**Online Supplementary file 2**

**CROSS COUNTRY INTERVIEW SCHEDULE FOR POLICY MAKERS / DISTRICT LEVEL MANAGERS / PHC**

**CO-ORDINATORS**

1. **AWARENESS OF THE IMPORTANCE OF MENTAL HEALTH AND REDUCED STIGMA**

1.1. Do you think that implementation of the mental health care plans (MHCPs) for integrating mental health into general health care at the district level has improved overall health care?

1. Probe for possible gains/disadvantages of integration in relation to:

* greater efficiency through improvement in holistic care
* improved quality of communication with service users
* improved service user satisfaction with care
* improved health outcomes of service users
* potential for longer consultations
* Potential for greater burden on health care providers

1.2 Has the implementation of the MHCPs assisted to reduce psychiatric stigma by service providers and in the community?

1. Probe for whether the training itself has assisted to reduce psychiatric stigma by service providers and any specific anti-stigma programmes implemented as part of the MHCP and if so how useful they have been for reducing stigma
2. Probe for any specific anti-stigma programmes implemented as part of the MHCP at the community level and if so how useful they have been for reducing psychiatric stigma by community members.
3. **HUMAN RESOURCE ISSUES**

2.1.Who/what body is responsible for the co-ordination/oversight of the integration of mental health care?

Probe for whether and how well this co-ordination is functioning to achieve the following:

1. Ensuring the timely appointment of specialist staff
2. Ensuring ongoing training and supervision of primary care staff in mhGAP/PC101
3. Ensuring ongoing training and supervision of lay counsellors/community health worker level staff in adjunct psychosocial interventions
4. Adequately monitors the quality of services
5. Ensuring reliable and timely supply of adequate medication
6. Ensuring the collection of mental health indicators
7. Ensuring tracing of defaulters
8. Ensuring that there are awareness programmes to promote mental health literacy and reduce stigma
9. Ensuring adequate upward and downward referral pathways are adhered to

2.2. What have been the barriers/facilitating factors to having maximum coverage of staff trained in mhGAP/PC101 (e.g.,)

Probe for how the following affect coverage:

1. Staff turn-over. Has there been high staff turn-over? If so why? What measures were taken to improve retention of staff?
2. Sufficient posts. Have there been sufficient posts available at clinic level for optimal implementation of the MHCP. If not, was this a result of lack of budget or authority to create additional posts or some other reason?
3. Recruitment procedures. Have these procedures been efficient (e.g., how long has it taken to recruit and appoint new staff?). If not, what problems exist with recruitment procedures? What measures were taken to improve these procedures?
4. Training procedures. Were problems encountered in ensuring that new staff were timeously trained in mhGAP/PC101 and that refresher training was offered for staff. If yes, how were these problems addressed?
   1. How helpful do you think that training and supervision of PHC providers in mhGAP/PC101 mental health guidelines has been for facilitating the implementation of integration?
5. Probe for possible gains of this training and supervision.
6. Probe for shortcomings of training and supervision in mhGAP/PC101 mental health guidelines.
   1. What has been the experience (if relevant) for using lay/community health workers to help identify and/or provide psychosocial interventions within a task sharing approach?

Probe for the following:

1. Whether they are formally part of the health care system or not? If not, how this has impacted on retention and staff turn-over, morale (as a result of low remuneration/volunteer work, lack of clear role definition and career pathways). What measures did you put in place to address these issues?
2. Whether their role in mental health care (countries to insert specifics) is acknowledged and credited.
   1. What has been the experience of using specialist staff to provide ongoing/refresher training, supervision, support and a referral service for more complex/treatment resistant cases, which is necessary to support a task sharing approach?

Probe for:

1. Have they been sufficient specialists to assist with task sharing? Were the health authorities in the district willing for specialist staff to expand their roles and functions to assist in provide training, supervision and support to non-specialist staff in mental health care? If not how was this problem addressed?
2. Attitudes of specialist staff towards task sharing. Were specialist staff supportive of diversifying their roles to provide training, supervision and support to non-specialist staff in mental health care?
3. Staff turn-over. Has there been high staff turn-over of specialist staff? If so, why? What measures were taken to improve retention of specialist staff?
4. Recruitment procedures. Are these procedures efficient (e.g., how long does it take to recruit and appoint new staff?). If not, what problems exist with recruitment procedures? What measures can be taken to improve these procedures?
5. Training procedures. Are there procedures in place that would ensure that new specialist staff are timeously trained in mhGAP/PC101 so that they can provide supervision and support. If not, how has this problem been addressed?
6. **EQUIPMENT AND INFRASTRUCTURE FOR MHC**

3.1. Is the supply of drugs/medications at the district health facilities adequate?

If not, probe for how the following may affect drug supply

1. Drug policies. How have these impacted on availability of drugs? Are psychotropic medications part of an essential drug list? Are these drugs made available free of charge to patients? What measures have been put in place to improve drug policies?
2. Supply systems. How are drugs distributed to PHC clinics? What are the problems with the supply system? Are there buffer supplies/emergency stocks? What measures have been put in place to address these problems?
   1. Have there been any problems in the supply of guidelines (mhGAP/PC101) and adjunct psychosocial manuals as well as their retention at the clinics? Probe for reasons for problems and procedures that have been put into place to overcome them.

