**CBM/LSHTM Case Study Methodology for Mental Health Programs – Blank Tables for Field Notes**

**Domain 1: ENVIRONMENT IN WHICH THE PROGRAM FUNCTIONS**

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| **1.1** | **Location** | * City / District / Province / State / Country |  |
| **1.2** | **Physical setting** | * Estimate the size (km2 or sq mi) of the catchment area. Estimate, too, the size of the population in the program’s catchment area. These can often be found in government documents posted on internet websites. Program staff may be able to supply this information, but, when possible, it should be corroborated by other sources. * Often, there is a discrepancy between the official catchment area of a program and the area actually served. If possible, indicate the communities in which most of the clients reside, and estimate the populations of those communities. * It would be worthwhile to describe the geography – natural and manmade – of the area, especially if it has direct consequences on how the program functions, e.g., Is the area prone to natural disasters? Are communities dispersed across a large area? |  |
| **1.3** | **Socio-cultural attitudes** | * What are local socio-cultural attitudes about and behaviors toward persons with mental illness? * Is there overt evidence of stigma and discrimination? Describe * Are practices such as chaining, caging, and other forms of abuse common? Describe * A comprehensive account of this topic could, by itself, be the focus of a large research project. For the purposes of the case study, gathering information from program staff will probably be sufficient. |  |
| **1.4** | **Socioeconomic measures** | * General impressions of the socioeconomic status of the environment can be obtained by observation (housing infrastructure, quality of the roads, etc.) and interviewing program staff. Socioeconomic data may be obtained from documents from the United Nations or National Governments. |  |
| **1.5** | **Political environment** | * This is a topic that could, by itself, be the focus of a large study. For the purposes of the case study, attention should be given only to those political factors that are of direct relevance to the lives of persons with mental illness. For example, information about national mental health policies may be relevant. Most often, however, funding of public health systems, in general, and mental health systems, in particular, will be of most relevance. Information about funding could also be included below, in the section “Health systems in which the program functions.” * Does the country have a national mental health legislation, policy, or plan? When were these established? * State of human rights – indicate whether there has been any change since the establishment of the program (see **1.1**). * Are people with mental disorders subject to human rights violations, e.g., chaining, imprisonment for no reason other than being mentally ill, intolerable conditions in psychiatric facilities, abuse by biomedical practitioners or traditional/spiritual healers? |  |

**Domain 2: HEALTH SYSTEM IN WHICH THE PROGRAM FUNCTIONS**

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| **2.1** | **General health services** | * Describe the general health system. * Is there a functioning public primary care system? * Are there secondary and tertiary facilities? * Do poor people have access to care, especially maternal and child health services? |  |
| **2.2** | **Mental health services** | * Describe the mental health services, if any, in the area. * Are there are psychiatric inpatient facilities in or near the program catchment area? If yes, what are the conditions in those facilities? * How many mental health professionals are in the area? How many work in the public sector? In the private sector? * Are psychotropic medications readily available and being used in primary care clinics? |  |
| **2.3** | **Alternative sources of healthcare** | The presence of traditional and/or spiritual healers will often have significant consequences for a mental health program.   * Do families frequently bring members who are ill with epilepsy or psychosis to healers before seeking the services of the program? * Do families and/or clients discontinue program services in favor of alternative sources of care? * What consequences do these actions have for those who are ill? * Does the program have a policy about working with alternative healers? |  |
| **2.4** | **Basic health data** | * Collect data on such basic health measures as: * Infant mortality * Maternal mortality * Average life expectancy |  |

**Domain 3: HISTORY**

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| **3.1** | **When was program established?** | * The year in which the program was established? |  |
| * The state of local and national mental health services at the time.[[1]](#footnote-1) * What mental health services were available? Biomedical, psychosocial, or both? |  |
| * State of human rights in the country at the time.[[2]](#footnote-2) * Did people with mental disorders have full rights as citizens? * Were people with mental disorders subject to human rights violations? * What was the legal position of torture survivors or other relevant groups? Was it possible for torture survivors to seek treatment without risking arrest? * Did the country have national mental health legislation, policy, or plan at the time? When were these established?[[3]](#footnote-3) |  |
| **3.2** | **Where?** | See **Domain 3: ENVIRONMENT IN WHICH THE PROGRAM FUNCTIONS** |  |
| **3.3** | **Why?** | * Key stimulus / defining moment for the establishment of the program * Did the program fill a gap in the existing health system? |  |
| **3.4** | **What?** | * Was the program added to or embedded within an existing program or was it established as an independent entity? |  |
| **3.5** | **Who?** | * Who founded the program? |  |
| **3.6** | **How?** | * What was necessary to get the program up and running? * What resources were necessary? * From where and how were the resources obtained? * How long did it take? |  |

