

Building systemic capacity for mental health in Lao PDR

Purpose of Initiative

Building systemic capacity to address mental (behavioral) healthcare needs in Lao PDR through

- i) establishing a psychiatry residency within the Lao University of Health Sciences and
- ii) integrating behavioral healthcare into the existing Lao primary healthcare system

Sponsoring Organization

Health Frontiers (HF) is an all-volunteer outreach of health professionals, focused on outcomes in global health and child development. HF has worked with Laotian colleagues since 1991 to establish residency training programs in both pediatrics and internal medicine. Graduates of these residency programs (as of 2008, 42 pediatricians and 23 internists), now work in all Lao provinces and are increasingly involved in teaching current residents. Because the HF philosophy is built around volunteer health professionals who take a year or more out of their careers and serve gratis or on small living stipends, HF initiatives cost little and produce an extraordinary return on investment.

Evidence of Need

The Lao PDR is a multiethnic developing country of approximately 5.4 million, with seventy-five percent of its population living in rural areas. Although the Lao PDR has made strides in establishing a primary healthcare infrastructure, mental (behavioral) healthcare needs remain largely unaddressed. A WHO sponsored Mental Health Situational Analysis from December 2002ⁱ noted “mental health issues are completely new for the country”, and a UN Country Assessment in 2006ⁱⁱ stated “Mental health is an area that has been particularly neglected...” The WHO analysis identified “raising awareness of policy matters”, “training of medical professionals...about mental health issues” and “implementing integrated...care and services at 3 levels (villages, districts and provinces)” as priorities.

Lao leaders have, in fact, begun initiatives to address these priorities, both providing momentum and creating an opportune climate for a systematic and sustained capacity building effort. For example, the Lao government issued a mental health policy statement in 2007 recognizing the need for increased mental health servicesⁱⁱⁱ and Dr. Sing, Vice-Rector for post-graduate studies at the University of Health Sciences, was one of its strongest advocates. Training and integrated care priorities have also received attention through the leadership of Laos’ two psychiatrists:

- Dr. Sisouk Vongphachanh, Head of the Mental Health Department, Mahosot Hospital, has translated a psychiatry textbook into Lao, and is heavily invested in the training of Lao doctors in psychiatry. He has brought general practitioners to the capital from the provinces (for example, 11 GPs attended training in Vientiane for 4 months) and he has also (with funding from WHO) gone to the provinces to provide five-day workshops to health workers, GPs, and others, in the identification of mental health disturbances.
- Dr. Chantharavady Choulamany, the only other psychiatrist in Laos (and a co-author of the 2002 WHO Situational Analysis) established BasicNeeds Lao PDR (BNL), the first NGO in Lao to address mental health issues. BNL officially commenced its mission on May 2007 by mounting pilot community mental health projects in two communities within the Vientiane Capital Province and has recently expanded to four new communities within the province. Seed funding for BNL, from the Department for International Development UK, is, by design, due to end in 2010 and Dr. Chantharavady has applied to the European Union for further funding.

Most recently, in March 2009, an international team^{iv} under the auspices of Health Frontiers conducted an intensive two-week reconnaissance. In-depth discussions over multiple meetings were held with Drs. Sing, Sisouk and Chantharavady. Dr. Sing is eager to see the development of a complete curriculum for a psychiatry residency, as psychiatric care takes place exclusively in the capital city and services are not available in other provinces. Dr. Sisouk, who plans on retiring in a few years, is eager for any assistance that would increase the capacity of Lao physicians to deal with mental health issues. He recommends, for those able to come to the capital, a model of the GP working side by side with a psychiatrist, along with lectures, case conferences and case discussions. Dr. Chantharavady stated her staff would benefit from further training and BasicNeeds could participate in post-graduate training by offering exposure to community psychiatry at her village sites.

In addition, interviews were conducted with internists and pediatricians, and a focus group with pediatric and internal medicine residents. All expressed a need for training to treat the mental health/behavioral problems they often encounter in their practice. The team also provided briefings to WHO, Save the Children Norway, IOM and other interested parties. Finally, the reconnaissance team traveled to Khon Kean University in Thailand and to Sayaboury, Laos, for a provincial perspective. The Department of Psychiatry at Khon Kean has previously provided a 3-month rotation in psychiatry for doctors from Laos. They will continue this rotation and also offered to fund a new fellowship for one Lao physician each year to participate in the first two-years of their psychiatric residency training program. In Sayaboury, team members met with the director of the provincial hospital, Dr. Khamphiou Phouthonesy and Carol Perks, a Health Advisor from Save the Children Australia, who has been working in the province on primary health care issues for 17 years. Both emphasized (as had several leaders in the capital) that capacity must start immediately to be build from the “bottom up” in the provinces because “top down” training of psychiatrists will take time.