3.3. If the MHCP includes high intensity counselling delivered by trained counsellors, is there adequate counselling space available at the PHC clinics? If not, probe how this problem was addressed.

1. **INFORMATION**
   1. What information systems interventions have been used for monitoring and evaluation of integrated mental health care at the district level?

Probe for :

1. Mental health indicators used
2. Inclusion of mental disorders on patient record sheets
3. Establishment of targets for screening for mental disorders
4. Problems in implementation and data capturing
5. **SYSTEMS FOR PLANNING AND MANAGEMENT**
   1. What systems strengthening interventions (e.g., strengthening of referral systems, tracing of defaulters – see probes below) have been introduced to strengthen the case management of chronic patients including those with mental disorders

Probe for:

1. Systems strengthening to trace defaulters
2. Systems to promote collaboration between health workers and counsellors (if present)
3. Systems to promote joint case discussions
4. Systems strengthening to improve upward and downward referrals within the collaborative stepped care model
5. Whether any of these systems strengthening interventions have helped improve overall mental health care
   1. Have any programmes been introduced to address/promote more patient-centred care which includes patient empowerment to promote more patient self- management necessary for chronic patients including those with mental illness?

Probe:

1. Ask about the content of these interventions
2. Whether they helpful/unhelpful and why.
   1. Have any programmes been introduced to support PHC providers with their own emotional problems e.g. debriefing programmes/employee assistance programmes

Probe:

1. Ask about the content of these interventions
2. Whether they are helpful/unhelpful and why.
   1. How do systems for planning & management operate and how will this affect future scale up of the PRIME MHCPs (Nigeria to include equivalent)?

Probe for:

1. Whether they are centralized/decentralized and how this particular system in the country may help or impede the scale up of the PRIME MHCPs (Nigeria to add equivalent) beyond the lifespan of PRIME.
2. Whether the budget for mental health at provincial/district level is ring- fenced or part of an integrated budget for ring fenced at district level and how this particular system in the country may help or impede the scale up of the PRIME MHCPs (Nigeria to add equivalent) beyond the lifespan of PRIME.
3. Particular elements that will be difficult to scale up (e,g., the use of lay counsellors in South Africa) and actions taken to address these difficulties.
   1. Given that mental health care is a multi-sectoral endeavour, how has the DoH at district level collaborated with other sectors to tackle mental health problems and its determinants?

Probe for

1. Mechanisms/structures that were put in place to facilitate this.
2. Problems encountered.
3. **SERVICE USER PARTICIPATION**
   1. What has been the extent of service user/caregiver participation in the planning and delivery of mental health services?
   2. How has this involvement improved how mental health care is implemented in your district through the PRIME project [Nigeria equivalent]?

Probe for:

1. How patients and caregivers have contributed to making the service development / implementation a success?
2. How patients and caregivers have been involved in monitoring quality / improving services?
3. **CAPACITY BUILDING**
   1. We have been discussing many aspects of health system strengthening, especially focusing on mental health systems. Have you had any training in health systems strengthening that has assisted you to strengthen the system to support integrated care?

Probe for:

1. Training received
2. How it has been helpful
3. Further training needs

7.2. Then probe with the following for the capacity-building priorities within their organisation [may be better if the respondent is given the paper and asked to complete as difficult to visualise]

**PRIORITIES FOR CAPACITY-BUILDING**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | How important is it for your institution to build capacity in each of the following areas?  1 = irrelevant  2 = not a priority now  3 = important but not a priority  4 = a priority need  5 = an essential need | | | | |
|  | 1 | 2 | 3 | 4 | 5 |
| **Mental health policy, planning and programme development** |  |  |  |  |  |
| Mental health policy development or policy review and re-formulation |  |  |  |  |  |
| Evidence-based mental health care planning |  |  |  |  |  |
| Mental health programme development |  |  |  |  |  |
| Planning for a system of mental health in primary care |  |  |  |  |  |
| Developing partnerships with patients for policy-making and service development |  |  |  |  |  |
| Human resources projection and cost calculation |  |  |  |  |  |
| **Mental health systems** |  |  |  |  |  |
| Governance of mental health systems |  |  |  |  |  |
| Mental health system leadership |  |  |  |  |  |
| Mental health information systems |  |  |  |  |  |
| Mental health system communication |  |  |  |  |  |
| Mental health system advocacy strategies |  |  |  |  |  |
| **Mental health service implementation** |  |  |  |  |  |
| Training for mental health workforce |  |  |  |  |  |
| Antistigma campaigns |  |  |  |  |  |
| Monitoring and evaluation of mental health services |  |  |  |  |  |
| Developing partnerships with patients to involve in quality control |  |  |  |  |  |
| Implementation of mental health services in post-conflict settings |  |  |  |  |  |
| Community-based approaches to mental health care |  |  |  |  |  |
| **Mental health research** |  |  |  |  |  |
| Priority setting in mental health systems research |  |  |  |  |  |
| Conducting mental health needs assessments |  |  |  |  |  |