**Human resources and models of mental healthcare integration into primary and community care in India: an exploration of 72 programmes**

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**Problem**

Given the scarcity of specialist mental healthcare, diverse community mental healthcare models have evolved. This study explores and compares Indian models of mental healthcare delivered by primary-level workers (PHW), and health workers’ roles. We aim to describe current service delivery to identify feasible and acceptable models which could be scaled up.

**Approach**

Seventy two programmes (governmental and non-governmental) across 12 states were visited. 204 PHWs, coordinators, leaders, specialists and other staff were interviewed to understand the programme structure, the model of mental health delivery and health workers’ roles. Data were analysed using framework analysis.

**Findings**

We identified four models of PHW-delivered mental healthcare delivery: 1) collaborative care models, which mainly collaborate outside government primary care (PC) settings; 2) one-off PHW-training to deliver interventions or 3) identify, refer and sensitise; 4) a unique community outreach model, not currently described in high income countries (HICs), whereby PHWs are trained within specialist programmes. Most programmes use lay health workers (LHWs) and care coordinators. PC doctors are seldom used.

**Consequences**

Indian models differ significantly to those in HICs. Despite collaborative care having most benefit, few programmes implement this model. Other models have less evidence. The differences and possible repercussions are discussed. The priority now is to evaluate the effectiveness and cost-effectiveness of these innovative collaborative care and community outreach models in resource-limited settings as these may profoundly improve access to mental healthcare if scaled up.

Submitted by:

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