

## Objective

We utilized the Community Oriented Primary Care (COPC) model to assess, characterize and sustainably address the burden of mental health in San José del Negrito Honduras.

## Introduction

- Neuropsychiatric disorders are the 3<sup>rd</sup> leading cause of global DALYs (disability adjusted life years).
- There are only 2 mental health hospitals in Honduras (5 beds/100,000 persons in Honduras vs. 57 beds/100,000 persons in the United States).
- The burden of mental health in rural Honduras is unknown.
- The Community Oriented Primary Care (COPC) Model requires a ongoing partnership with the local community and its leaders.<sup>1</sup>

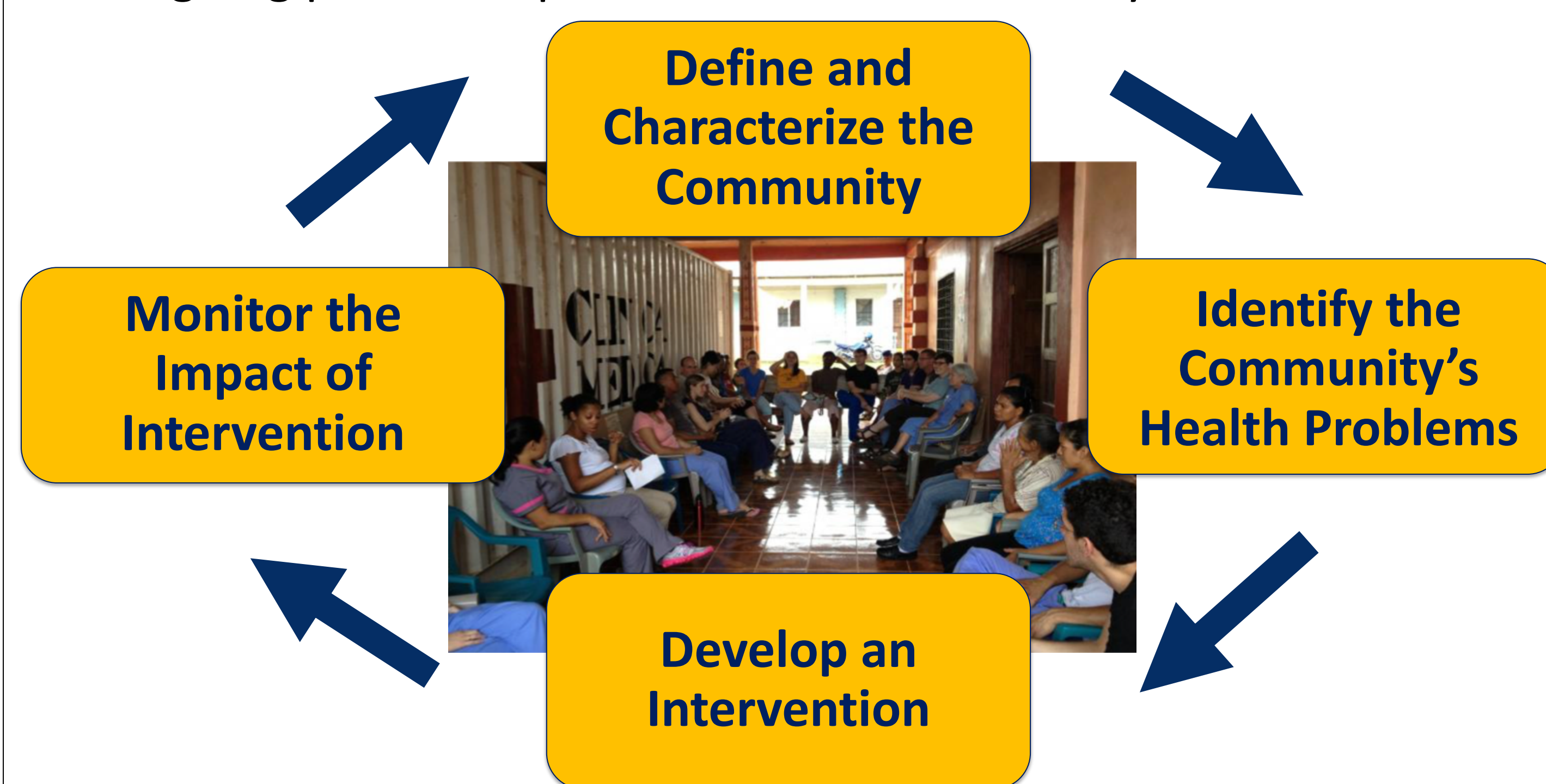


Figure 1: The COPC Model centers around the local Health Committee (HC) (pictured above), which is a grass roots organization comprised of San José leaders seeking to improve the health of its community.

