

## CoCM clinical workflow

The clinical workflow starts with the PCPs evaluating patients, ruling out physical illness (e.g., hypothyroidism), and then directing them to counselors if they suspect any mental illness. The counselors, who are located in the same clinic building and provide same-day appointments, conduct a detailed psychosocial evaluation. For patients with suspected depression, counselors administer a validated Nepali version of the Patient Health Questionnaire (PHQ-9) using the electronic health record (EHR). Although used in Western settings as a self-reported tool, this has been cross-culturally adapted and validated among various low-resource populations, including Nepali, as a provider-administered scale<sup>1</sup>. If a patient is diagnosed with mild depression (i.e., PHQ score 5-9), they are not prescribed antidepressant medication and the counselors follow up directly with them, if necessary. Patients diagnosed with moderate to severe depression (i.e., PHQ score  $\geq 10$ ) are directed back to the PCP, who will prescribe either one of the two antidepressants in the formulary, fluoxetine or amitriptyline, based on WHO's mhGAP protocols, if necessary<sup>2</sup>. At each visit, patients go through the same process of visiting the PCPs and the counselors.

Every week, counselors consult with the psychiatrist via phone and/or video to review every case to ensure accurate diagnoses and appropriate care. Patients from the immediate catchment area are also offered the option of CHW follow-up care – CHWs regularly visit enrolled patients, especially those who do not follow-up at the clinic, and can accompany the patients to the clinic if needed.

## References

1. Kohrt BA. Detection of depression in low resource settings: validation of the patient health questionnaire (PHQ-9) and cultural concepts of distress in Nepal. *BMC Psychiatry* 2016;16 doi: 10.1186/s12888-016-0768-y

2. World Health Organization. mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings: version 2.0. Geneva, 2016.