

INTEGRATING MENTAL HEALTH WITH TB CARE ADDRESSING DEPRESSION, ANXIETY, SUBSTANCE USE AND PSYCHIATRIC PROBLEMS AMONG TB PATIENTS

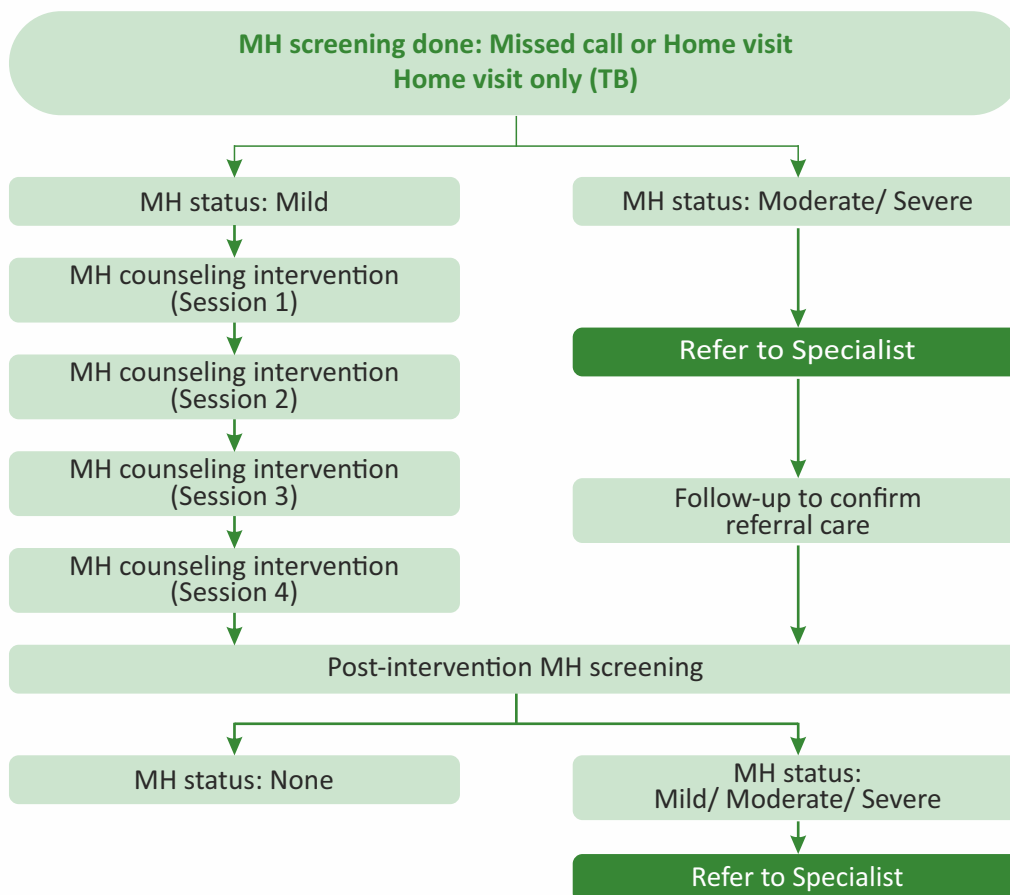
BACKGROUND

Existing evidence suggests that TB patients experience a wide range of psychological and emotional distress as they move through the TB care cascade. At diagnosis, patients confront anxiety, fear of isolation, and denial. TB patients can subsequently feel demotivated, unsupported - devaluing their health and negatively impacting treatment decisions. Depression especially is a significant bi-directional risk factor that TB patients can experience at any stage of care. Patients with depression are also more likely to have advanced disease upon diagnosis and remain infectious for longer periods.

INTERVENTION WORKFLOW

The MH intervention begins with a brief assessment of depression, anxiety, and psychosis symptoms at the TB diagnosis stage. Screenings integrate patient's response 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.

Patients with 'Mild' mental health symptoms receive psychosocial support with counseling. 'Moderate' or 'Severe' symptoms are referred for further psychiatric evaluation by mental health specialists. Regular follow-up of referred patients is done to ensure completion, clinical diagnosis, and initiation of pharmacological treatment if required.