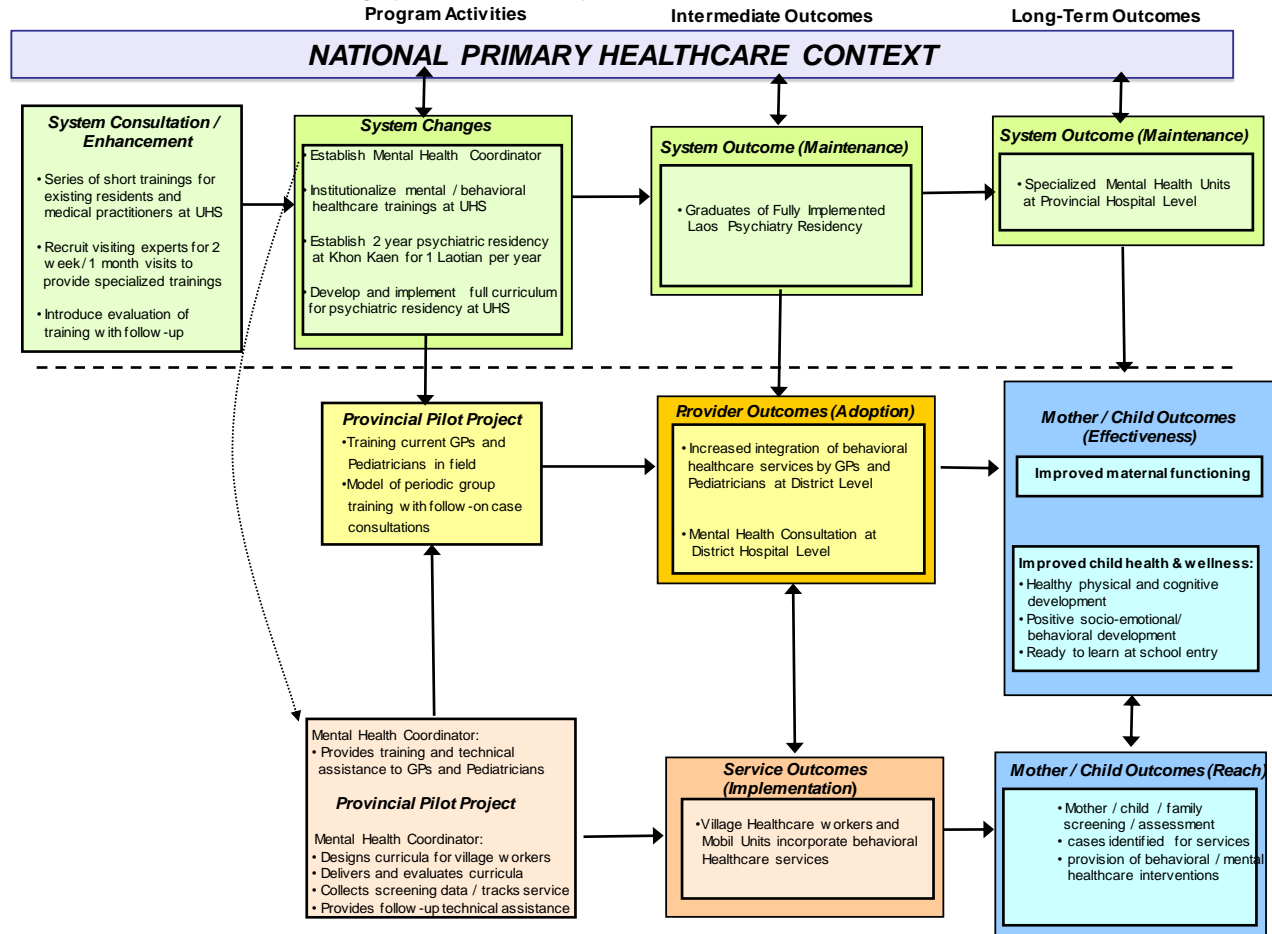
Description of Initiative

Four basic principles have informed the development of the proposed initiative:

- Build capacity in a participatory manner, incorporating infrastructures and initiatives previously built by Lao colleagues.
- Build capacity simultaneously from the “bottom up”, by integrating mental health into the existing primary healthcare infrastructure, while pursuing longer term “top down” development of specialized training such as a psychiatric residency.
- Build capacity in a pilot provincial project to serve as a model for mental health services to be established outside the capital, in the countryside.
- Facilitate and document capacity building and outcomes by consistently gathering, analyzing and disseminating data at all steps of the process.