**Domain 4: PROGRAM CONCEPTUAL FRAMEWORK**

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| **4.1** | **Orientation of services** | * What services does the program offer? * Biomedical treatments or psychosocial interventions, or both? * Are services geared toward individuals or families or both? * Does the program undertake activities to address the need for social inclusion or economic development of its clients? * Describe each * Changes over time in program’s orientation to treatment and prevention |  |
| **4.2** | **General principles of equity** | * Do the program administration and staff consider such issues as access and acceptability? * Are these issues thought about and actively addressed? * Do service users and families have a voice in decisions? |  |
| **4.3** | **Evaluation** | * Staff attitudes about evidence-based practice * Staff attitudes about evaluation of services |  |

**Domain 5: ENGAGEMENT WITH BROADER SYSTEMS**

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| **5.1** | **Does the program work at the systems level?** | * Relations with public mental health system, e.g., local health centres; local schools; local hospitals; other service providers * List and describe activities of each * What brought about these activities? | . |
| **5.2** | **Does the program work at the systems level?** | * Relations with public mental health system, e.g., local health centres; local schools; local hospitals; other service providers * List and describe activities of each * What brought about these activities? |  |
| **5.3** | **Engagement with local, national, and international policy makers** | * Influence on policy or clinical practices at district, national or international levels? * To what extent has the program been a catalyst for change? * What brought about this engagement? |  |

**Domain 6: PROGRAM RESOURCES**

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| **6.1** | **Human** | * Number * Qualifications * Unsalaried community supporters/low-pay staff * Positive and negative experiences * How are staff treated by their superiors and administrators? |  |
| **6.2** | **Transportation** | * Do staff have access to the means of transportation that are required to deliver services to large catchment areas or remote locations? |  |
| **6.3** | **Funding** | * Sources of funding * Initial * Current * Future * Security of funding * Evidence of local support * Financial * In kind |  |
| **6.4** | **Other** | * What other resources does the program have? |  |

**Domain 7: PROGRAM MANAGEMENT**

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| **7.1** | **Organizational structure** | * Who manages day-to-day operations? * Is there an executive body that has ultimate authority for decision-making processes? |  |
| **7.2** | **Finances[[4]](#footnote-4)** | * How does the program manage its finances? |  |
| **7.3** | **Safety** | * Is staff safety adequately addressed in policy and practices? * Are staff provided with health insurance or other benefits? |  |
| **7.4** | **Plans for improvement and/or scaling up?** | * Is there a set of goals and expected results? * Is there a strategy/long-term plan to achieve goals? |  |

**Domain 8: CLIENT POPULATIONS**

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| **8.1** | **Diagnostic categories** | * Psychosis * CMDs * Epilepsy * Substance abuse |  |
| **8.2** | **Sociodemographic characteristics** | * Age * Gender * Social class * Educational status * Cultural or ethnic identities * Other: * Homeless persons * Prison populations * Asylum seekers and refugee populations |  |
| **8.3** | **Changes over time in client characteristics** | * Changes in diagnostic profiles of clients or sociodemographics |  |
| **8.4** | **Estimates of treatment gap[[5]](#footnote-5)**  **(by diagnostic category)** | * What percentage of the total number of potential clients are receiving services from the program? |  |

**Domain 9: PATHWAYS TO CARE**

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| **9.1** | **Patterns of help-seeking** | * Where/with whom do clients/families seek care first? * Average duration of illness prior to seeking care? * What prompts care-seeking? * Use of multiple providers? |  |
| **9.2** | **Pathways to care &**  **Case-finding** | * How do clients come to receive services from the program? * Do clients present themselves to services or are they identified in the field? Or both? |  |
| **9.3** | **Referral networks** | * Does the program refer clients for other services they might need? * Is it possible to refer clients to other services they might need? * Do clients take advantage of the referrals? |  |

