## **Case Studies: PIH Value Chain** Implementation



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## **The Value Chain Case Studies**

#### **Development of the Case Studies:**

With generous support from Grand Challenges Canada, the Partners In Health (PIH) Mental Health Program developed four case studies to demonstrat how the Value Chain can be used as an implementation framework across at four distinct PIH sites.

#### **Overview of Case Studies:**

Each case study describes how a particuar service user interacts with a mental health care system at each stage of the value chain. The case studies also describe the programmatic level supports that need to be in place to support the service user in the system of care.

- Case Study #1: Liberia Patient Level Example
- Case Study #2: Peru Patient Level Example
- Case Study #3: Mexico Patient Level Example
- Case Study #4: Lesotho Patient Level Example





#### Liberia Patient Level Example: **Meet Olivia**

Implementation framework for a mental health system of care



Liberia: 43 y/o housewife, identified by the psychosocial assistant during the outpatient clinic talk. She is in an abusive relationship with her partner and had been frequently presenting to the outpatient clinic with recurrent sexually transmitted infections (STIs). Her family refused to support her leaving the emotionally abusive relationship and she had no other source of income. She explained to the psychosocial assistant that she was constantly worried, not sleeping well, feeling sad and had withdrawn from many activities.

Case-Finding Crisis Response Prevention Value Chain Stage Received Olivia was Identified during identified by a the health talks prevention trained Mental messages at the held at the **Patient-level** Out-Patient; Health outpatient clinic Activities Referred to the **Psychosocial** and referred to (at Health Facility mental health Support Assistant and Community the mental health Level) clinic for (MHPSSA) during clinic one of the assessment and intervention outpatient health talk sessions at JJD

**Program-level** support systems

#### What underlying support systems support the service user in this system of care?

- Training and supervision systems- MHPSSA cadre of health, health talks, CETA sessions
- Task-sharing and task-shifting between MHPSSA and clinicians, MHPSSA supervised by clinician.
- Psychosocial interventions for MHPSSA led CETA intervention
- Patient-level and program level indicators tracked in CETA
- Integrated care- mental health and OBGYN support given at the same health facility

Assessment	Treatment	Follow-Up	Reintegration/ Red
<ul> <li>Screened using the PHQ-9 and the CETA CMF and had high scores for depression.</li> <li>Referred to the OB/GYN for further assessment</li> </ul>	<list-item><text></text></list-item>	<ul> <li>Assigned to a PSSA for weekly CETA sessions.</li> <li>Had regular follow-up at the clinic.</li> <li>Regular follow up at the OBGYN clinic.</li> <li>Family interventions.</li> </ul>	<ul> <li>Symptoms hareduced significantly</li> <li>She applies scare strategies deal with different deal with different deal with different deal with different small cash gradies small cash gradies small cash gradies small cash gradies start up a business</li> <li>intimate part verbal abuse reduced.</li> </ul>







#### **Peru's Patient Level Example:**

#### **Meet Jose**

Implementation framework for a mental health system of care



Peru: 20 y/o young man who lives with his father, who is a bus driver, and his mother who is a housewife and does not work. He has concerned about his family's economic situation. Jose was identified via the Chatbot, Robotin, during the pandemic. He is undergoing HIV treatment, experiences body pains, nausea and worries about his health. He had suicide ideation during the pandemic. Was referred to specialized mental heatlh care in North Llma. He began treatment and was followed up with a psychologist on call weekly.

Value Chain Stage	Crisis Response	Prevention	Case-Finding	Assessment	Treatment	Follow-Up	Reintegration/ Reco
Patient-level Activities (at Health Facility and Community Level)	Jose was identified in an emergency due to the pandemic. Referred to Emergency Services to suicide ideation	<text><text><text></text></text></text>	Identified through Chatbot (Robotin) through social networks.	<ul> <li>Assessed through Chat Bot with screening instrument (SRQ abbreviated)</li> </ul>	<ul> <li>Psychological First Aid.</li> <li>Referred for specialized care to overcome depression.</li> <li>Virtual Treatment through calls and video calls.</li> <li>Takes medicine for HIV.</li> </ul>	<ul> <li>Weekly calls to the patient by the psychologist in charge</li> <li>Accompanied patient to be connected to the state-run services.</li> <li>Confirmed ability to adhere to HIV clinical treatment.</li> </ul>	<ul> <li>Jose found work and can contribu- financially to the home.</li> <li>Has plans to stue a technical caree</li> <li>Reports improvement in self-esteem feels good about himself.</li> </ul>

