collaboration between national TB and mental health programs to create a cohesive healthcare system. Integrate mental health services into TB care at all levels, from diagnosis to treatment and follow-up, providing holistic care for TB patients and inmates

INTERVENTION WORKFLOW

The MH intervention begins with a brief assessment of depression, anxiety, and psychosis symptoms at the TB diagnosis stage. Screenings integrate patients' responses in the context of their social and environmental adversity. Distinguishing mental distress from symptoms associated with physical illness is a critical component of the assessment.



For DS-TB and DR-TB Patients

- **Mild Symptoms:** Patients with 'Mild' mental health symptoms receive psychosocial support through counselling.
- **Moderate or Severe Symptoms:** Patients with 'Moderate' or 'Severe' symptoms are referred for further psychiatric evaluation by mental health specialists. Referred patients are followed up to ensure the completion of referral, clinical diagnosis, and initiation of pharmacological treatment if required.

For Prison Inmates

- **Mild and Moderate Symptoms:** Inmates with 'Mild' or 'Moderate' mental health symptoms receive psychosocial support through counseling.
- **Severe Symptoms:** Inmates with 'Severe' symptoms are referred for further psychiatric evaluation by mental health specialists. Follow-up is conducted to ensure the completion of referral, clinical diagnosis, and initiation of pharmacological treatment if required.

MENTAL HEALTH ASSESSMENT

For DS-TB and DR-TB Patients

- **DR-TB Patients:** Screened by trained counsellors using the Patient Health Questionnaire-4 (PHQ-4), assessing depression and anxiety severity from 0 (Not at all) to 3 (Nearly every day), identifying those needing further psychological support.
- **DS-TB Patients:** Screened by Community Health Officers (CHOs) using PHQ-4, enabling timely identification and intervention for mental health concerns.

For Prison Inmates

- Screened using the Kessler Psychological Distress Scale (K10), measuring psychological distress symptoms over the past 30 days, with severity rated from 1 (None of the time) to 5 (All of the time), identifying inmates needing interventions.

PSYCHOSOCIAL INTERVENTION: TREATING MILD CONDITIONS

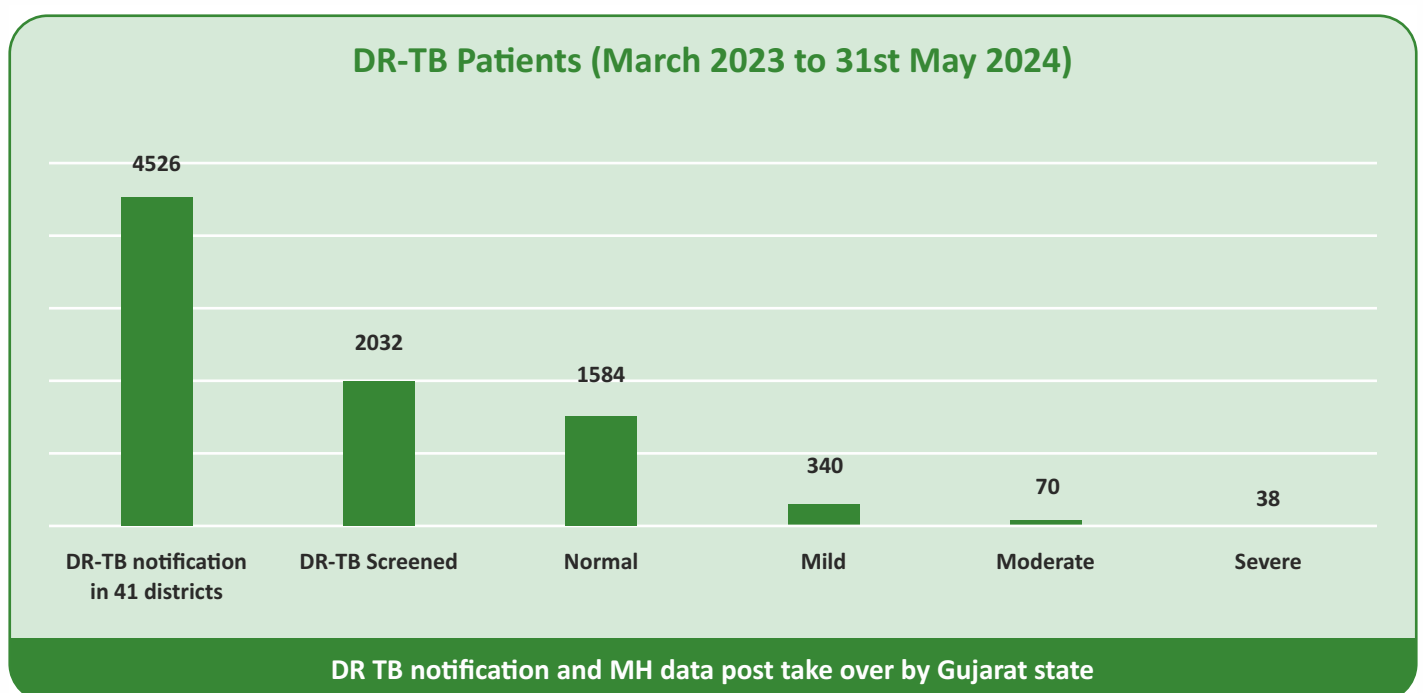
For DS-TB and DR-TB Patients

1. **Conceptual Framework:** Understanding mental health challenges and developing intervention strategies.
2. **PHQ-4 Based Screening:** Using PHQ-4 to assess depression and anxiety.
3. **Symptom Checker and Interventions:** Applying additional screening tools and interventions for comprehensive support.
4. **Follow-Up and Counseling:** Regular follow-ups and counseling to address mild mental health symptoms, ensuring ongoing support.

