Implementing collaborative care in rural Nepal: lessons for mental health systems worldwide

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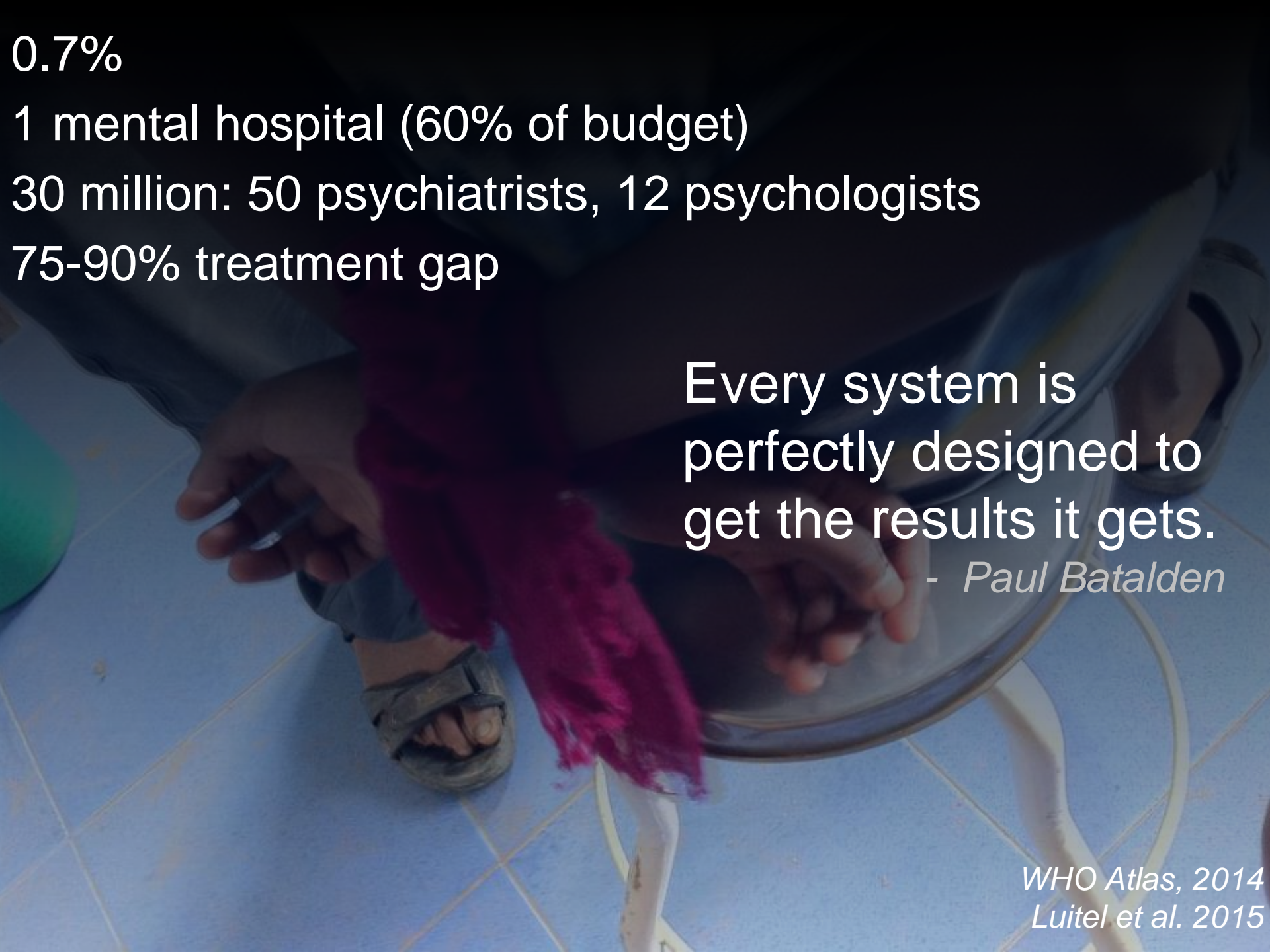
COI/Funding

No commercial COI

Learning Objectives

1. List the four principles and basic components of the Collaborative Care Model (CoCM)

2. List unique and common challenges in implementing CoCM in domestic and international settings.

3. List key strategies that can inform CoCM adaptation in the US based on lessons from rural Nepal.

0.7%

1 mental hospital (60% of budget)