KEY OBJECTIVES

1

Identify the prevalence of mental health challenges among TB patients

2

Implement psychosocial interventions to reduce the severity of mental health challenges

3

Improve patient-level clinical outcomes and quality of care outcomes

4

Develop national guidance documents to implement mental health services for TB patients

5

Strengthen horizontal health systems by integrating national TB and national mental health program services

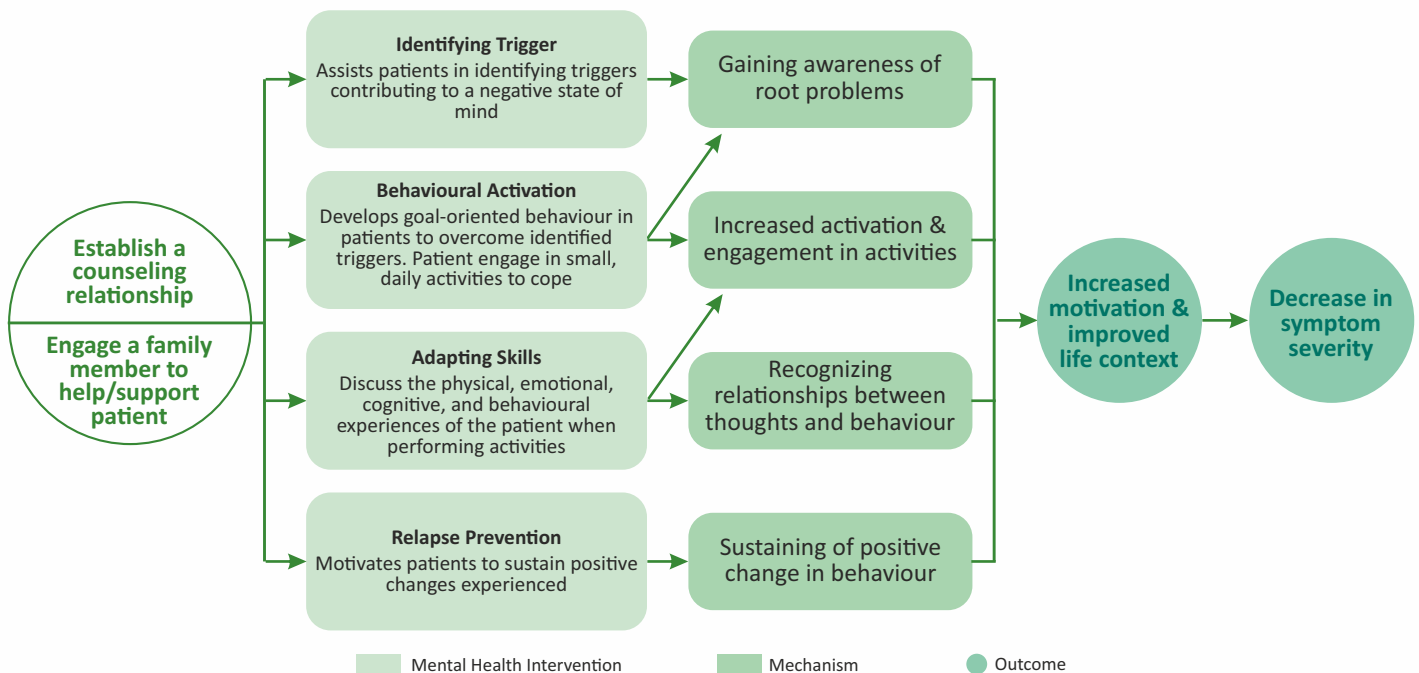
I. MENTAL HEALTH ASSESSMENT

Notified TB patients in the public and private sector are screened by trained Care Coordinators with the Patient Health Questionnaire 4 (PHQ-4). PHQ-4 is a screener for both anxiety and depression and used to screen people to see their status as mild, moderate or severe. Before October 2021, the project was using BPRS (Brief Psychiatric Rating Scale) to measure the same.

