



Executive Summary:

Assessment of the territorial mental health tele-counseling services in Colombia

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

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Local Health System Sustainability Project

The Local Health System Sustainability (LHSS) Project under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity. In Colombia, this project is known as “*Comunidades Saludables*”.

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I. DESCRIPTION

Objective

Describe the current status of the territorial mental health hotlines in eleven prioritized territories and provide recommendations for their improvement.

Description of the problem

The COVID-19 pandemic is a public health emergency of international and national concern that has created major challenges and negative mental health outcomes for the territorial entities, and to the capacity within communities to address and prevent outcomes such as suicide, depression, and anxiety, among other conditions.

Colombia has not been immune to the mental health outcomes derived from the COVID-19 pandemic. The National Department of Statistics (DANE as per its acronym in Spanish) conducted a survey in 2020 to measure the social conditions in the country. The survey found that of the people interviewed, a significant amount experienced some type of mental health condition: 21 percent of the people interviewed had experienced sadness, 19 percent sleeping difficulty, 18 percent exhaustion, 16 percent headaches and stomach pains, 12 percent loneliness, and 11 percent irritability. Only 0.9-1.6 percent of the sample sought help from a mental health professional, while 1.9-6.9 percent of the interviewees consumed alcoholic beverages or cigarettes to feel better.

The survey highlighted the most common mental health issues affecting the migrant population. These issues are divided into four categories: a) public health-related mental health issues such as consumption of psychoactive substances (4 percent) and violence (3.5 percent); b) mental health disorders, mainly depression (3.5 percent) and anxiety (3 percent); c) lack of access to basic services (4.5 percent), such as health (5 percent), housing (3.5 percent), employment (1.5 percent), and food; and d) other manifestations related to the state of mind, characterized by despair (2 percent) and sleeping disorders (2 percent) (DANE, 2020).

Accordingly, both the national and local governments have had to develop strategies to provide support to health workers and the affected population to reduce the impact of mental health conditions. According to the Ministry of Health and Social Protection (MSPS), some front-line strategic mental health responses have been implemented addressing the COVID-19 outbreak, including: 1. The implementation of a communication strategy targeting specific audiences (children, adolescents, elderly adults' caregivers, people deprived of liberty, migrants, ethnic communities, among others); 2. the deployment of hotlines and platforms to provide care and emotional support to communities; 3. the delivery of psychosocial support through volunteers; and 4. the promotion of support groups and mutual support activities delivered via telephone or virtually.

The mental health hotlines are one of the most frequently used strategies that offer individuals an opportunity to have their concerns and/or issues listened to, with the goal of managing emotional issues during the phone call and preventing psychological issues from progressing in the future.

Methodology

LHSS implemented a qualitative descriptive methodology to assess the impact of the mental health hotlines. The Activity gathered two sources of information: a) secondary information, which was collected through a document review, and b) primary information, which was gathered through focus group interviews.

The Activity conducted a document review to identify national and international experiences on regulatory frameworks, guidelines, and standards applicable to the management and operation of tele-counseling services. The secondary information that LHSS collected served as input for supporting the MSPS to adjust and improve the contents of the national level protocol for toll-free mental health hotlines. The document review included scientific and academic literature, grey literature, and technical and regulatory documents and frameworks applicable to Colombia. The search for scientific and academic literature was performed using four databases: *Redalyc*, *Scielo*, *APA*, and *Science Direct*. The Activity used Google search engine to search for grey literature and technical documents. LHSS applied an observation window of five years and six months, from January 2017 through June 2022, in vetting both academic and grey literature.

LHSS used an excel database to extract relevant information from the selected documents. The database fields included: the document title, year, country of publication, type of publication, bibliographical references, excerpts from documents, and the sections to which the excerpts and comments/observations were linked.

LHSS completed five activities for field-based data collection: 1. preparing the forms for the interviews and field visits; 2. establishing contact with the territorial entities; 3. conducting the interviews, 4. drafting the reports, and 5. analyzing the results. Analysis of the interviews and information was guided by the categories, or standards, proposed in the model to assess the quality of care of services: human resources, technology, care delivery processes, monitoring processes, and results. For each standard, LHSS identified strengths and aspects to improve.

The data analysis conducted by LHSS compared each of the five standards across the territorial entities, with the goal of creating an overview of the mental health hotlines. The results were presented in a traffic light indicator table, based on the compliance or non-compliance of each territorial entity with the standard. LHSS conducted a quantitative analysis of performance against the standards, where each standard was granted a maximum total value of 20%.

2. MAIN FINDINGS AND RECOMMENDATIONS

Findings

According to the MSPS, the mental health hotlines are a strategy falling within the broad definition of tele-health services, which are defined as a “set of activities related to health, services, and methods performed remotely through the support of information and telecommunication technologies. Tele-health services include, among others, tele-medicine and tele-education in health.” To present the results of the quantitative analysis on their compliance with the standards, this report divides the territorial entities interviewed into three categories according to the level of development of their mental health hotlines:

Hotlines in the implementation stage: Corresponds to mental health hotlines that have been operating for less than three years. These hotlines neither have the technological resources nor the processes, procedures, or standards required to operate efficiently or in a timely manner. Additionally, the delivery of services is intermittent, namely there are large periods in the year in which these hotlines do not operate.

