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Research report

Using consumer perspectives to inform the cultural adaptation of psychological treatments for depression: A mixed methods study from South Asia

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ABSTRACT

Background: Integrating consumer perspectives in developing and adapting psychological treatments (PTs) can enhance their acceptability in diverse cultural contexts.
Objective: To describe the explanatory models (EMs) of depression in South Asia with the goal of informing the content of culturally appropriate PTs for this region.
Methods: Two methods were used: a systematic review of published literature on the EMs of depression in South Asia; and in-depth interviews with persons with depression and family caregivers in two sites in India. Findings from both were analysed independently and then triangulated.
Results: There were 19 studies meeting our inclusion criteria. Interviews were conducted with 27 patients and 10 caregivers. Findings were grouped under four broad categories: illness descriptions, perceived impact, causal beliefs and self-help forms of coping. Depression was characterised predominantly by somatic complaints, stress, low mood, and negative and ruminative thoughts. Patients experienced disturbances in interpersonal relationships occupational functioning, and stigma. Negative life events, particularly relationship difficulties, were perceived as the main cause. Patients mostly engaged in distracting activities, religious practices, and received support from family and friends to cope with the illness.
Limitations: The primary data are entirely from India but the studies from the literature review covering South Asia are consistent with these findings. This study also does not include literature in local languages or explore how consumer perspectives change over time.
Conclusions: EMs can inform cultural adaptations to PTs for depression in South Asia by defining target outcomes, content for psycho-education, and culturally appropriate treatment strategies.

1. Introduction

A growing scholarship has emphasised the need to culturally adapt evidence-based interventions to promote their implementation and dissemination across a wide variety of clinical practice settings. Cultural adaptations of interventions are defined as "the systematic modification of an evidence-based treatment or intervention protocol to consider language, culture, and context in such a

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way that it is compatible with the client's cultural patterns, meanings, and values" (Bernal et al., 2009). Such adaptations can extend the generalisability of psychological treatments (PTs) that tend to be developed for young, Caucasian, upper middle class populations in high-income countries (Kirmayer, 2012). A number of studies have outlined the benefits of adapting evidence-based PTs to diverse cultural contexts; for example, a recent meta-analysis showed that culturally-adapted PTs were more effective than standard PTs for a range of patient outcomes (Smith et al., 2011).

The incorporation of patient "explanatory models" has been found to be a key element in the process of cultural adaptation of effective PTs (Chowdhary et al., 2013). Explanatory models (EMs) have been defined as "notions about an episode of sickness and its treatment that are employed by all those engaged in the clinical process" (Engelhardt, 1974; Kleinman, 1980). Such notions can be operationalised by treating interviews with patients, families, and community members as mini-ethnographies that explore views on an illness (Kleinman et al., 1978). Eliciting EMs is especially important in public health programs that may fail if social and cultural differences among providers and patients are not bridged (Hahn and Inhorn, 2009). EMs perform several tasks simultaneously: they explicate the cultural implications of illness experiences for patients and providers, promote empathy and therapeutic alliance, and correct the tendency for providers to overemphasise biological models of illness (Weiss and Somma, 2007). The cultural information obtained from EMs can be coupled with evidence-based PTs to effectively integrate treatments within a comprehensive bio-psychosocial paradigm (Bhui and Bhugra, 2002): for example, this information can be contrasted with principles underlying PTs to uncover theories and practices that require adaptation to improve the acceptability of such PTs.