II. PSYCHOSOCIAL INTERVENTION: TREATING MILD CONDITIONS

Care coordinators enrol “Mild” patients into a psychosocial intervention, consisting of 4 phases:

Conceptual Framework: Mental Health Intervention among TB Patients



SUICIDAL INTENT

Trained program staff identifies and manages signs of suicidal tendencies through risk factors and warning signs. At-risk patients are monitored in their home environment by a motivated family member or co-resident to ensure their safety during a crisis situation. Severe patients are referred for immediate services for institutional care and support. Such patients are followed up and closed with positive outcomes.

Risk factors and Warning signs of Suicide

Sudden loss of freedom / fear of punishment		Sense of worthlessness, or helplessness
Preoccupation with death		Loss of job, home, income
Family history of suicide		Suicidal statements or attempts
Giving away prized possessions		Victim of assault or bullying
Visiting or calling people one cares about		Recent disappointment or rejection
Suddenly happier and calmer		Loss of interest in things one cares about
Getting affairs in order, making arrangements		Loss of health, either real or imagined

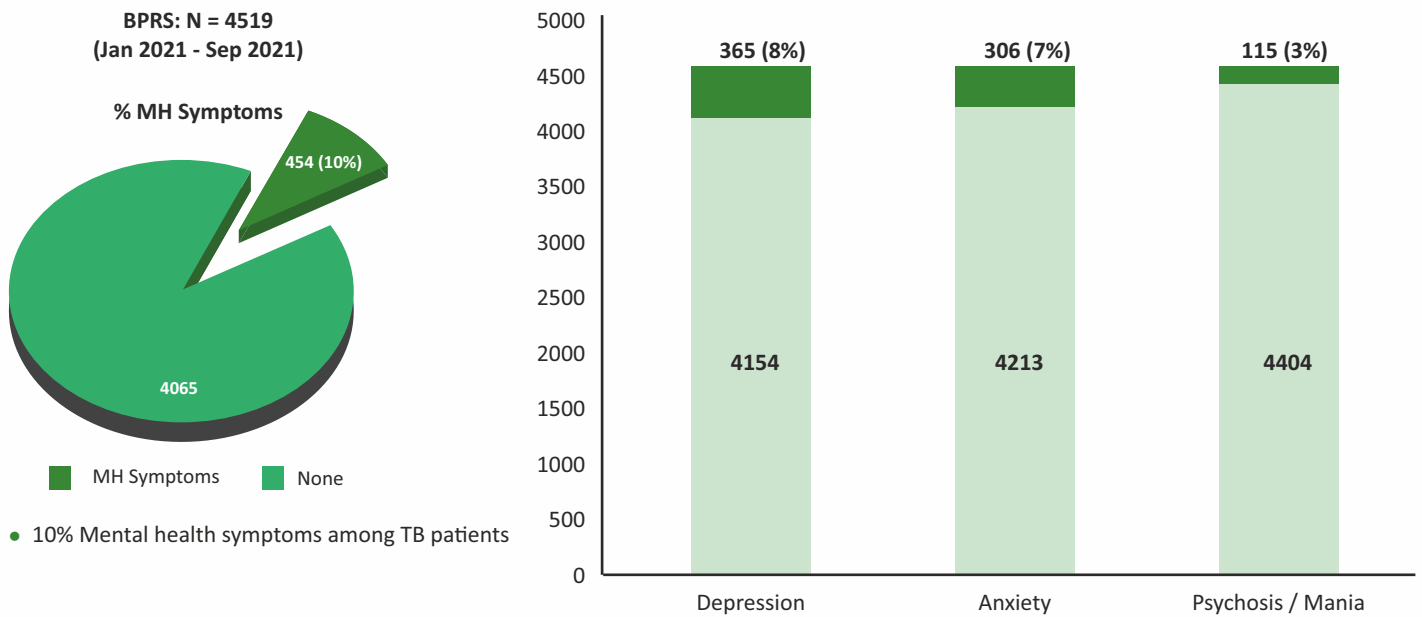
CGC SUPPORTIVE REFERRAL SERVICES

- **Crisis Intervention:** Immediate and short-term emergency response to distressed patient.
- **Family Therapy:** Help the family unit to manage the psychological distress.

