MAANASI - A SUSTAINED, INNOVATIVE, INTEGRATED MENTAL HEALTHCARE MODEL IN SOUTH INDIA

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Studies in low- and middle-income countries (LMICs) point to a significant association of common mental disorders with female gender, low education, and poverty. Depression and anxiety are frequently complicated by lack of disease awareness and non-adherence, the absence of care and provider resources, low value given to mental health by policy-makers, stigma, and discrimination towards the mentally ill. Female village leaders/community health and outreach workers (CHWs) can be used to overcome the lack of psychiatric resources for treatment of common mental disorders in rural areas.

A multidisciplinary team was set up to evaluate and treat potential clients in the villages. A program of care delivery was planned, developed and implemented by: (a) targeting indigent women in the region; (b) integrating mental health care with primary care; (c) making care affordable and accessible by training local women as CHWs with ongoing continued supervision; and (d) sustaining the program long-term. Indigenous CHWs served as a link between the centre and the community. They received hands-on training, ongoing supervision, and an abridged but focused training module to identify common mental disorders, help treatment compliance, networking, illness literacy and community support by outreach workers. They used assessment tools translated into the local language, and conducted focus groups and client training programs.

As a result, mental healthcare was provided to clients from as many as 150 villages in South India. Currently the services are utilized on a regular basis by about 50 villages around the central project site. Empowerment of treated clients is the final outcome, assisting them in self-employment.

Rural mental healthcare must be culturally congruent, and must integrate primary care and local CHWs for success. Training, supervision, ongoing teaching of CHWs, on-site resident medical officers, research and outreach are essential to continued success over two decades.

The MAANASI clinic has an active caseload of 1900+ clients, and the CHWs have logged hundreds of visits using donated mopeds, over 2 decades, to provide outreach and teaching to hundreds of households. A program that would cost around $3.2M annually to run in the United States, costs $62,175 in India today for all comprehensive activities.

Several focus groups (FGs) were conducted that revealed the vital role of the CHWs in addressing issues such as adherence to treatment. Villagers, primarily females, reported that the CHWs were concerned, compassionate and empathic concerning clients' illnesses and well-being. Clients reported that the CHWs' supportive therapy with family members had changed attitudes and created an enabling home environment. All the FGs revealed that the CHWs cleared myths and misconceptions about illnesses and medications, leading to reduced stigma.

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