- These hotlines initiated activities at the start of the pandemic and continued providing services to respond to the needs of the population. Due to their short operating time (under three years), these hotlines have not yet standardized their care processes, compiled toolboxes, or acquired technologies needed to provide services with higher levels of efficiency and effectiveness. The hotlines of Cartagena, Cúcuta, Bucaramanga, and Nariño are classified in this category.

Hotlines in the consolidation stage: These are mental health hotlines that have been operating for five to ten years, however, their services have not yet been institutionalized with standard processes. Additionally, these hotlines lack sufficient human resources to respond to the demands of the tele-counseling calls, and do not have enough technological resources to manage information.

- The tele-counseling hotlines in Cundinamarca and Barranquilla were classified in this category. These two lines have operated for more than five years, however, they lack standardized processes, and operational deficiencies were identified with their technological support.

Hotlines in the expansion stage: This stage corresponds to mental health hotlines that have operated for more than ten years. These hotlines have the technological, information, and communication resources that enable the collection, analysis, and interpretation of specific data and its use for quality improvement. The human resources are competent and sufficient to provide quality and timely care. These tele-counseling services function based on processes defined and implemented to deliver efficient care. Additionally, these services are effective at coordinating activities with the health, education, and justice sectors.

- Bogotá, Medellín, and Cali’s hotlines meet all the standards; some of the gaps in their performance are related to actions that are not included in their care models. For example, the Bogotá hotline only follows up with users after the first contact through other institutions or in cases where the call drops.

Recommendations

- **Prepare a characterization of the current mental health services available in the territory:** Before launching a tele-counseling service, health secretariats should examine the type of mental health services that are currently being provided in their territory. It is important to understand the governance structures of existing services and responsibilities of each actor to avoid duplication of services among the different sectors and tele-counseling services that may be operating in the territory.
- **Define a standardized process for tele-counseling:** Although a protocol has been designed at the national level addressing the operation of mental health hotlines, each territorial entity should adapt and apply the protocol to their territorial context to facilitate the efficient implementation of tele-counseling services. Likewise, it is important that territorial entities have explicit processes for the selection, training, and supervision of hotline staff.
- **Adapt the design of care delivery** using a differential approach to deliver a relevant and culturally appropriate experience for users.
- **Develop quantitative and qualitative data measurement tools.** The hotlines are a primary source of information on mental health. Accordingly, the quality and processing of data and the use of indicators is very important at a territorial and national level. Data should be collected and disaggregated by different population groups (migrants, indigenous, people with disabilities, among others) to provide timely information on the mental health response to decision-makers.
- **Conduct social marketing efforts** to ensure that all populations are aware of the mental health hotlines, their scope, and services provided.
- The role of the mental health hotlines should also aim at **integrating different services and acting as entry point** to other services offered. The hotlines should provide links to other social services, information, and welfare programs.
- **Generate knowledge:** the hotlines in the expansion stage generate relevant information that could be used as an input for decision-making and knowledge management processes. These hotlines can be used for studying 'what works,' disseminating these results as lessons learned for other hotlines.
- **Strengthen the capacities of human resources for health** operating the tele-counseling services. A systematic, organized, and ongoing process is needed to enable all professionals to develop skills to listen, provide guidance, and resolve mental health issues. Likewise, it is paramount to strengthen the human resources' knowledge of different care pathways available to the migrant, indigenous, and general populations.
- **Develop interinstitutional partnerships** to build the capacity of tele-counseling hotlines. For example, partnerships with the *Colegio Colombiano de Psicólogos* (Colombian College of Psychologists) and higher education institutions could strengthen the use of professional practices in the operation of the mental health hotlines.
- **Identify financing sources:** the territorial entities should fund the operation of the mental health hotlines through different sources of financing to continue providing these services throughout the year without interruptions. It is also recommended that territorial entities establish public-private partnerships to improve the technological tools used for operation of the hotlines.

3. SUSTAINABILITY / USE OF THE DELIVERABLE

The results of this assessment of the tele-counseling services were disseminated at a national mental health meeting organized by the MSPS. The meeting aimed to raise awareness of the importance of mental health hotlines among territorial entities, and highlight the challenges faced at the local level to continue its implementation. The territorial entities with the best performing hotlines presented on their experiences, sharing their processes and best practices as examples for the territorial entities that are in the process of implementing and consolidating these lines.

This assessment of the tele-counseling services provides valuable information that should be used as an input by the MSPS for the decision-making processes related to the technical guidance that will be issued to organize the implementation of this strategy at the local level. Likewise, it assists the MSPS to prioritize the territorial entities with hotlines at a lower level of development and deliver support and technical assistance aimed at strengthening this strategy in those territories.

The recommendations proposed in this document will support the territorial entities to strengthen their mental health hotlines. LHSS used the recommendations of this assessment to define, together with the MSPS, the interventions that LHSS will support going forward. Some of the recommended initiatives include designing indicators to monitor the mental health hotlines, implementing capacity strengthening activities addressing human resources for health, and promoting and managing public-private partnerships.