30 million: 50 psychiatrists, 12 psychologists

75-90% treatment gap

Every system is perfectly designed to get the results it gets.
- *Paul Batalden*

WHO Atlas, 2014
Luitel et al. 2015

Core Principles of CoCM

1. Team-based
2. Evidence-based
3. Measurement-driven
4. Population-level
5. *Accountable care*

Team-based

Is this really primary care?
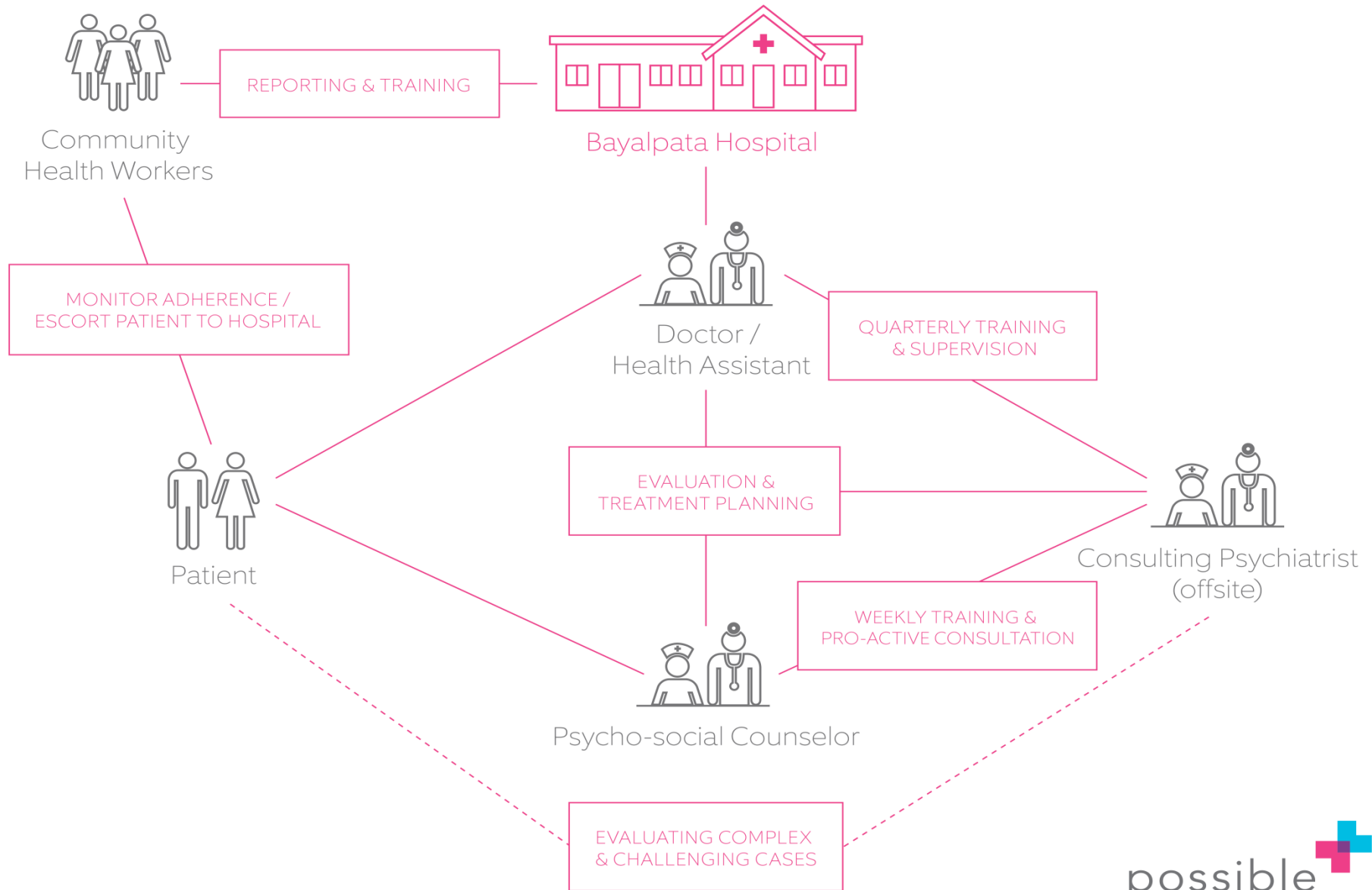
(initial) Contact

Comprehensiveness

Coordination

Continuity

Starfield B. Primary Care. Concept, Evaluation, and Policy. Oxford University Press; 1992.

Challenge #1

Primary Care is not Primary Care.