### DEFINE & CHARACTERIZE THE COMMUNITY



Figure 2: San José del Negrito Honduras is a low resource community of 1600 in rural, mountainous Honduras. It is served by a primary care clinic staffed by a Honduran physician, nurse and dentist.

## Methods

### IDENTIFY PROBLEM



Screen adult patients with Patient Health Questionnaire-9 (PHQ9) and Generalized Anxiety Disorder-7 (GAD7) screenings to determine local prevalence (2015)



Conduct focus groups with local organizations (Vida Mejor, Alcohólicos Anónimos) to determine attitudes/perceptions (2016-2017)

### INTERVENTION

#### Curriculum for Clinic Staff (2016-2017)

- Common mental health diagnoses and management (World Health Organization Mental Health Gap Action Programme)
- Cognitive Behavioral Therapy skills
- Motivational Interviewing skills

#### Community Support Group (2018)

- 7 women invited by local physician
- Physician led
- PHQ9/GAD7 screenings & supplemental questions
- Mental health didactics and group support

Figure 3: Project timeline/outline (University of Pittsburgh Exempt IRB: PRO18020071).

## Results

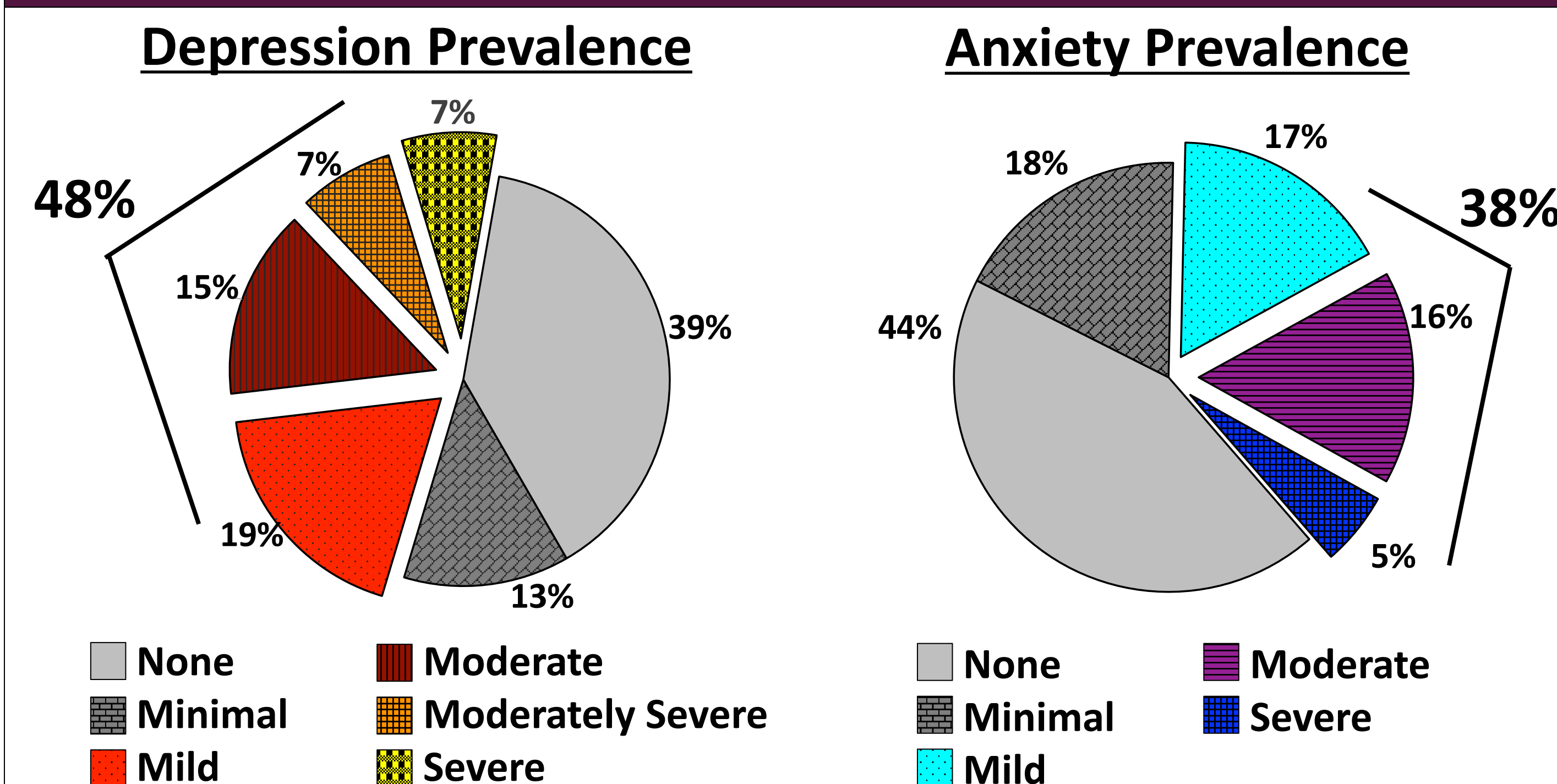


Figure 4: Prevalence of depression (48%) and anxiety (38%) based on Spanish PHQ9 and GAD7 screening surveys of adult clinic patients (n = 162).

### Focus Group Participants' Attitudes and Perceptions

- Concern for community members' acts of suicide
- Tremendous stigma surrounding mental health
- Inconsistent definitions of depression
- Desire to better understand mental health
- Preference for the word "stress" rather than depression or anxiety
- Gender differences between sources of "stress" and ways of coping



Figure 5: Themes identified during 2 focus groups (n = 19).

## Results

### MONITOR THE IMPACT

- Focus group data utilized to design a community "stress" support group
- 1 group on 3/6/18, n = 7, mean PHQ9: 6.4 (range 1-14), mean GAD7: 6.4 (Range 1-13)
- Subsequent meetings to have more social focus to reduce stigma, individual PHQ9/GAD7 scores and attitudes/perceptions will be tracked