Figure 1 provides a logic model of the initiative at two different levels: centralized, national level (above the dotted line) and a pilot provincial project at district and village levels (below the bottom line). When fully implemented these components are expected to synergistically produce long term system changes and population level changes in selected health outcomes. Each level is described briefly below, along with its constituent components.

Figure 1: Logic Model
Building systemic capacity for mental health in Lao PDR



System Outcomes: *Psychiatry Residency at University of Health Sciences.* A full psychiatry residency whose graduates would be able to staff mental health units at provincial hospitals is the most ambitious goal of this capacity building initiative (“system outcome” boxes in Figure 1) and is one of the guiding visions of Dr. Sing, Vice-Rector for post-graduate studies at the University of Health Sciences. The residency will be build upon (and ultimately incorporate) several other components operating at the national level:

- **System Consultation:** *Consultation from Dr. Edvard Hauff.* One unique and significant resource available to this initiative is consultation and guidance from Dr. Edvard Hauff MD, PhD, Professor of Transcultural Psychiatry, University of Oslo. Dr. Hauff, funded by International Aid funds from his home country of Norway, has worked with the Ministry of Health of Cambodia since 1993 to establish a full 3-year psychiatry residency and other mental health training. By 2008, 35 psychiatrists, 48 psychiatric nurses, 270 other nurses and 297 General Practitioners had been trained. Dr. Hauff was thus the catalyst and manager for a mental health system that expanded from zero to nation wide coverage, with over 10,000 diagnosed cases per year. His experience, along with that of his Cambodian colleagues, will be invaluable in guiding this initiative in Laos.
- **System Enhancement:** *Series of short term trainings by visiting faculty.* A series of short, 2-week to 1-month trainings will be delivered to pediatric and internal medicine residents at the University of Health Sciences in Vientiane, as well as to current GPs and Pediatricians in the capital. Curriculum will be built around case identification and best practice treatment options for diagnostic categories most prevalent or of most interest to potential participants. Faculty will be drawn from visiting expert volunteers recruited by Health Frontiers^v. Knowledge and skill development will be evaluated by pre-post surveys and a follow-up will assess use in practice. As indicated by arrows in Figure 1, data from these trainings will inform both the final psychiatric residency curriculum, as well as more sustained training and technical assistance that will be delivered to GPs and pediatricians in the field in a pilot project in the province of Sayaboury.

System Changes: True “system change” entails integrating new elements or components into the ongoing operations of an organization or system, in this case the University of Health Sciences. Foremost among these is the establishment of a Health Frontiers “Mental Health Coordinator” position, analogous to the current position of “Internal Medicine Residency Coordinator”. This initiative is fortunate to have found a person whose unique combination of personal background and professional training align perfectly with the Mental Health Coordinator position:

Ms. Manivone Thikey is a native of Laos (and remains a Lao citizen) who received an MD in Laos before traveling to the US for further professional training. She received a Masters of Public Health (MPH) degree from Boston University and will receive her Ph.D. in clinical and community psychology from the University of Rhode Island in May 2010. Ms. Thikey is committed to bringing knowledge and skills back to Laos and will be returning with her family in Fall 2010. She is able to address mental health needs at multiple levels, from providing direct service herself and supervising others’ clinical work, through program development and evaluation research, to broad public health policy analysis. She has also specialized in trauma and recovery for immigrant and refugee populations and participated in the Harvard University Global Mental Health program. This program accepts only 40 participants who are considered to be current or potential international leaders in this arena and will establish her in an ongoing global network very relevant to issues in Laos.

Other system changes will be facilitated by Ms. Thikey working with others. She will collaborate with visiting experts to first refine, and then gradually institutionalized the mental health trainings at the University of Health Science. Developing and implementing a complete 3-year psychiatric residency in Vientiane will take time. Fortunately, while this development is taking place, Khon Kean University in Thailand will continue to provide a 3-month rotation in psychiatry to MDs from Laos and will start to provide one fellowship each year for a Laotian MD to participate in the first two-years of the psychiatric residency at Khon Kean. This will make specialized psychiatric training possible (in limited numbers), with two-years at Khon Kean in Thailand and a third year back home at UHS in Laos.

