

FIXING THE PSYCHIATRY BRAND CHOICE DRIFT

BRANDS PLAYBOOK

A brand-led playbook to make Brand UMI the structured continuation partner in psychiatric practice



INDITECH HEALTH SOLUTIONS

PUBLISHING NO. 2026 03 71

Table of Contents

03 **Executive Summary**

04 **Market Reality**

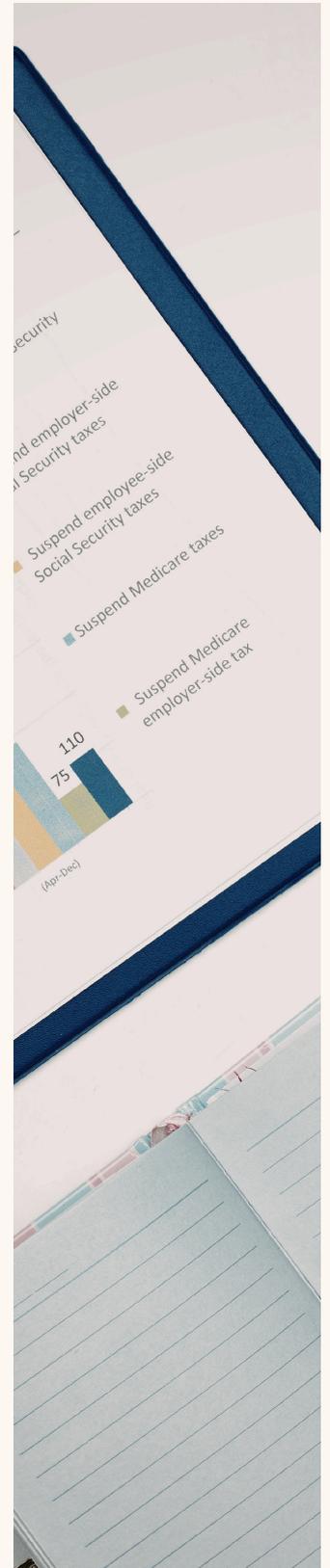
05 **Problem Framework**

07 **The Behavioural
Moment Map**

08 **The clinic-centred
solution framework**

10 **Replication Blueprint**

12 **Brand Outcome**



Executive Summary



THE DRIFT DEFINITION

Brand UMI operates within a mature SSRI (Selective Serotonin Reuptake Inhibitor) market. Sertraline is well established, clinically trusted, and supported by clear treatment frameworks. Therapy acceptance is high and not a limiting factor. What differentiates performance in this category is brand registration.

In psychiatric practice, once the decision to initiate an SSRI is made, brand selection typically follows established prescribing patterns rather than active comparison. Over time, one brand becomes embedded as the default reference, reinforced through repetition and familiarity.

As a later entrant, Brand UMI enters an environment where the primary opportunity does not sit at therapy initiation alone, but in what follows.

This creates a distinct commercial dynamic:

- initiation volumes are relatively stable,
- while value leakage occurs during early continuation.

Across the first few weeks of treatment, variability is common - early discontinuation, missed follow-ups, misinterpretation of side effects, silent drop-offs driven by stigma, and unrecognised deterioration. When outcomes become inconsistent, clinicians naturally gravitate toward brands that feel predictable and structurally supported.

Brand UMI's opportunity is therefore twofold:

1. Strengthening brand presence at initiation, and
2. Owning the continuity phase, where early stability shapes long-term confidence.

The strategic question is focused: How can Brand UMI become the brand psychiatrists associate with structured continuation, clearer early-course management, and more reliable follow-through - not by re-explaining sertraline, but by integrating into routine practice workflows?



This is not a molecule challenge. It is a brand-choice opportunity built through continuity ownership.

Market Reality



THE GUIDELINE–REALITY GAP

Sertraline is guideline-supported across depression and the anxiety spectrum. Its mechanism, efficacy, and indication breadth are well understood, and do not require further education.

What differentiates performance in routine practice lies after initiation.

In real-world care, the early treatment phase is characterised by variability- premature discontinuation, heightened concern around side effects, stigma-driven follow-up gaps, missed risk signals between visits, and uneven referral timing. Guidelines provide clarity on when to start therapy. They do not structure how treatment is supported in the weeks that follow.

As a result:

- brand choice is made quickly,
- continuation is left largely unsupported,
- and outcome variability shapes prescriber comfort over time.

In this environment, brands that reduce post-initiation friction and support structured follow-through earn greater confidence. Brands that focus primarily on molecule communication remain interchangeable. For Brand UMI, the opportunity is not scientific. It sits in continuation control and referral structuring.

Problem Framework

The Brand Opportunity

In mature SSRI markets, brand performance is shaped by a set of structural dynamics. For Brand UMI, three areas define where value can be unlocked.



