Developing a Curriculum for Mental Health Specialists to Support Community Perinatal Primary Care in Low- and Middle-Income Countries

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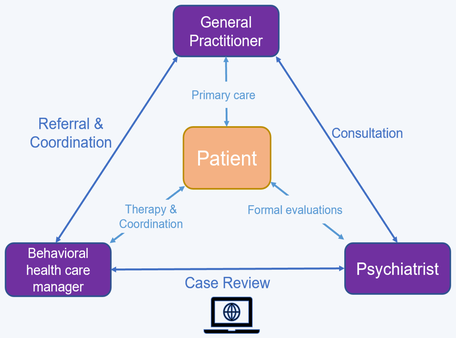
INTRODUCTION

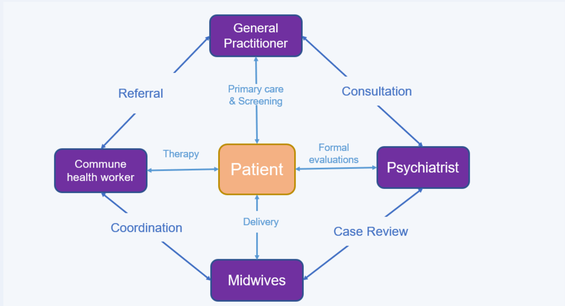
Common perinatal mental disorders causes a significant global health burden. Mothers suffering from perinatal depression are unable to care for themselves, their children, and have increased risk of death by suicide. Their children have increased risks of lowered cognitive and linguistic development, increased interpersonal problems, and impaired physical development. Low- and middle-income countries have almost double the rate of perinatal depression compared to high-income countries.[1]



The Collaborative Care Model was designed to deliver mental health care in a primary care setting with the support of a psychiatrist and behavioral health care manager. In collaborative care, a behavioral health care manger does much of the direct care for the patient with the consultation of a psychiatrist in a process called systematic case review.[2]

There is robust evidence to support collaborative care as being effective and cost-saving including in the perinatal setting and in low- and middle-incomecountries[3].

In Can Tho, Vietnam, there are commune health centers that provide primary care to pregnant women. Commune health workers are being trained in the Thinking Healthy Program, an evidence-based therapy aiming to treat perinatal depression.[3] We want to leverage this resource through collaborative care to improve mental health delivery to perinatal women in Can Tho.

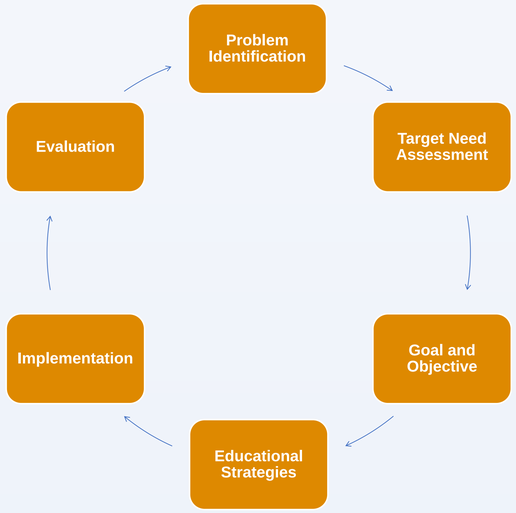


This project aims to develop a curriculum to help psychiatrists in Vietnam understand and implement collaborative care.

MATERIALS AND METHODS

A team of family medicine physicians and psychiatrists from University of Washington (UW) and Can Tho University of Medicine and Pharmacy (CTUMP) meets bi-weekly to discuss various aspect of implementing collaborative care and had additional meetings to discuss training psychiatrists in the collaborative care model.

We reviewed existing training materials including powerpoints created by the Advancing Integrated Mental Health Solutions center, the collaborative care training module from the American Psychiatric Association, the mental health gap action programme mhGAP intervention guide 2.0, and the maternal, infant and dyadic implementation (MInD-I). We also did a literature review and received input from co-investigators who worked in settings including Nigeria, India, and Lebanon.



Kern's Model for Curriculum Development for Medical Education

Using Kern's model for curriculum development as a framework, we developed a curriculum to help train other psychiatrists in Can Tho understand the process of collaborative care, its principles, process, and how to implement it.[5]

Currently, we are preparing to implement the training and gather feedback.

RESULTS

Problem Identification

- Need for mental healthcare and shortage of provider in Vietnam
- Current collaborative care training material are designed for well resourced settings
- Training material are mostly in English
- No current protocol for suicidal patients

Target Need Assessment

- Team met to discuss concerns about collaborative care.
- Target audience: Psychiatrists in Vietnam
  - Less experience providing consults
  - Heavy workload limits availability
  - Fluent in English but prefers Vietnamese

Goals and Objectives

- Understand the process of collaborative care
- Apply the 5 principles of collaborative care to their practice.
- Conduct a systematic case review

Educational Strategies

- Created 7 modules with powerpoint slides adapted for collaborative care in LMIC, videos of testimonial from psychiatrist in Vietnam and systematic case review.
  - Module 1: Introduction to Collaborative Care
  - Module 2: Principles of Collaborative Care
  - Module 3: The collaborative Care team
  - Module 4: Process for Collaborative Care
  - Module 5 Supporting Collaboartive Care
  - Module 6: Suicidality
  - Module 7: Special Population

Planned

Implementation

- Lead psychiatrist at CTUMP reviewed the materials and provided questions and feedback
- Psychiatrist from CTUMP then participated in in 11 systematic case reviews during a pilot.

Evaluation

- Feedback about the training program:
  - The principles of collaborative care were easy to understand and apply to in Vietnam.
  - Would like more education on working with PCP
  - It would be helpful to emphasize the flexibility of roles in the primary care model

CONCLUSIONS

Kern's model for curriculum development provided a framework for creating this training. We were able to create a training program that was tailored to the practice settings of psychiatrists in Vietnam and removed content that is limited to the US setting. We addressed gaps in training by adding information about consultations and a protocol for patients with suicidality. Training material also took into consideration concerns of voiced by psychiatrists in Vietnam.

An obstacle we uncovered was that our lead psychiatrist at CTUMP had initial difficulties recruiting other psychiatrists to join the project. This is similar to the experiences in other settings where it was difficult to get initial buy-in of collaborative care due to its novelty. We will continue to develop the curriculum with emphasis on its approachability. We also plan to address communication issues that might arise when psychiatrist are working with lay health workers.

Our next step would be to train other psychiatrists in Can Tho. Collecting feedback will help identify what parts of the training were effective and what need to be modified. We hope to create a standardized curriculum that can be used to train psychiatrist on how to implement collaborative care globally.

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