Depression is the leading cause of morbidity worldwide (Lopez et al., 2006). In South Asia, which houses a fifth of the global population, depression is the most frequently reported mental disorder in epidemiological studies. It is associated with social disadvantage, and highly correlated with impaired infant growth (Patel et al., 1998; Rahman et al., 2004) and suicide (Maselko and Patel, 2008). Meta-analyses have established the effectiveness of PTs for depression (Dobson, 1989; Weisz et al., 2006; Cuijpers et al., 2008), including PTs adapted for use in culturally distinct populations (Chowdhary et al., 2013). The World Health Organisation (2010) has recommended that PTs be used as a first-line treatment for mild depression and in conjunction with medication for moderate to severe forms of depression. Although it has been proposed that PTs be scaled up in low- and middle-income countries for use by lay or community health workers in task-sharing models of service delivery to fill the resource gap of therapists with advanced degrees (Patel et al., 2009; van Ginneken et al., 2013), the content and process of delivery of PTs need to be adapted to the local context to enhance their feasibility and acceptability (Chowdhary et al., 2013; Rahman, 2007). While certain PTs such as cognitive behavioural therapy (CBT) have been found to improve symptoms when culturally adapted for ethnic minority patients in the United States (Otto and Hinton, 2006; Hinton et al., 2011, 2012), the process of immigration involving pre- and post-migration stressors and supports may define EMs of American minority patients in ways that are unlikely to affect populations that have never migrated (Bemak et al., 2003). Therefore, the aims of this paper are to describe the EMs of depression in South Asia, from the perspectives of patients, families and community members, integrating data obtained from a systematic review and qualitative interviews, with the goal of informing how evidence-based treatments can be adapted to non-Western cultural contexts. Despite regional, linguistic, and religious diversity, South Asian historians and anthropologists have treated the region as a unit given shared understandings of cultural identity and everyday practice (Bose and Jalal, 1998). For example, governments of many South Asian countries offer training in medical practices to one another, provide humanitarian assistance during natural disasters, and house refugee populations from neighbouring countries (Aggarwal and Kohrt, 2013). Therefore, we explore EMs of depression throughout South Asia, noting similarities and differences where present.

2. Methods

This study was conducted through two methods carried out concurrently. The first method was a systematic review of the literature on depression from South Asia. The second was in-depth interviews (IDIs) with patients suffering from depression and family caregivers. Findings from both methods were triangulated to address our research questions. We used this mixed methods approach to strengthen the richness of our findings and enhance data validity (Thomas et al., 2004; Owen et al., 2010; Rowe et al., 2012; Lawrence and Kinn, 2012). While the systematic review provided a summary of the literature to date, the IDIs provided a more detailed understanding of individual phenomena and filled conceptual gaps in the literature. We explain the process of each method below.

2.1. Systematic review

This systematic review was undertaken in accordance with a review protocol. The relevant literature on PTs for depression was identified in four ways. First, we searched the English language electronic databases PubMed Central, PsycInfo, PsycExtra, and IndMed (an index of Indian medical journals), pairing the terms "depression" and "depressive," with "coping," "help seeking," "self-help," "explanatory model" or "illness narrative." We decided to include the terms "coping," "help seeking," and "self-help" to examine what consumers actually tend to do since EMs focus on the names, causes, fears, and problems, as attributed by consumers to an illness (Kleinman, 1980). This search was conducted by two researchers [NKA and NC] independently in December 2010 and March 2011 to check the reliability of our searching strategy.

Second, we searched the bibliographies of selected articles for additional literature. Third, we approached key informants to recommend relevant articles and the names of additional informants. Fourth, we visited leading Indian institutions to search the table of contents of journals not indexed in the databases (such as the Indian Journal of Social Work) and to access the "grey" literature such as books, project reports, manuals, and dissertations. All search results were downloaded into bibliographic software and screened by two researchers [NKA and NC] with at least 10% receiving a quality check using predefined inclusion and exclusion criteria from the search protocol. The inclusion criteria were as follows: all papers that reported original data from South Asia, defined as India, Pakistan, Bangladesh, Sri Lanka, Bhutan, Nepal, Maldives, and Afghanistan; literature published in English from January 1990 to March 2011; and studies that reported EMs for depression in adults, defined as subjects older than 17 years old. The exclusion criteria were as follows: studies that did not present original research; enrolled subjects with comorbid disorders such as adjustment or substance use disorders; and did not report experiences of depression.

Articles of interest were identified by reading titles, followed by retrieving and scanning abstracts. All relevant citations were retrieved in full when possible. Authors were contacted when full texts were not available online. Two attempts were made to contact each author through email, telephone or post. Two researchers