Commonalities	Differences
Desire to increase knowledge about depression and anxiety because of limited knowledge base	Perception of the community's understanding of mental health
Low comfort level in sharing personal experiences	Shame regarding mental health status
Confusion regarding confidentiality	Perceptions of support from the community
Interest in participating in future meetings	Symptoms of anxiety and depression

Figure 6: Support group findings. Commonalities and differences based on observations and an 8-question attitude/perception questionnaire.

## Discussion

- The prevalence of depression (48%) and anxiety (38%) in San José are twice the rates of depression (24%) and anxiety (17%) among minority adults in US primary care clinics.<sup>2</sup>
- There is no access to mental health specialty care in Honduras; building the local primary care provider's mental health skillset is essential.
- A community support group that is led by the local primary care team is sustainable.
- Barriers to success include ongoing stigma, long travel distances to attend meetings, and limited exposure and understanding of the support group structure.
- We will use the COPC model and work with the HC to improve support group attendance rates in the future.

## Conclusion

A community support group has the potential to reduce prevalence rates of depression and anxiety in rural Honduras if led by a trained physician. The COPC model is paramount to informing culturally appropriate modifications to increase participation.

## References

- Prince M, Patel V, Saxena S, Maj M, Maselko J, Phillips MR, Rahman A. No health without mental health. *Lancet*. 2007 Sept;370: 859-77.
- Janosky JE, South-Paul JE, Lin CJ. Pain and depression in a cohort of underserved community-dwelling primary care patients. *JABFM*. 2012 May-June;25(1):300-307

Acknowledgements: Norman Kolb, MD, Jenna Landers, DO, Alyssa Bruehlman, MD, Jennifer Darby  
The authors have no conflicts of interest to disclose