

Collaborative Care Model for Depression in Rural Nepal*

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Introduction

- Patients in low-income countries lack access to effective mental health care despite the disproportionately high prevalence of depression.
- The collaborative care model (CoCM) is highly effective in improving mental health outcomes, with robust evidence from high-income settings¹.
- Evidence from implementing CoCM in low-resource settings is necessary to inform its expansion in similar real-world settings.

Methods

- We studied the implementation and clinical impact of CoCM using the WHO Mental Health Gap Action Programme² protocols in a primary care clinic in **rural Nepal** over a two year period³.
- We adapted the CoCM intervention and studied it using an implementation research framework, Capability Opportunity Motivation-Behavior (COM-B)⁴.
- We used qualitative methods to study the intervention's implementation and impact on providers' behavior to screen, diagnose and treat mental illness.
- We studied clinical impact in a cohort of 201 patients with moderate to severe depression. Our primary outcome was the proportion of patients who had a substantial clinical response (i.e. $\geq 50\%$ lower Patient Health Questionnaire (PHQ) score to measure depression, compared to baseline) after at least twelve weeks of engaging in care through CoCM.

Adapting Collaborative Care using COM-B⁴

Capability

- Training PCPs based on WHO protocols to better screen and treat mental illness

Opportunity

- Counselors to support PCPs in counseling and spending more time with patients, with private rooms for counseling
- PCPs could access support from a consultant psychiatrist, who made quarterly visits, supported weekly panel reviews and emergency consultations

Motivation

- Training PCPs based on cases they found challenging
- Hospital director acknowledging the importance of mental healthcare
- Sharing screening and treatment rates

Collaborative Care Model - Counselor Janaki Rawal (Photo: Possible | Nyaya Health Nepal)

The counselor in CoCM conducts psychosocial evaluations using validated instruments and support patients through basic psychotherapy, relaxation techniques, and psychoeducation.



*Based on a study by:

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Results

Intervention Implementation and Impact on Provider Behavior

Capability

- All PCPs attributed growth in their clinical knowledge, and ability to identify and treat mental illness to CoCM.

"We had limited knowledge (about mental illness) and were scared that those patients would harm us. Now we can take care of them, we know how to talk to them and the fear has decreased." (PCP)

Opportunity

- Participants noted that the team-based approach across clinician cadres helped improve their competency and offered more opportunities to engage in providing care.

"Before, we did not have counselors. There used to be a single trained focal person who dealt with all patients with mental illness... We did not know how to provide high-quality care either, now all that has improved." (PCP)

Motivation

- PCPs experienced positive changes in their attitude towards providing care for patients with mental illness through CoCM.

"Patients used to share how their conditions would not improve despite taking many medicines ... Affirmations from patients who never imagine getting better with counseling motivate me." (Counselor)

Clinical Outcomes

- 862 unique patients (≥ 15 years) assessed for depression at the primary care clinic using PHQ-9 over two year period.
- We **observed substantial clinical response in 99 (49%; 95% CI: 42% to 56%)** of the 201 cohort patients, with a median seven point (Q1:-9, Q3:-2) decrease in PHQ-9 scores ($p < 0.0001$).

Conclusion

- We successfully adapted and implemented CoCM in rural Nepal using COM-B⁴.
- CoCM improved providers' perceptions and delivery of mental healthcare.
- We observed significant clinical improvement in patients with depression.
- We recommend an implementation research approach to adapt and study CoCM in other resource-constrained settings to help meet the need for expanded mental healthcare.

References

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Partners