**Domain 10: CLINICAL INTERVENTIONS**

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| **10.1** | **Diagnosis** | * Who determines diagnosis? * According to ICD or DSM criteria? Or, broader categories? |  |
| **10.2** | **Treatments offered** | * List treatments available * Provided by whom? * Where are treatments given? * Does the program have the capacity to provide emergency treatments, e.g., to those in the midst of an acute episode? |  |
| **10.3** | **Operational processes** | * Intake * Treatment schedule * Follow-up * Attention to side-effects? * What is done about those not returning for care? * Is there a system for finding and attempting to re-engage client? * Discharge * Criteria? * Follow-up? |  |
| **10.4** | **Protocols & guidelines** | * Does the program have protocols and guidelines for its clinical interventions? * If yes, have these been borrowed or have they been developed specifically for the program? |  |
| **10.5** | **Methods of evaluation** | * Has the program established a process for evaluating the effectiveness of clinical intervention? |  |
| **10.6** | **Outcomes** | * Are the clinical interventions being employed effective in improving the lives of clients? |  |

**Domain 11: MEDICATIONS**

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| **11.1** | **Purchasing policies** | * List of medications used * Are other medications available locally but are not used by program? Why? * Costs of each * Adequacy, consistency, and quality of the supply? * Does the program only prescribe medication, but does not provide it? |  |

**Domain 12: PSYCHOSOCIAL INTERVENTIONS**

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| **12.1** | **Interventions** | * Type of intervention: * Individual * Family/carer support * SHGs * Livelihood programs * Targeted groups * Provided by whom? |  |
| **12.2** | **Prevention & promotion** | * Does the program support and/or operate prevention and promotion activities? |  |
| **12.3** | **Protocols & guidelines** | * Does the program have protocols and guidelines for its psychosocial interventions? * If yes, were these borrowed or were they developed specifically for the program? |  |
| **12.4** | **Outcomes** | * Do the psychosocial interventions improve the lives of clients in terms of overall quality or, more specifically, socioeconomic status? |  |
| **12.5** | **Methods of evaluation** | * Has the program established a process for evaluating the effectiveness of psychosocial interventions? |  |

**Domain 12a: SHGS & LIVELIHOOD PROGRAMS**

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| **12a.1** | **SHGs** | * Does the program organize SHGs? |  |
| **12a.2** | **Livelihood**  **Programs** | * Does the program operate Livelihood Programs? * What are the criteria used for granting loans? * What are rates of loan repayment? * What are the nature of occupational training and apprenticeships? |  |

**Domain 13: ACCESSIBILITY OF SERVICES**

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| **13.1** | **Location** |  |
| **13.2** | **Provision of transportation** |  |
| **13.3** | **Affordable fees?** |  |
| **13.4** | **Service hours and schedules that match client needs?** |  |
| **13.5** | **In-home services?** |  |
| **13.6** | **Follow-up?** |  |

**Domain 14: INFORMATION SYSTEM**

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| **14.1** | **Information system** | * Who is collecting the data? * In what format is it being recorded? * How is it being stored, e.g., paper files, on computers, in databases? * Procedures for generating reports from the data * To whom is the information sent, e.g., funding agency? * Does the funding agency have specific requirements for data collection and reporting? |  |
| **14.2** | **Specifics** | * Information collected at enrolment: * Age * Gender * Marital status * Occupation * Diagnoses * Clinical status * Functional status * Prescribed treatment * Other physical problems * Referral to other services? * Date enrolled * Information collected at subsequent clinical contacts: * Clinical status * Functional status * Prescribed treatment * Referral to other services? * Date of contact |  |

1. Include information on current local and national mental health services in Domain 4. [↑](#footnote-ref-1)
2. Include information on current state of human rights in Domain 3. [↑](#footnote-ref-2)
3. Include information on current state of legislation, policies, and plans in Domain 3. [↑](#footnote-ref-3)
4. This is not intended to be an audit of a program’s finances. Rather, it is an overview of how the program manages its finances. [↑](#footnote-ref-4)
5. Even external evaluators with access to extensive electronic resources may have difficulty locating the information necessary to complete this section. [↑](#footnote-ref-5)