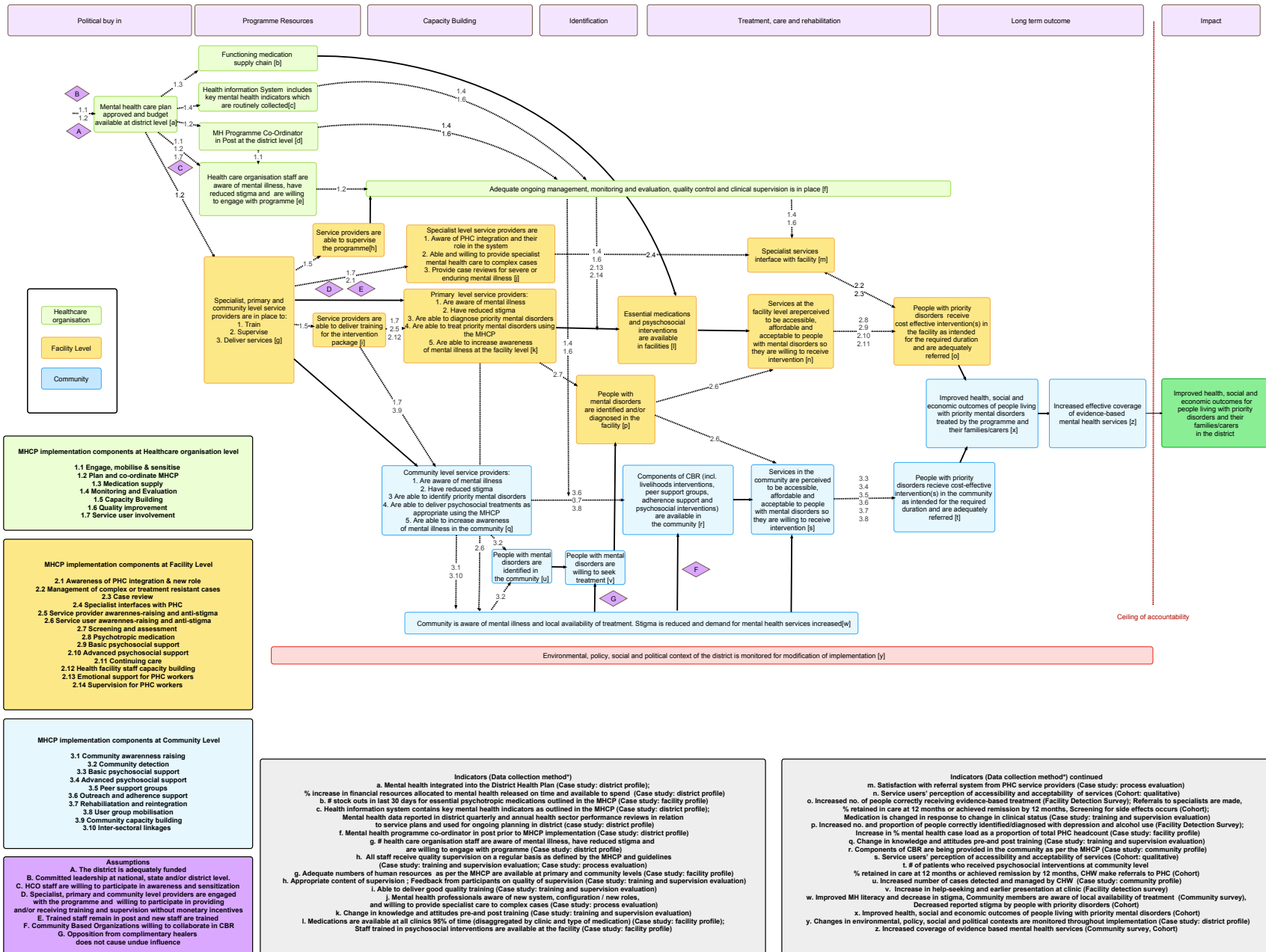


Breuer et al. Planning and evaluating mental health services in low- and middle-income countries using theory of change. *British Journal of Psychiatry* doi: 10.1192/bjp.bp.114.153841

