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Objectives: Reciprocal learning in the field of global mental health is a multidirectional exchange of research advancements requiring sharing of ideas and collaboration. The objective of this Symposium is to present examples of reciprocal learning that illustrate how novel interventions for improving child and maternal mental health service delivery in low-resource settings were translated into other settings around the world.

Methods: Siham Sikander, PhD, will present the “Thinking Healthy Program” (THP), an evidence-based intervention to reduce perinatal depression and improve health outcomes for mothers and children delivered by non-specialists in low-resource settings. Keng-Yen Huang, PhD, will present the ParentCorps professional learning program (PCPLP), a school-based early childhood intervention to train teachers and families in evidence-based strategies to promote children’s social-emotional and behavioral regulation skills. John Naslund, PhD, will present pilot data from the “Enabling translation of Science to Service to Enhance Depression Care (ESSENCE)” study, which uses digital technology to train community health workers to deliver a brief evidence-based psychological treatment for depression in primary care. Brandon Kohrt, MD, PhD, will present on the “UNICEF-WHO Ensuring Quality in Psychological Support (EQUIP)” initiative to evaluate competencies of nonspecialists delivering mental health services, including competencies for the care of children and adolescents. Finally, Andrea Horvath Marques, MD, will review lessons learned and discuss how this knowledge can further inform child and adolescent mental health research and the field as a whole.

Results: Three of the 4 interventions discussed were developed in a low- or middle-income country (LMIC), including Pakistan and India, and at least 2 have been translated to high-income countries like the United States. Similarly, 2 interventions have been endorsed by the World Health Organization for their use in low-resource settings globally, and the other 2 are in the process of being scaled-up further.

Conclusions: Reciprocal learning in global mental health expands the benefit of research innovations to diverse contexts, communities, and populations, equitably improving mental health and shaping future research.

PUP, EBP, NIMH

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20.1 IMPROVING ACCESS TO PSYCHOSOCIAL INTERVENTIONS FOR PERINATAL DEPRESSION IN LOW- AND MIDDLE-INCOME COUNTRIES: LESSONS FROM THE FIELD



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Objectives: Over 90% of women with perinatal depression in low- and middle-income countries do not receive treatment. Scale-up of evidence-based psychosocial interventions is a key challenge. We developed the Thinking Healthy Program (THP), a psychosocial intervention that can be delivered by nonspecialist providers such as community health workers in primary and secondary care settings.

Methods: A number of trials have been conducted on the THP, which have established its effectiveness and cost-effectiveness in diverse settings. In the original trial based on 903 women, results at 6 months postnatal showed that 77% of intervened mothers (vs 47% of the nonintervened group) recovered from depression (adjusted OR = 0.22; 95% CI, 0.14-0.36; $p < 0.0001$). This effect was sustained at 12 months postnatal. More recently, we pooled data from 2 new trials with a total of 850 women across Pakistan and India. Mothers in the intervention arm had higher odds of remission rates and lower symptom severity at 6 months postnatal compared to control mothers (adjusted OR = 1.35; 95% CI, 1.02-1.78) (Patient Health Questionnaire-9 [PHQ-9] score adjusted mean difference = -0.78; 95% CI, -1.47 to -0.09). All trials also showed improvements on a number of secondary outcomes including child outcomes. We synthesize and discuss the global lessons and implications of having shown that THP is effective in diverse settings and that the policy and practice uptake of the program globally has been promising.

Results: We find that the THP is relatively inexpensive and culturally transferable; the intervention can be integrated with existing maternal and child health programs; the program is amenable to “task-sharing/task-shifting” via lay peers, nurses, community health workers, and other frontline workers; there are cascaded models of training and supervision; and the technology is used for training and delivery to provide exciting future avenues for scaled-up implementation.

Conclusions: These innovations are relevant to the neglected field of public mental health, especially in the post-COVID-19 era when rates of anxiety and depression are likely to rise globally.

DDD, INF, TREAT

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20.2 DISSEMINATING AND IMPLEMENTING THE PARENTCORPS TEACHER PROFESSIONAL LEARNING PROGRAM TO SCHOOLS IN UGANDA, NEPAL, AND THE UNITED STATES: STRATEGIES AND IMPACTS



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Objectives: Environments characterized by extreme poverty and violence, in which children are victims of abuse and neglect, occur around the globe. Toxic stressors and a range of social determinants combine to yield high levels of child social-emotional problems. Evidence-based interventions (EBIs) targeted at improving mental health in these populations that can be delivered in schools, might be transportable globally to populations with similar experience. Our study tests the transportability of the EBI ParentCorps-Professional Learning (PL) from a developed country (United States) to Uganda (U) and Nepal (N). ParentCorps-PL is a school-based early-childhood intervention that provides training for teachers and families in evidence-based strategies to promote children’s social-emotional and behavioral regulation skills.

Methods: Based on the Framework of Translational and Implementation in Health Service Research, we examine implementation effectiveness with 40 schools (U/N = 10/30), 301 teachers (U/N = 99/202), and 700 students/families (U/N = 154/550). Teacher EBI practice and child social-emotional and mental health outcomes were assessed.

Results: Our study supported the fit and feasibility of transporting ParentCorps to different countries. Specifically, ParentCorps targets knowledge and skills that are relevant to Ugandan and Nepali teachers and families; the ParentCorps model that relies on school staff for implementation is pertinent and appealing to teachers; and the EBI is in line with governments’ policies. In addition, teacher and child outcome evaluation also found expected impacts, with significant effect on teachers’ knowledge ($d = 1.03$ - 1.36), use of EBI strategies ($d = 0.55$ - 1.74), and children’s social-emotional and behavioral outcomes ($d = 0.30$ - 1.03).

Conclusions: Findings suggest the transportability of PL to diverse global populations. Also, reciprocal learning is effective in generating new implementation knowledge that improves the impacts of EBIs globally.

SC, PRE, EC

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20.3 REMOTE COACHING AND TECHNOLOGY FOR TRAINING COMMUNITY HEALTH WORKERS TO TREAT DEPRESSION IN PRIMARY CARE: CASE EXAMPLE FROM INDIA AND OPPORTUNITIES TO SCALE UP MENTAL HEALTH CARE GLOBALLY



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