**Program-level** support systems

#### What underlying support systems support the service user in this system of care?

- Strong Partnerships with the Ministry of Health: Creating Links for Patient Referral
- Partnerships with local health centers for patient care.
- **Program planning and partnerships with IT and Software Development to create Robotin the Chatbot**
- External Engagement to publicize Chatbot Robotin through social media channels so prospective service users can be reached.
- Community Mental health Planning- to ensure referrals, coordination and care between SES/PIH and ministry-led health facilities.







### **Mexico's Patient Level Example:**

#### Meet Sarah

Implementation framework for a mental health system of care



Case-Finding Crisis Response Prevention Value Chain Stage Identified through Participated in Community Health medical interns stigma prevention Workers (CHW), trained in diagnosing workshop with rural health clinic **Patient-level** epilepsy and photography. staff (doctors, Activities common and severe nurses) were (at Health Facility mental illness. Received and Community trained to screen Level) psychoeducation for depression and Diagnosed with EEG from clinic staff anxiety data. and confirmed. Trained in Was identified **Psychological First** through active case Aid. finding.

**Program-level** support systems

#### What underlying support systems support the service user in this system of care?

- Training and Supervision Systems: Competency-based training and supervision system for medical interns, weekly CHW supervision, CHW Continuing Education, CETA weekly Supervision
- Strong Government Partnerships- Agreement between the Ministry of Health and CES to work in the rural clinics
- Partnerships and Community Mental Health Planning: Right to Heatlh partnership including food and transportation support, accompaniment for clinical and psychoeducation visits.
- Psychoeducation and social support to family and support persons.

Sarah: 26 y/o female who has been diagnosed with epilepsy since the age of 7. She lives in a marginalized community with her siblings and both parents. From childhood she was exposed to sexual trauma, food insecurity, domestic violence and a disabling environment. She had her first depressive episode at age 18. In addition, generalized anxiety disorder with panic attacks and functional neurological disorder were added. She has had suicide attempts, panic attacks and epileptic seizures.

Assessment	Treatment	Follow-Up	Reintegration/ Rec
Assessed through PHQ9 and GAD7 Clinical Mental Health Questionnaire completed Suicidal risk assessment was completed. Referred to psychiatry through the Right to Health Program	<ul> <li>Prescribed Antie pileptics, anti- depressants, sleeping medicin es</li> <li>Brief interventions were given for depression and anxiety.</li> <li>PFA, CETA</li> <li>Emergency plan made</li> <li>Hospital Treatment</li> </ul>	<ul> <li>Follow-up visits by CHW</li> <li>Received tele- consultations overseen by a psychiatrist.</li> <li>Attended monthl y clinic visits.</li> </ul>	<ul> <li>Behavioral Action Plan</li> <li>Follow up wit community.</li> <li>Invitation to psychoeducat groups facilita by a CHW.</li> </ul>



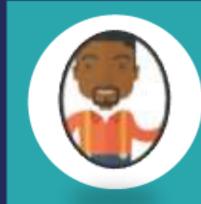






#### **Lesotho's Patient Level Example: Meet Mosito**

Implementation framework for a mental health system of care



Value Chain Stage	Crisis Response	Prevention	Case-Finding
Patient-level Activities (at Health Facility and Community Level)	Home assessment included guestionnaire to assess crisis	Received prevention messages; Collaborated with community depart ment to continue with health education r elated to substance use	<text></text>

**Program-level** support systems

#### What underlying support systems support the service user in this system of care?

- Strong Partnerships with the Ministry of Health: Creating Links for Patient Referral
- Partnerships with local health centers for patient care.
- Training and supervision systems supported prevention, case-finding, assessment, treatment, through reintegration activities
- Integration of Depression Care through TB services

Lesotho: **38 y/o male** was diagnosed with MDRTB on 17/07/2020. Due to his clinical condition at that time he was hospitalized and discharged on 29/10/2020 (3 months later). He continued to come to his monthly scheduled check ups however he continuously loss weight. On 05/02/2021 he present with active sign and symptom of TB. His pill bag still contain more tablets, and culture was positive again. Community nurse referred him to mental health department















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