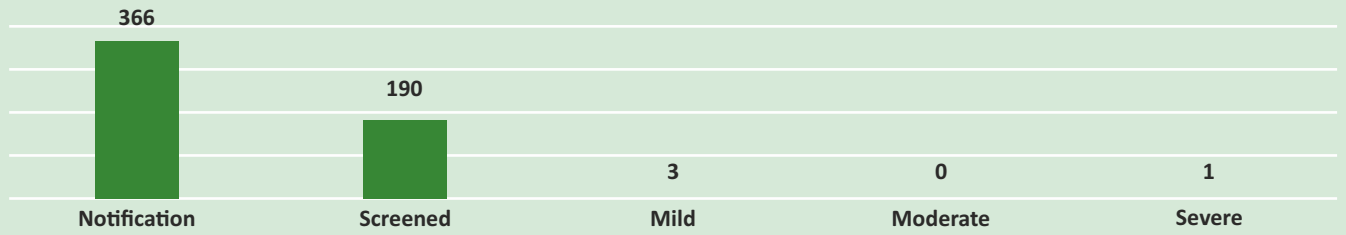
For Prison Inmates

1. **Conceptual Framework:** Understanding mental health challenges and developing intervention strategies.
2. **Kessler 10 (K10) Screening:** Measuring psychological distress symptoms using K10.
3. **Symptom Checker and Interventions:** Implementing additional screening tools and interventions for comprehensive support
4. **Follow-Up and Counseling:** Regular follow-ups and counseling for inmates with mild to moderate mental health symptoms, ensuring continuous support and addressing emerging issues. Severe cases are referred to specialists for further evaluation and treatment.

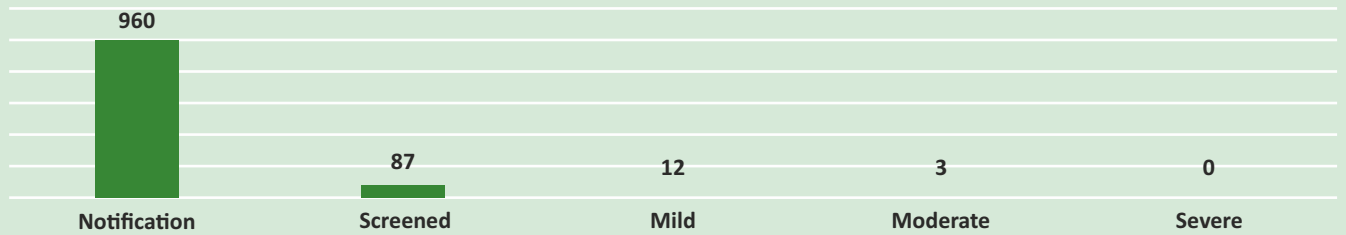
KEY OUTCOMES



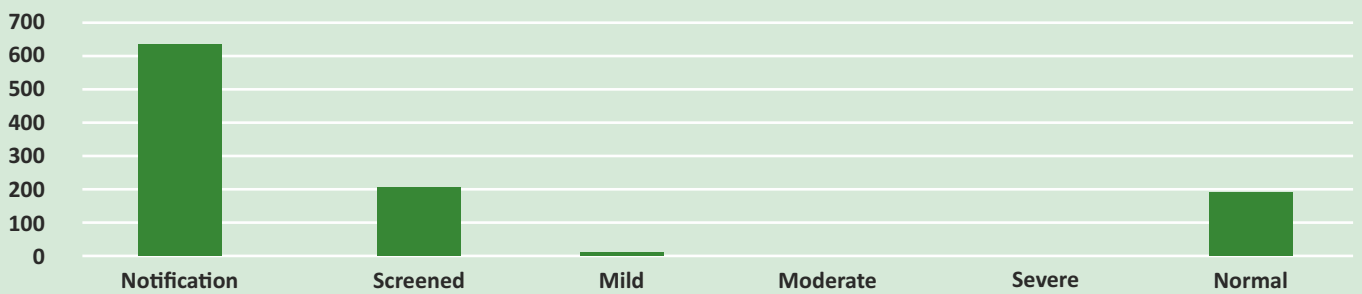
Gandhinagar City DS TB Mental Health Screening (January 2024 onwards to till 31st May 2024)



Gandhinagar Rural DS TB Mental Health Screening (January 2024 onwards to till 31st May 2024)



Anand DS TB Mental Health Screening (January 2024 onwards to till 31st May 2024)



DS TB notification and MH data post initiation by Gandhinagar and Anand

ABOUT THE CGC PROJECT

Closing the Gaps in TB Care Cascade (CGC) is a four-year (2020-2024) project funded by the United States Agency for International Development (USAID) and implemented by World Health Partners (WHP) in four districts - Ranchi & East Singhbhum (Jharkhand) and Surat & Gandhi Nagar (Gujarat). The project has been further scaled up in additional five states - Bihar, Uttar Pradesh, Punjab, Sikkim, and Himachal Pradesh.

World Health Partners (WHP) is a non-profit Indian society that sets up programs to bring sustainable healthcare within easy access to underserved and vulnerable communities. It innovatively harnesses available resources more efficiently by using evidence-based management and technological solutions. WHP is best known for its programs focused on early detection and treatment of tuberculosis in urban and rural settings, supported by community-based activities to ensure prevention.

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