RESULTS OF BPRS TOOL

The project screened 4,519 patients and 10% (454) were identified with a mental health challenge during January 2021 to September 2021. Among them, 8% were identified with symptoms of depression, 7% with anxiety, and 3% with psychosis.

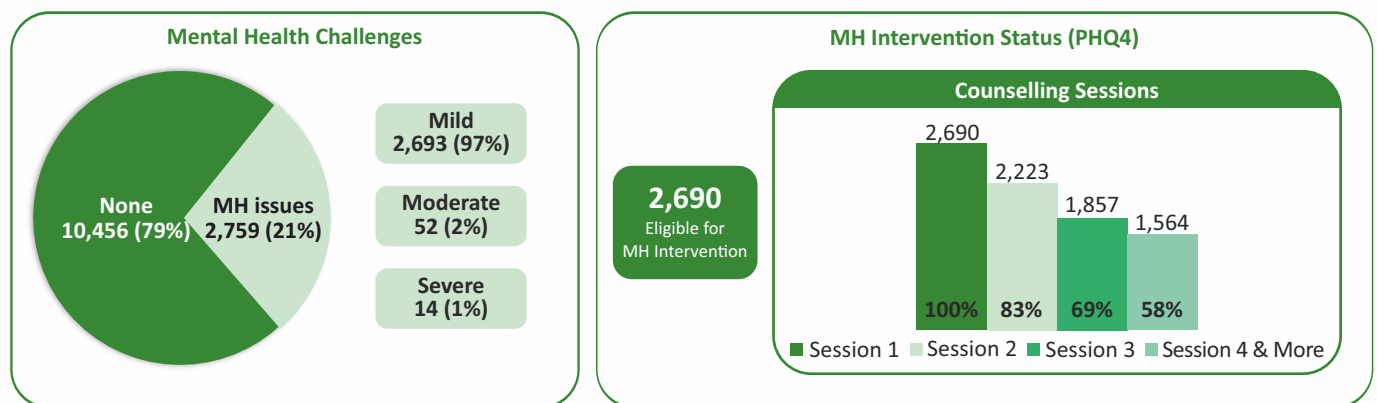
Figure 1: Prevalence of MH Symptoms: Initial Brief Screening



Results of PHQ4 and Symptom Checker Screening Tool and Allied Interventions

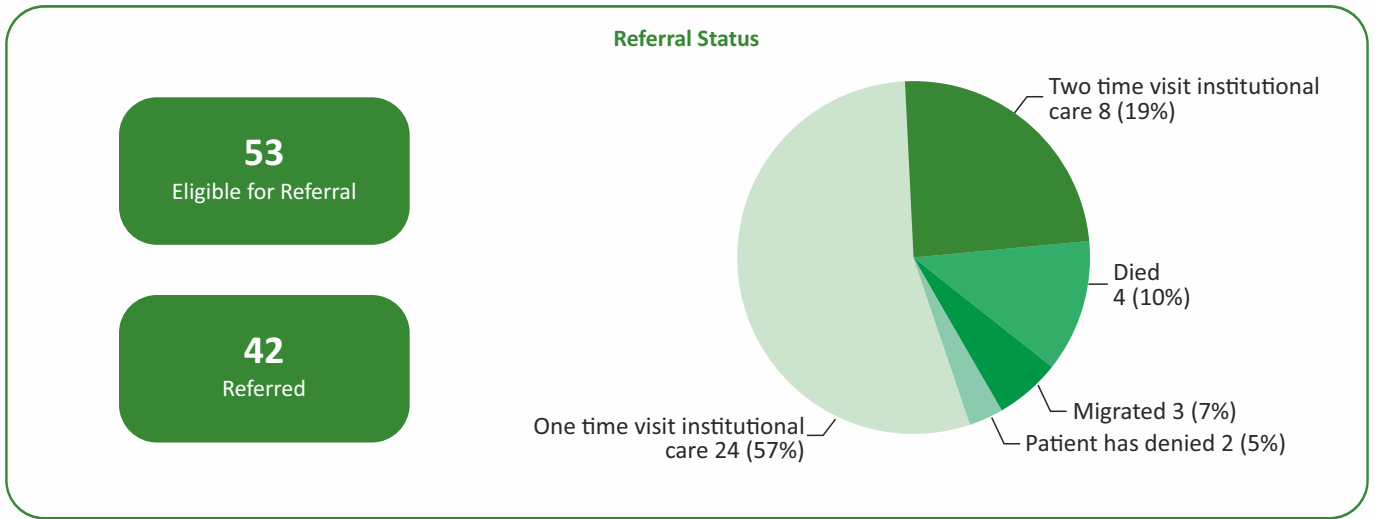
From Oct 2021 to April 2023, the project screened 13,215 TB patients with PHQ-4. Out of these, 10,456 (79%) were normal and 2,759 (21%) had mental health issues of which 2,693 (97%) were mild, 52 (2%) were moderate and 14 (1%) were severe cases. Among the screened patients 661 (06%) were susceptible to depression and 1,057 (08%) were susceptible to anxiety. As part of the plan, four counselling sessions were given to the Mild patients upon their willingness and consent. Among the 2,693 eligible TB patients, 2,690 patients consented and were given session 1, session 2 was given to 2,223, session 3 was given to 1,857 and session 4 was given to 1,564 patients. Patients completing the four sessions reported reduced MH severity.