INTEGRATED MENTAL HEALTHCARE PROGRAM

Community Health Workers

REPORTING & TRAINING

Bayalpata Hospital

MONITOR ADHERENCE / ESCORT PATIENT TO HOSPITAL

Doctor / Health Assistant

QUARTERLY TRAINING & SUPERVISION

Patient

EVALUATION & TREATMENT PLANNING

Consulting Psychiatrist (offsite)

WEEKLY TRAINING & PRO-ACTIVE CONSULTATION

Psycho-social Counselor

EVALUATING COMPLEX & CHALLENGING CASES

possible

Evidence-based

"I went to the psychiatric ward only once and that was to take my exam."

"Sometimes they don't tell you any of their symptoms. Sometimes they will report too many complaints."

Counseling: *"You think too much, you take too many things to heart. You don't have any real illness. Just take these medications."*

Treatment: Vitamins, Acetaminophen

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IN BRIEF REPORT

The Mental Health Education Gap among Primary Care Providers in Rural Nepal

Bibhav Acharya[1,2] · Soniya Hirachan[2] · Jeffery S. Mandel[1] · Craig van Dyke[1]

Challenge #2

Your PCPs skipped the psychiatry rotation.

Table 3. *Change in pre- and post-test scores on knowledge about each topic, total score 100 per topic*

Module	n	Median score before training	Median change in percentage points (Δ)	Signed rank test statistic (S)	p value
Acute stress reaction	15	40	20	32	0.03
Depression	19	89	11	25.5	0.12
Grief	16	60	40	52.5	<0.01
Psychosis	13	67	22	30.5	0.01
PTSD	13	60	20	25	0.01

global mental health

Developing a scalable training model in global mental health: pilot study of a video-assisted training Program for Generalist Clinicians in Rural Nepal

B. Acharya[1,2,3]*, J. Tenpa[1], M. Basnet[3,4], S. Hirachan[3,5], P. Rimal[1], N. Choudhury[1], P. Thapa[1], D. Citrin[1,6,7,8], S. Halliday[1,7], S. B. Swar[1,9], C. van Dyke[2], B. Gauchan[1], B. Sharma[3], E. Hung[2] and M. Ekstrand[10]

Measurement-driven

Challenge #3

Are you measuring what you think you are measuring?

BMC Psychiatry

RESEARCH ARTICLE   **Open Access**

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Detection of depression in low resource settings: validation of the Patient Health Questionnaire (PHQ-9) and cultural concepts of distress in Nepal

Brandon A. Kohrt[1,2], Nagendra P. Luitel[1]*, Prakash Acharya[1] and Mark J. D. Jordans[1,3,4]

http://www.phqscreeners.com/

	Nepali Term (Devanagri)	Nepali Term (Romanized)	English Translation
2			
3	Include the Nepali term in Devanagri	Include the Nepali term transliterated	Include related English terms
4	आफुलाई विषेश व्यक्तीको रुपमा लिने	Aaphulai bishes byakti ko roop ma line	Grandiosity
5	आघात	Aaghat	Trauma
6	आँखा लाग्नु	Aakha lagnu	infliction by something or someone evil
7	आत्म हानि	Aatma hani	Self injury - self harm
8	आत्म हानि गर्न उक्साउने सोच विचारहरु	Aatma hani garna uksaune soch bichar haru	Suicidal ideation
9	आत्म बल	Aatmabal	Self Confidence
10	आत्महत्या	Aatmahatya	Suicide
11	आत्म सम्मान	Aatmasamman	Self respect, Self esteem
12	अवैधानिकता	Abaidhanikata	Invalidation
13	आफै अल्लमल्ल हुनु	aphai allamalla hunu	Confusion about self
14	आफ्नोपन	Aphnopan	sense of belonging

Translating mental health diagnostic and symptom terminology to train health workers and engage patients in cross-cultural, non-English speaking populations

Bibhav Acharya[1,2,3*], Madhur Basnet[3,4], Pragya Rimal[1], David Citrin[1,5,6,7], Soniya Hirachan[3,8], Sikhar Swar[1,9], Poshan Thapa[1], Jagadamba Pandit[3], Rajeev Pokharel[10] and Brandon Kohrt[11,12]

Population-level

Challenge #4

Your "population" does not populate your clinic.

Summary points

1. Primary care is not primary care.

2. Your PCPs skipped the psychiatry rotation.

3. Are you measuring what you think you are measuring?

4. Your "population" does not populate your clinic.

1. Strengthen primary care before/as you integrate MH.

2. Asses needs, train, and re-train.

3. Use validated scales and consistent language; build health information systems.

4. Use community health workers.

Challenges ≠ inaction

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