

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 3rd 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.¹



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

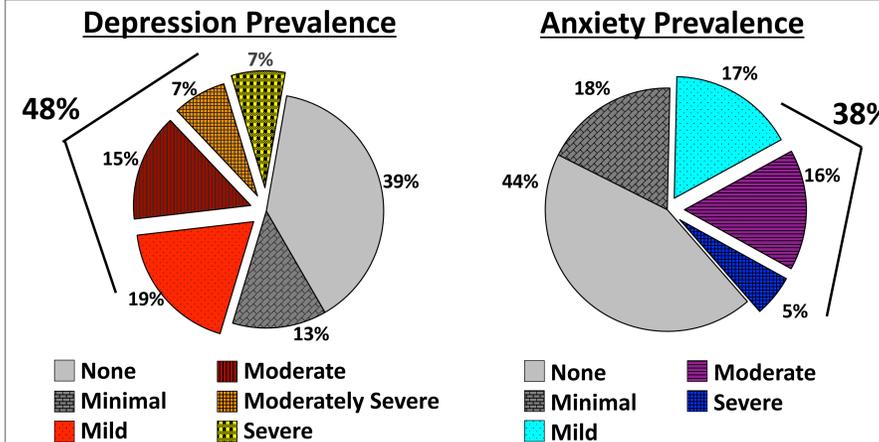


Figure 4: Prevalence of depression (48%) and anxiety (38%) based on Spanish PHQ9 and GAD7 screening surveys of adult clinic patients (n = 162).

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.²
- 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

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2. 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

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