Figure 2: Mental health disorders and status of interventions during October 2021 to April, 2023



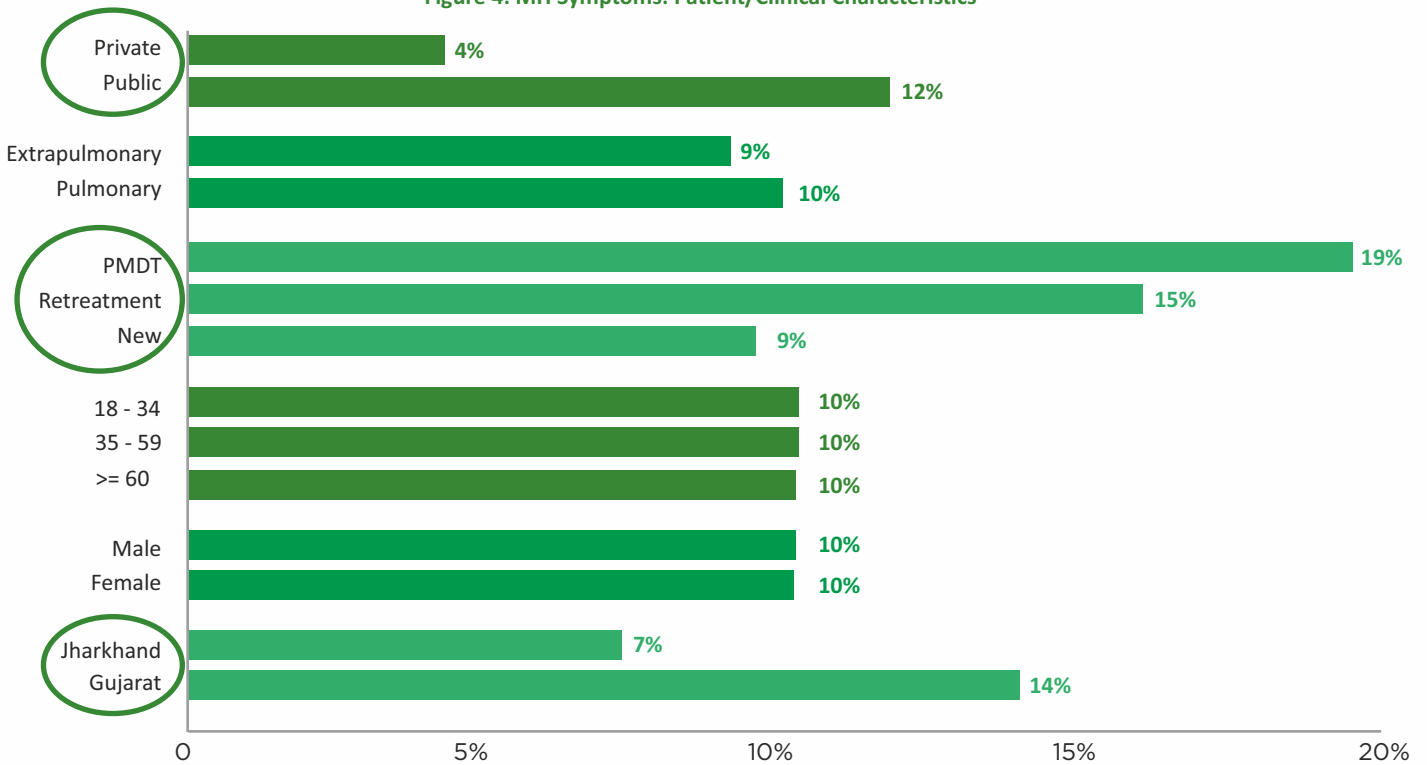
The Project also tracks the mental health severity of TB patients with a severe mental health disorder. 66 patients are eligible for referral and among them 4 reported to have died and remaining were referred to specialised institutions DMHP/RIMPAS/Tele-Manas/HMHA etc. for further care.

