

# Using primary-level workers to help people with mental disorders in low- and middle-income countries: **What are the effects?**



Photo by Brent Stirton

In low- and middle-income countries, many people with mental illnesses do not receive the care they need because of stigma and difficulty in accessing specialist mental health services. One possible solution is to offer services through ‘primary-level workers’. These are people who are not mental health specialists but who are given some mental health training. They can include doctors and nurses; lay health workers such as community volunteers; and other members of the community such as teachers. Primary-level workers either deliver these services alone or in collaboration with specialists. But how effective are they at helping people with mental illnesses?

## **What are the key messages in this review?**

The review findings show that primary healthcare professionals, lay health workers, teachers and other community workers may be able to help people struggling with different mental health issues if they are given training. However, we still need more evidence.

## **Who is this summary for?**

Implementation agencies, ministries of health, programme managers, and other stakeholders who are considering how they can use community members to help people with mental health problems.

## **What did the review look for?**

A recent Cochrane Review assessed the effect of engaging people in the community, such as primary healthcare workers and teachers, to help people with mental disorders or distress in low- and middle-income countries (van Ginneken, 2021). The review authors collected and analysed all relevant studies to answer this question and found 95 studies.

## **How up-to-date was this review?**

Originally published in November 2013, this update includes studies published up to 20 June 2019.

# Main results of the review

## 1. Adults with depression and anxiety

Treatments from lay health workers compared to usual care:

- may increase recovery, reduce the number of people with depression and anxiety, improve quality of life, slightly improve day-to-day functioning, and reduce risk of suicidal thoughts or attempts (low certainty evidence).

Treatments from primary health workers in collaboration with mental health specialists compared to usual care:

- may increase recovery, slightly reduce symptoms, slightly improve quality of life, and reduce referral to mental health specialists (low certainty evidence).
- may reduce the number of people with depression and anxiety, although the range for the actual effect indicates that they may have little or no effect (low certainty evidence).
- probably have little-to-no effect on day-to-day functioning (moderate certainty evidence) people who are not mental health specialists but who are given.

## 2. Women with depression related to pregnancy and childbirth

Treatments from lay health workers compared to usual care:

- probably slightly reduces symptoms of depression (moderate certainty evidence).
- may increase women's recovery and slightly improve day-to-day functioning, but may have little-to-no effect on risk of death (low certainty evidence).

## 3. Adults in humanitarian settings with post-traumatic stress or depression and anxiety

Treatments from lay health workers compared to usual care:

- probably slightly improves quality of life (moderate certainty evidence).
- may slightly reduce symptoms of depression (low certainty evidence).

Treatments from primary health professionals, compared to usual care:

- may reduce the number of adults with post-traumatic stress and depression (low certainty evidence) have little-to-no effect on risk of death (low certainty evidence).

## 4. Adults with alcohol or substance use problems

Treatments from lay health workers compared to usual care:

- probably slightly reduce the risk of harmful or hazardous alcohol use (moderate certainty evidence).
- may increase recovery from harmful/hazardous alcohol use, though the range of actual effects indicates that they may have little or no effect (low certainty evidence).
- may have little-to-no effect on day-to-day functioning and on the number of people who use methamphetamine (low certainty evidence).

Treatments from primary health professionals, compared to usual care:

- probably have little to no effect on recovery from harmful or hazardous alcohol use and on quality of life but probably slightly reduce the risk of harmful/hazardous alcohol and substance use (moderate certainty evidence).

## 5. Adults with severe mental disorders such as schizophrenia

Treatments from lay health workers compared to mental health specialists alone:

- may have little to no effect on caregiver burden (low certainty evidence).

Treatments from primary health professionals alone or in collaboration with mental health specialists, compared to mental health specialists alone:

- may improve day-to-day functioning (low certainty evidence).

## Main results of the review

### 6. Adults with dementia and their carers

Treatments from lay and professional health workers, compared to usual care:

- may have little to no effect on the severity of behavioural symptoms in dementia patients but may reduce carers' mental distress (low certainty evidence).

### 7. Children in humanitarian settings with post-traumatic stress or depression and anxiety

Treatments from lay health workers, compared to usual or no care:

- probably have little to no effect on depressive symptoms or on day-to-day functioning (moderate certainty evidence).
- may have little to no effect on post-traumatic stress symptoms and may make little or no difference in adverse effects (low certainty evidence).

Treatments from community professionals, (teachers and social workers), compared to no care:

- may have little or no effect on depressive symptoms and may make little to no difference in adverse effects (low certainty evidence).

The results presented in this summary are from a Cochrane Review. **This summary does NOT include recommendations.**

The review authors have searched for, assessed and summarised relevant studies of effectiveness using a systematic and predefined approach.

The review authors assessed the certainty of each finding using a systematic approach called GRADE. GRADE uses criteria such as the risk of systematic errors (bias) in the finding of each study and the risk of errors due to the play of chance (because of few people or events in the studies).

## Reference

The information for this summary is taken from the following Cochrane Review: van Ginneken N, Chin WY, Lim YC, Ussif A, Singh R, Shahmalak U, Purgato M, Rojas-García A, Uphoff E, McMullen S, Foss HS, Thapa Pachya A, Rashidian L, Borghe-sani A, Henschke N, Chong L-Y, Lewin S. Primary-level worker interventions for the care of people living with mental disorders and distress in low-and-middle-income countries. Cochrane Database of Systematic Reviews 2021, Issue 8. Art. No.: CD009149. DOI: 10.1002/14651858.CD009149.pub3

Prepared by 'Briefly Summarised', Cochrane Norway/EPOC, Claire Glenton & Chris Cooper, June 2021: [claire.glenton@fhi.no](mailto:claire.glenton@fhi.no)