1. Established habits shape default selection

In routine psychiatric practice, prescribing patterns are often anchored in familiarity. Once a preferred brand is embedded, it continues to be written with minimal active reconsideration. Brands that are not structurally differentiated tend to sit outside this default, even when clinically equivalent.

This makes habit - not evaluation - the primary determinant of brand choice.

2. Early-phase variability influences prescriber confidence

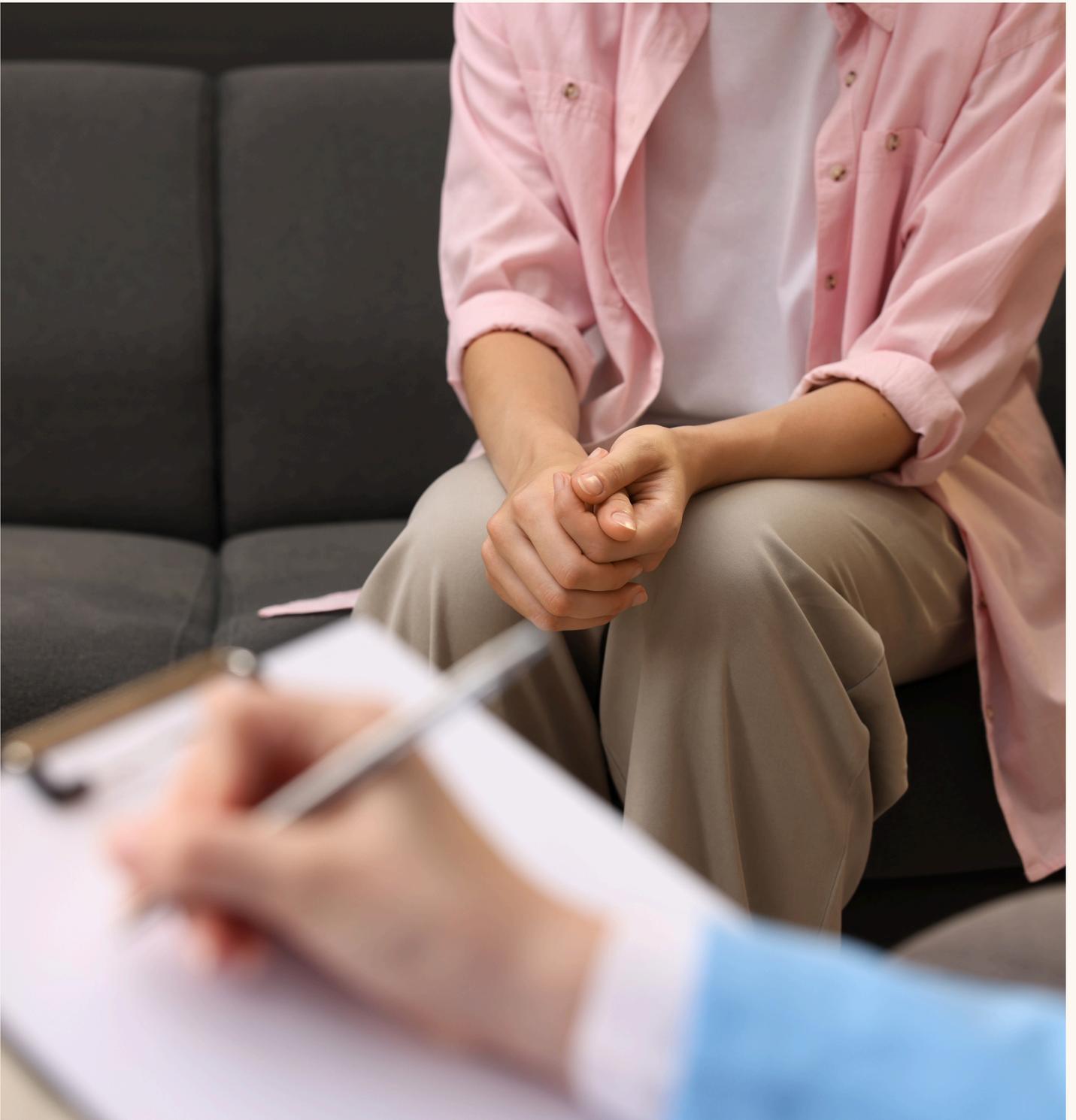
The first few weeks of SSRI therapy are critical. Side effects, delayed therapeutic response, and stigma-related drop-offs are common and can destabilise early outcomes. When continuation is inconsistent, the prescribing experience feels less predictable.

Brands that support early stabilisation strengthen clinician confidence beyond the molecule itself.

3. Referral pathways shape inflow quality

A significant proportion of patients reach psychiatric care through upstream touchpoints - general physicians, neurologists, counsellors, or psychologists. Where triage, referral clarity, and information flow are unstructured, inflow becomes uneven and delayed.

Sustainable growth therefore extends beyond the specialist encounter and into the feeder pathway.