Figure 3: Status of TB patients referred for institutional care with a severe mental health disorder



Below graph reveals that 12% of the TB patients in public sector and 4% in private sector were found with mental health symptoms. TB patients with mental health symptoms in Gujarat (14%) reported double the number of Jharkhand (7%).

Figure 4: MH Symptoms: Patient/Clinical Characteristics



TRACKING SUBSTANCE USE DISORDERS UNDER THE MENTAL HEALTH INTERVENTION

Psychological issues such as isolation, stigma, and lack of social support among others are common in TB patients. These issues are further exacerbated with the use of substances such as alcohol, tobacco, drugs etc. Substance use may suddenly increase symptoms of mental illness or even trigger new symptoms. Substance use disorders among Tuberculosis (TB) patients is one of the most commonly reported behavioural risk factors, with severe consequences on quality of care. This high-risk group has one of the highest rates of death, lost to follow-up, treatment failure, and TB recurrence.¹ CGC project is implementing a comprehensive strategy to tackle substance use disorders under the mental health intervention to address care cascade gaps in TB treatment.

¹ Nadkarni A, Weiss HA, Naik A, Bhat B, Patel V. The six-year outcome of alcohol use disorders in men: A population based study from India. Drug Alcohol Depend. 2016

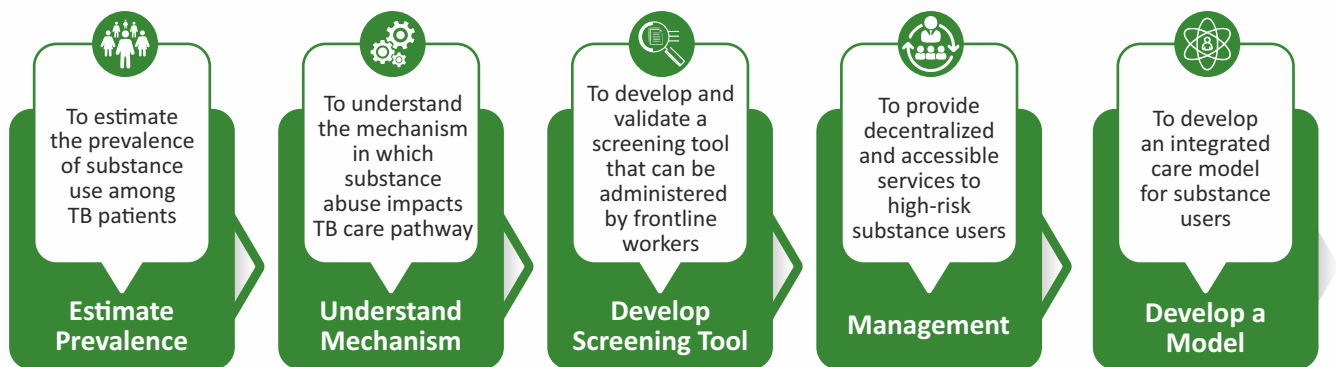
Challenges of TB Treatment among Patients with Substance Use Disorders