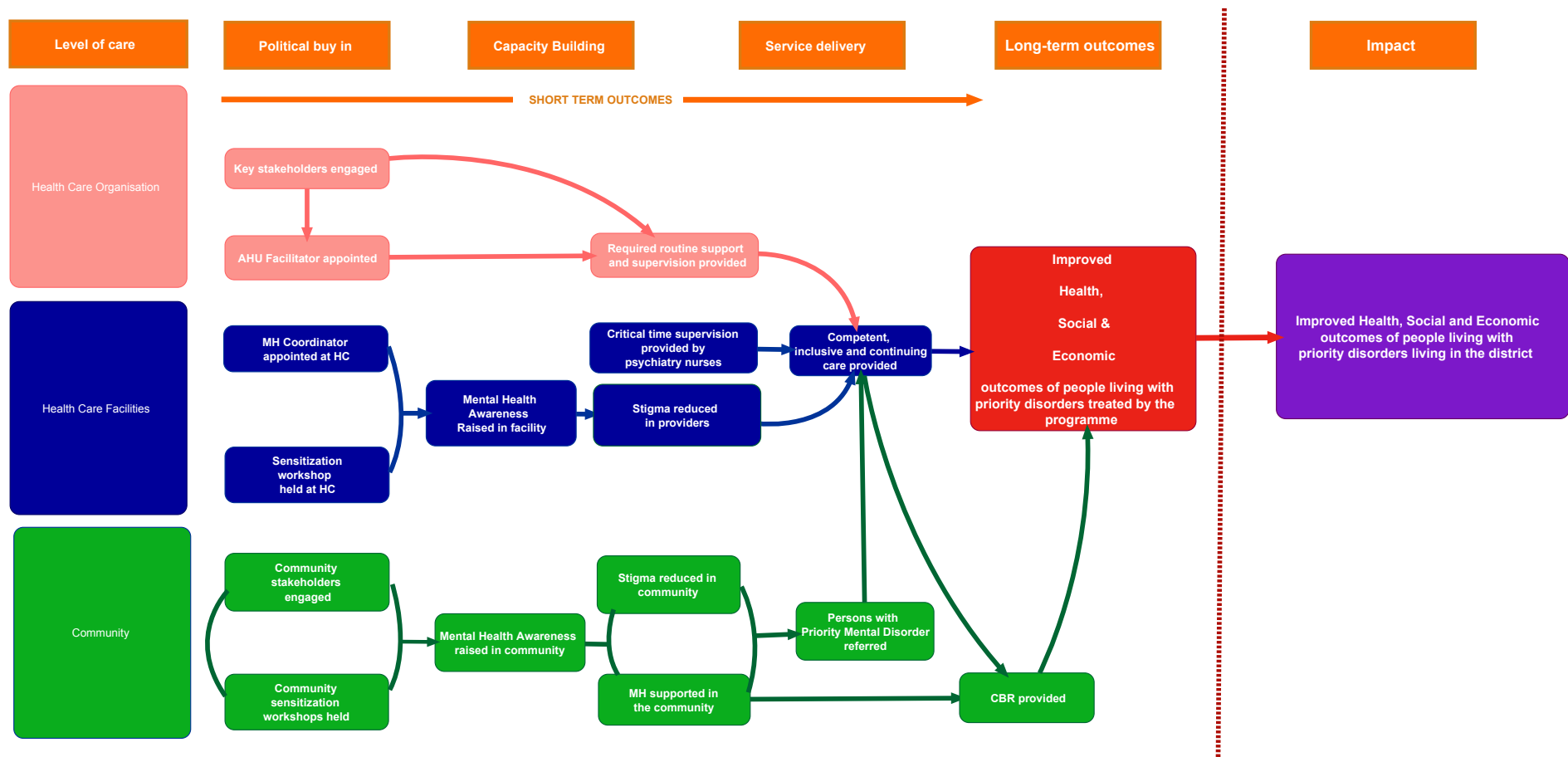
Online supplement: Figs DS1–6

Fig. DS1. PRIME Cross Country ToC



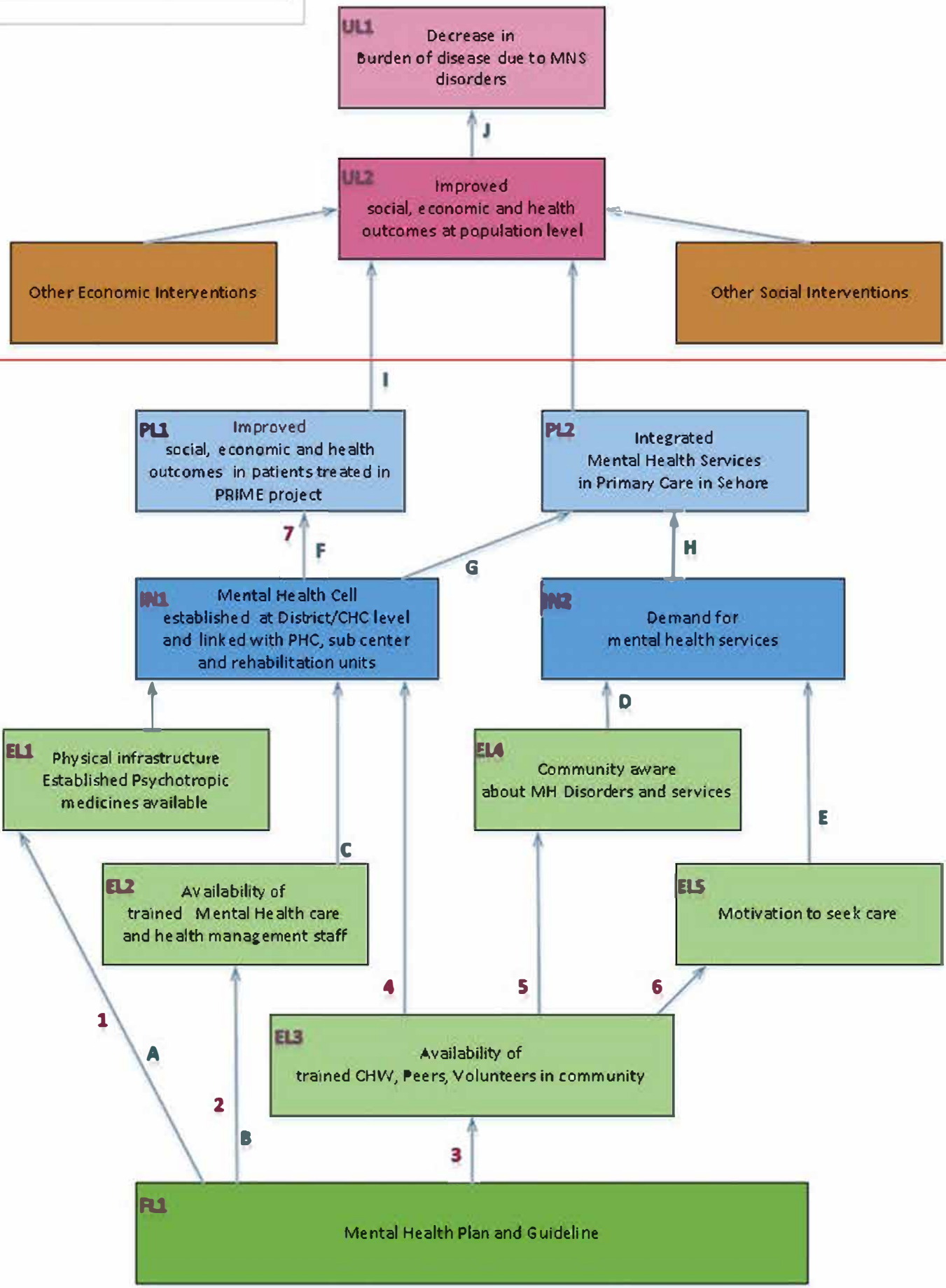
\*see De Silva et al 2014 for more details

Fig. DS2 Outcomes Pathway of the PRIME Ethiopia Theory of Change



This is a summary of the PRIME Ethiopia Theory of Change showing the outcomes pathway only.