Strategic Implication

In the SSRI category, growth is enabled less by expanded claims and more by practice integration. Brands that support continuity, stabilise early treatment, and improve referral flow evolve from being prescription options to becoming trusted practice partners. Without this lifecycle presence, brand choice remains primarily habit-driven.

The Behavioural Moment Map

SSRI brand preference forms across three linked phases, with value crystallising early.



01

Moment 1: Therapy Initiation

The psychiatrist assesses diagnosis, severity, and risk, and decides to initiate an SSRI.

Brand selection occurs quickly, guided by familiarity rather than comparison. This is the first point where brand presence matters.

02

Moment 2: Early Continuation (Weeks 1–4)

The early phase sets the tone for the treatment journey. Patients navigate side effects, delayed response, anxiety, and stigma.

When support is structured, continuation stabilises and prescriber confidence strengthens.

03

Moment 3: Ongoing Management

Longer-term planning, relapse prevention, and tapering are addressed.

By this stage, brand preference reflects the stability achieved earlier rather than new evaluation.

Implication

For Brand UMI, impact is created by anchoring the brand at initiation and reinforcing it through early continuation. When the brand supports Weeks 1–4 effectively, preference consolidates naturally.



The clinic-centred solution framework

REGISTER → STABILIZE → EXPAND



The objective is not molecule education. It is aligning the brand with the workflow in which decisions are routinely made.

REGISTER (At initiation)

Monthly mini-CMEs and case publications focus on:

- early-dropout management,
- side-effect triage,
- follow-up discipline,
- risk escalation clarity.

Brand UMI appears in contextual doctor-facing placement - embedded within practice logic. This inserts Brand UMI into conscious prescribing space.

STABILIZE (Continuation Companion for Hubs)

A clinic-branded Treatment Continuation Companion shared to patients after initiation.

It provides:

- expectation timelines (week 1–2–4),
- side-effect triage,
- missed-dose guidance,
- red-flag escalation prompts,
- follow-up preparation tools.





Doctors receive alerts for:

- red flags,
- disengagement,
- drop-off signals.

This reduces volatility in early weeks. Brand UMI becomes associated with smoother continuation.

EXPAND (Spoke Triage + Referral Enablement)

Referrers (GPs, counsellors, neurologists) receive a clinic-branded triage + referral summary tool.

This:

- improves referral clarity,
- reduces stigma friction,
- increases appropriate inflow to hubs,
- strengthens specialist-spoke relationships.

Brand UMI benefits indirectly through expanded, cleaner origination.

STRATEGIC OUTCOME

Brand UMI transitions from late-entrant SSRI to workflow-embedded continuation partner. Brand choice stabilizes because the prescribing experience stabilizes.

Replication Blueprint

IMPLEMENTATION MODULES

Module	What Is Installed	What Changes in Practice	Brand UMI Impact (Brand Choice)
Mini-CME Series (12 months)	Monthly practice-first modules	Reinforces dropout prevention & structured reviews	Moves Brand UMI from reflex skip to conscious option
Case Publication Series	Real early-dropout & red-flag cases	Normalizes workflow usage	Strengthens prescriber comfort
Treatment Continuation Companion (Hub)	Clinic-branded patient support link	Reduces early discontinuation	Improves satisfaction with Brand UMI starts
Spoke Triage Tool	Referral scorecard + summary system	Improves inflow quality & speed	Expands appropriate patient origination
Minimal Field Activation	One-time setup + monthly share	Sustained workflow without rep pressure	Habit shifts through system, not promotion

Brand Pick Impact Checklist



- ✓Increases the likelihood that Brand UMI is selected at SSRI initiation.
- ✓Reduces early discontinuation, strengthening prescriber confidence in continuation.
- ✓Improves follow-up structure without increasing clinician workload.
- ✓Expands appropriate referral inflow to participating centres.
- ✓Differentiates Brand UMI through workflow integration, not molecule claims.



Brand Outcome

MEASUREMENT LOGIC

Measurement Layer	What Is Measured	Brand Implication
Hub Activation	Specialists live with Continuation Companion	Structural embedding of Brand UMI
Spoke Activation	Referrers using triage tool	Expansion of origination funnel
Early-Week Engagement	Day 7 / Day 14 / Day 28 check-ins	Reduced early discontinuation risk
Red-Flag Alerts	Escalation triggers logged and acted upon	Clinical utility perception
Writer Base Growth	Increase in unique Brand UMI prescribers	Brand registration improvement
Cluster-Level Rx Shift	Sales trend in active hubs vs controls	Brand pick correction

STRATEGIC OPPORTUNITY & CTA

Brand UMI does not need to compete on molecule awareness. It needs to compete on continuation structure.

In mature SSRI markets, confidence is built after initiation - through fewer early drop-offs, clearer follow-up, and more reliable referral flow.

WHEN THE SYSTEM AROUND THE PRESCRIPTION WORKS, THE BRAND BECOMES EASIER TO CONTINUE. THAT IS WHERE PREFERENCE FORMS.



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