Provincial Pilot Project: During the March 2009 reconnaissance, key informants emphasized the importance of disseminating mental / behavioral health services to the 17 provinces outside of the capital. They suggested building capacity from the “bottom up” by integrating mental / behavioral healthcare into the existing primary health care infrastructure, an approach that has, in fact, been endorsed by the WHO for developing countries^{vi}. In Figure 1, boxes below the dotted line illustrate this “bottom up” pilot project intervention and the outcomes it is expected to produce. The setting, content and components are described below:

- **Provincial pilot project setting:** Sayaboury, a remote mountainous province of approximately 330,000, on the western side of the Mekong River, is an ideal site for the provincial pilot project. A comprehensive primary health care program has been operating in the province since 1991, funded by Save the Children Australia. Evaluations^{vii} have shown that ninety-two percent of households in Sayaboury have access to a health facility (compared to sixty-one percent nationally), infant and child mortality rates are less than one-third of the national rates and the maternal mortality ratio has decreased by 50%. The program has been implemented entirely by government staff with support from only one expatriate health adviser (Carol Perks from Save the Children Australia) and includes mobile health teams that visit each village twice a year.
- **Provincial pilot project content:** Perinatal depression has been chosen as a content focus for the pilot project because: (i) studies indicate prevalence rates in low-income countries that often range from 20-30%^{viii}; (ii) the WHO states “it can be reasonably expected that perinatal mental health problems are both under-identified and under-treated”; (iii) a simple intervention delivered by community-based primary health workers has demonstrated effects in a controlled trial in rural Pakistan^{ix}; (iv) the intervention promotes the WHO endorsed concept of task shifting “a process whereby specific tasks are moved, where appropriate, to health workers with shorter training and fewer qualifications”^x; (v) a valid self-report instrument for screening postpartum depression is available for use in the project^{xi} and (vi) perinatal depression and its impact on children is an excellent fit with the strong maternal / child emphasis of Sayaboury’s primary health care system.
- **Curriculum for village health workers:** The Mental Health Coordinator (Ms. Manivone Thikeyo) will adapt the manualized *Thinking Healthy Programme* to Laotian culture and circumstances. Developed by Atif Rahman and his colleagues in Pakistan, the curriculum uses cognitive behavior therapy techniques and homework assignments applied by health workers in routine practice. In Pakistan, the training was short (2 days followed by a 1 day refresher after 4 months). In Laos, the training is likely to be longer and contain more interactive exercises, as recommended in a recent review of educational interventions in primary health-care systems.^{xii} In addition, Ms. Thikeyo will be available periodically in each district hospital for booster sessions and case consultation. Village health workers will be trained to administer the Thai Edinburgh Postnatal Depression Scale (Thai is understood in Laos) for screening and case identification purposes.
- **Training of current GPs and Pediatricians:** Current GPs and Pediatricians practicing in Sayaboury’s 10 districts will be brought together annually for general training on mental health issues, adapted from training previously delivered in the capital. In addition, they will receive specialized training on perinatal depression, a more detailed and intensive version of that received by village health workers. The director of the Provincial Hospital has committed to housing and feeding these practitioners so they can all be trained together. Training will be provided by Ms. Thikeyo and visiting faculty. In addition, Ms. Thikeyo will be periodically available on-site at each of the district clinics for case consultation (as well as to promote vertical integration with the work of the trained village health workers).
- **Expected Outcomes and Evaluation:** Capacity building will be evaluated through pre-post surveys of trainings, follow-up utilization assessment and organizational case studies. Case identification, dose strength of treatment received and outcomes will be tracked by the provincial health information system and standardized measures. Trends over time will be examined within the province and comparisons made with other provinces where possible.

References

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- ii United Nations Country Team. United Nations Country Assessment Lao PDR, June 2006.
- iii Ministry of Health, LaoPDR. Mental Health Policy, 2007.
- iv The reconnaissance team sponsored by Health Frontiers consisted of the following members:
Marlene Goodfriend MD pediatric psychiatrist, University of Florida
Paul Florin PhD, professor of community psychology, University of Rhode Island,
Manivone Thikeo, presently completing a psychology PhD at the University of Rhode Island
Edvard Hauff MD, PhD, Professor of Transcultural Psychiatry, University of Oslo
Inger Helene Vandvik MD: professor emeritus of child and adolescent psychiatry, University of Oslo.
- v Faculty will include members of the reconnaissance team and, in addition:
Kathleen Clegg, MD; Professor of Psychiatry, Case Western Reserve University
Carin Cunningham, Ph.D.; Professor of Pediatrics, Case Western Reserve University
- vi Fortin M, Lapointe, L, Hudon C., Vanasse A, Ntetu AL, Maltais D. Multimorbidity and quality of life in primary care: a systematic review. *Health Qual Life Outcomes*, 2004, 2: 51.
- vii Carol Perks, Michael J Toole, & Khamla Phouthonsy. District health programmes and health-sector reform: case study in the Lao People's Democratic Republic, *Bulletin of the World Health Organization*, 2006, 84 (2)
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- ix Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet*, 2008; 372; 902-09.
- x WHO. Task Shifting. Global recommendations and guidelines. Geneva: World Health Organization, 2008.
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