**Fig. DS3 PRIME India TOC MAP**

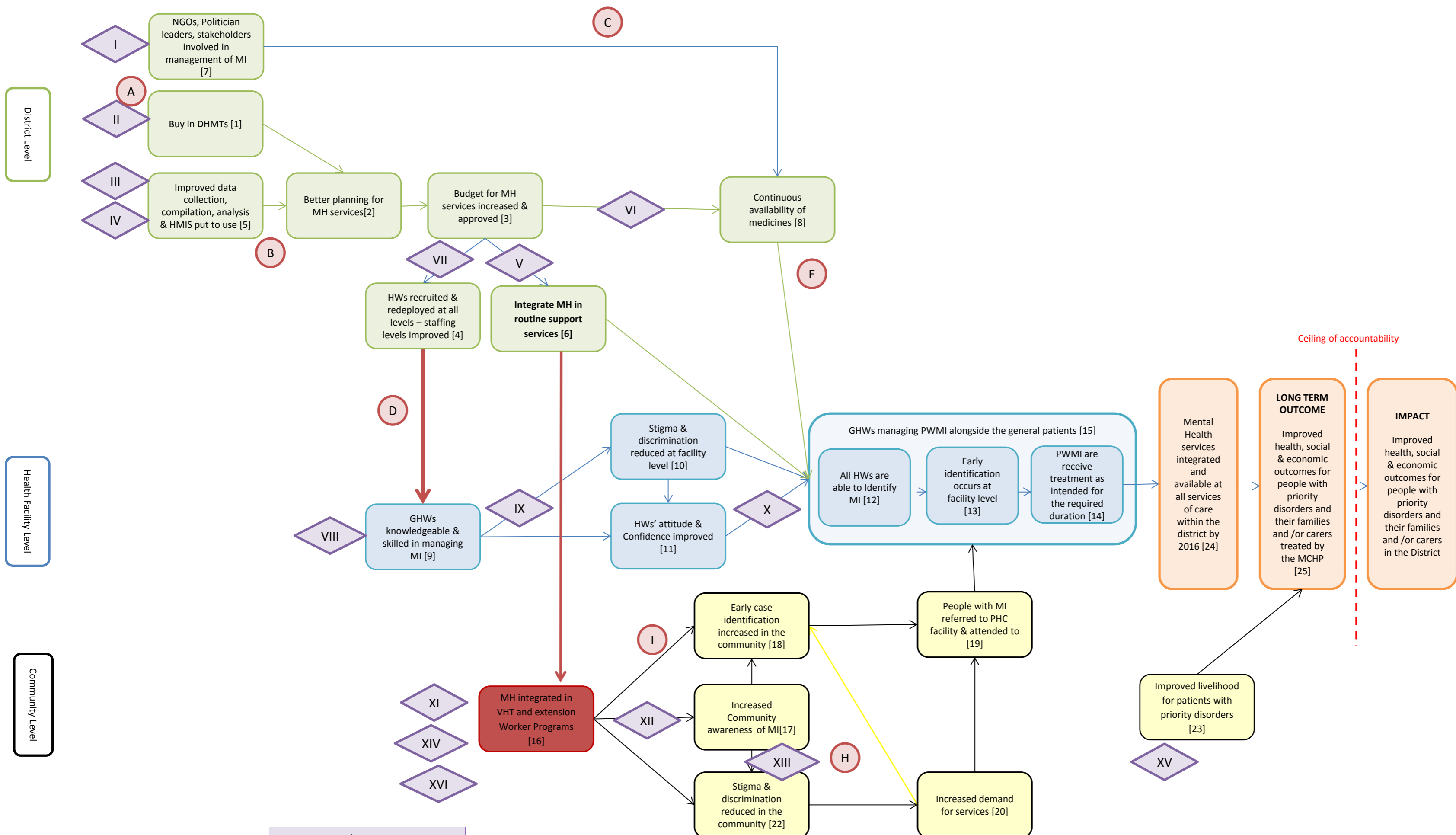


- Legends**
- Interventions in TOC**
- 1 Procurement of Psychotropic medications and setting up a space for mental health interventions in the facilities
  - 2 Training of medical officers/mental health managers
  - 3 Recruitment and training of Front-line workers
  - 4 Identification of patients with priority mental disorders, provision of mental health first aid, follow-up of patients and provision of rehabilitation services
  - 5 Community based interventions to improve mental health literacy
  - 6 Community based interventions to reduce stigma and improve help-seeking behavior
  - 7 Pharmacological management of priority mental disorders and provision of psycho-social interventions
- Assumptions in TOC**
- A Budget provisions made and money is made available for setting up space and procurement of psychotropic medications
  - B Political buy-in and support to endorse mental health guidelines and support its implementation
  - C General health staff (MOs and FLWs) willing to provide mental health services at community and facility level
  - D Improvement in mental health literacy would improve help-seeking behavior resulting in demand for services
  - E Stigma reduction interventions would improve help-seeking behavior resulting in demand for service
  - F Patients receive regular follow-up and are adherent to treatment and in these patients interventions lead to reduction in disease severity and disability severity
  - G Mental Health Cell is accessible
  - H Services offered in Mental Health Cell are acceptable and affordable





**Fig. DS6 Theory of Change for Improving Mental Health Care –Kamuli District Uganda**



| Interventions |                                                    |
|---------------|----------------------------------------------------|
| I             | Sensitize partners including PNFPs                 |
| II            | Sensitize district administrators                  |
| III           | Training in HMIS                                   |
| IV            | Avail HMIS logistics                               |
| V             | MH focal person joins the support supervision team |
| VI            | Procure drugs                                      |
| VII           | Recruit and deploy staff                           |
| VIII          | Standardized training for HWs                      |

| Interventions |                                                                          |
|---------------|--------------------------------------------------------------------------|
| IX            | Mentoring & support of the GHWs e.g. protection, & incentive             |
| X             | Avail guidelines at facility level screening for CMDs                    |
| XI            | Media program                                                            |
| XII           | Sensitize community                                                      |
| XIII          | Community dialogue for mental health                                     |
| XIV           | Develop appropriate IEC materials                                        |
| XV            | Form & Facilitate formation of support groups                            |
| XVI           | Sensitize & train VHT & extension workers to identify priority disorders |

| Indicators |                                                                                                    |
|------------|----------------------------------------------------------------------------------------------------|