- TB and substance use both carry significant stigma and self-discrimination
- Poor treatment adherence, lack of social and family support, psychiatric comorbidities
- Anti-TB meds are usually metabolized by the liver, which is often damaged by substance use
- Less likely to be screened for TB with diagnostic delay
- Lower access to routine medical care

Principles of Effective Treatment for Substance Use

- Substance use varies in severity and frequency over time
- Counselling, behavioural therapies and medications are critical components of treatment and withdrawal management
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness
- Treatment plans must be assessed and modified to meet changing need
- Possible drug use relapse during treatment must be monitored continuously

KEY OBJECTIVES



INTERVENTION WORKFLOW

Notified TB patients in the public and private sectors are screened within 15 days of treatment initiation by project staff to characterize substance use challenges. High-risk patients are provided intervention support in the form of behavioural therapy or direct referral to the facility-based care.

A) Eliciting Information on Substance Use Disorders

TB patients are screened for substance use challenges with a field-tested brief assessment tool that can be administered by frontline health workers. The screening consists of four components to assess the frequency and severity of substance use; and patient willingness to engage.

1

Characterize Substance Use

- Type of substance
- Social user, occasional user, frequent user, daily and weekly users

Assess Severity of Substance Use

- Feeling bad, guilty, or thinking to cut down on substance use
- Criticism by others on substance use

2

3

Assess Psychiatric Comorbidity

- Identify symptoms of depression, anxiety, or psychosis
- Identify linking triggers

Willingness & Support System

- Voluntary participation in counselling and behavioural interventions
- Availability of family member to provide support

4

B) Counselling and Behavioural Therapy

Patients who are weekly/daily users of substances are deemed as high-risk and enrolled in a counselling and behavioural therapy intervention. Four home-based sessions (explained above) are conducted with the patient. Additional sessions may be utilized to accomplish the goals of each session.

C) Early Learnings

- Till April'23, 10,114 TB patients were screened for substance use to identify 2,449 (24%) users*
- Alcohol use is culturally accepted in several populations; acknowledgment of substance use can be challenging
- Patients do not want to visit to specialized or institutional care for substance use, even after multiple follow-ups
- Tobacco Quit toll-free number is useful, but language is a barrier and does not cater to all patients. Busy lines and inability to connect are also challenges

D) Way Forward

- Expand access to Tobacco Quit Line (TQL), a government helpline number 1800-112-356, which works six days a week to provide counselling services
- Coordinate substance use disorder services with medical care with more frequent monitoring of clinical severity, including respiratory complications and drug interaction
- Develop an evidence-based treatment plans to address various trajectories of substance use at different points in time
- Integrate the substance use disorder screening with ACF activities to track the individual efficiently
- Leverage other stakeholders and media outlets on World No Tobacco day, International Day Against Drug Abuse and Illicit Trafficking, and International Day for the Elimination of Violence Against Women

**Most of the substance users consume both tobacco and alcohol*

ABOUT THE CGC PROJECT

Closing the gaps in TB Care Cascade (CGC) is a four-year (2020-2024) project funded by United States Agency for International Development (USAID) and is being implemented by World Health Partners (WHP) in four districts- Ranchi & East Singhbhum (Jharkhand) and Surat & Gandhi Nagar (Gujarat). The project will be further scaled-up to additional five states – Bihar, Uttar Pradesh, Sikkim, Punjab 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 already 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. The organization uses all available resources - both in the public and private sectors to ensure that people living in any part of the country will have access to high-quality treatment.

For more information, please contact: Ms. Prachi Shukla, Country Director, World Health Partners (WHP), A 151, Sector - 72, Noida - 201301, India, info@whpindia.org

www.worldhealthpartners.org

