



Reducing stigma and increasing access to mental healthcare
in rural India - **SMART Mental Health program**

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The George Institute
for Global Health India

Facts:

- In India, lifetime prevalence of mental disorders among adults is about 15%, with 150 million in need of treatment.
- Mental disorders are projected to reduce economic growth in India and China by more than \$9 trillion between 2016 and 2030.
- In India, gaps in access to adequate health services for people with CMDs is estimated at 75-85%. Only 4% with major depressive disorders receive adequate care.

Project Cycle:

2018–2022

Partners:

All India Institute of Medical Sciences
University of Hyderabad
King's College London
WHO Department of Mental Health and Substance Abuse

Supporters:

National Health and Medical Research Council (NHMRC) Australia through the Global Alliance for Chronic Diseases (GACD)

Study Principal Investigator:

To find out more about the SMART Mental Health program and its principal investigators, Dr Pallab Maulik and Dr David Peiris, or The George Institute for Global Health, please contact Julia Timms on +61 410 411 983 or email jtimms@georgeinstitute.org.au

Background:

- The burden of neuropsychiatric conditions is a major concern globally, with mental illness, behavioural disorders and self-harm accounting for 8.5% of all disability-adjusted life-years worldwide.
- The latest survey in India estimates prevalence of common mental disorders (CMDs) such as depression, anxiety and substance use to be high, with a very large proportion of the population in need of treatment.
- The treatment gap for these disorders in India is very wide due to a lack of mental health services, awareness, stigma and trained professionals.

Aims:

The project aims to evaluate:

- A community-based anti-stigma campaign to address barriers to accessing mental healthcare and improve community help-seeking behaviours.
- A mobile device-based decision support system to improve management of adults at high risk of CMDs, leading to significant improvements in remission rates for depression, anxiety and suicide risk.

Methods:

- The study will identify 'high-risk' and 'non-high-risk' patients among 165,000 people from 44 villages in rural Andhra Pradesh and Haryana. A cluster randomised control trial will be conducted for a year, following which interventions will be offered to both groups for a year as part of a non-randomised evaluation.

Impact:

- Build evidence on a large-scale community campaign to increase awareness and reduce stigma about common mental disorders.
- Address barriers to accessing mental healthcare and contribute to significant improvements in community behaviours toward mental disorders.
- Improve the identification, diagnosis and treatment of CMDs by developing evidence-based primary mental health service models and using technology enabled task-sharing approaches.

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