| 1          | Participation of key stakeholder in meetings, reported buy in on interview                         |
| 2          | MH included in the approved work plans                                                             |
| 3          | Proportion of budget allocated to MH                                                               |
| 4          | Proportion of facilities with qualified HWs work plans                                             |
| 5          | HIMS records and reports                                                                           |
| 6          | Mental health in reports of DHMT, Representation of MH on DHMT, MH regularly on the agenda of DHMT |
| 7          | Level of participation & MH activities in their work plans work plans                              |
| 8          | Days of stock outs and medication on essential drug list                                           |
| 9          | Appropriate diagnoses and treatment                                                                |
| 10         | Change in stigma and discrimination of HCW before/after training                                   |
| 11         | Change in perceived confidence and attitude of HCW before/after training                           |
| 12         | Appropriate diagnosis & treatment                                                                  |

| Indicators |                                                                          |
|------------|--------------------------------------------------------------------------|
| 13         | Appropriate diagnosis & treatment                                        |
| 14         | higher attendance recorded in HIMS                                       |
| 15         | Attendance records                                                       |
| 16         | Referrals from VHTs & reports                                            |
| 17         | People aware about the causes & nature of MI                             |
| 18         | No. of patients referred to PHC facility                                 |
| 19         | Increased no. of clients receiving MH care                               |
| 20         | No. of PWMI benefiting in existing district programs                     |
| 21         | Referrals from Extension workers                                         |
| 22         | Increase in no. of people presenting for mental disorders in facilities. |
| 23         | Level of participation in the activities of support groups               |
| 24         | Health Facility records & reports                                        |
| 25         | General Socio-economic welfare of PWMI and their families                |

| Assumptions |                                                                      |
|-------------|----------------------------------------------------------------------|
| A           | The District is adequately funded                                    |
| B           | Increased utilization of data                                        |
| C           | Service standards available                                          |
| D           | HWs available on the market: MH is a priority                        |
| E           | NMS has adequate stocks & delivers on time                           |
| F           | Time & space available                                               |
| G           | Health care seeking behavior improve with increased awareness        |
| H           | Awareness improves attitude toward the mentally ill                  |
| I           | Opposition from complimentary healers does not cause undue influence |