

TREATING DEPRESSION IN THE COMMUNITY:

DEVELOPMENT OF A SOCIAL WORK AND PSYCHIATRY COLLABORATIVE MODEL IN VIETNAM

With the support of the Atlantic Philanthropies, FHI 360 Vietnam launched a project in 2014 targeting the development a professional social work workforce that would provide care for people with mental health problems. The goals of the project included (1) developing a strategic community mental health service model to provide sustainable, high quality, coordinated and practical mental health services in two pilot centers in two provinces: Quang Ninh and Thai Nguyen provinces; and (2) developing coordinated services for the early identification of illness and provision of evidence-based behavioral interventions, coordinated pharmacotherapy, access to social services, reduced self-harm and suicide risks, and reduced stigma through support systems and respectful collaboration.

The project was first implemented in Quang Ninh province from November 1, 2014 to September 30, 2015, in order to pilot the training manual and capacity building activities. The project was then implemented in Thai Nguyen province from April 1, 2015 to September 30, 2015 with a completed training manual and comprehensive program design. The pilot model used expertise from two international experts: Professor Amie Pollack (Vanderbilt University) and Dr. Peter Banys (UCSF) who led project technical development activities



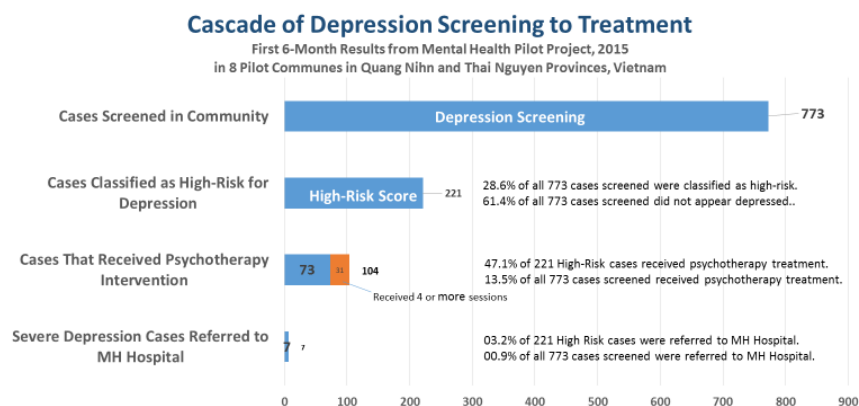
and trained and supported local experts. Dr. Pollack and Dr. Banys worked with local experts from university social work programs and psychiatric institutions to build local capacity for technical assistance and training as needed. At the provincial and local government levels, the project primarily involved coordination and collaboration between two Social Work Centers and two Psychiatric Hospitals in Quang Ninh and Thai Nguyen, including community-level social work collaborators and health workers.

Screening for depression took place in the community, primarily in people's homes. Social work centers worked with community health stations to identify groups of vulnerable people, including people living in poverty, victims of trafficking, women who gave birth with the past 36 months, and families facing violence, drug addiction, or chronic illness. Vulnerable groups were identified and invited to participate in the screening by community health workers familiar to each community.

The Patient Health Questionnaire-9 (PHQ-9) screened tool was used; it was selected based on demonstrated effectiveness in developing countries including Vietnam, and because it is brief and easy to learn and administer. Community health workers and social workers from participating Social Work Centers (SWCs) completed the screening. People who were identified as at-risk for depression based on PHQ-9 score were provided psychoeducation about depression. Those with mild level of depression symptoms were provided

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
1-9	None	None
10-14	Mild	Psychoeducation; refer to SWC for counseling and/or pharmacotherapy
15-19	Moderate	Psychoeducation; immediate referral to SWC for pharmacotherapy and/or counseling
20+	Severe	Psychoeducation; Immediate referral to psychiatric hospital for pharmacotherapy and collaborative management

psychoeducation and offered support at the SWC (psychotherapy and/or medication consultation). Those with moderate levels of depression were referred to the SWC for psychotherapy and medication. Those with severe levels of depression were referred directly to the provincial psychiatric hospital.



As a result, from April 1 to September 30, 2015, 773 community-based screenings were made; 211 cases were identified as high risk for depression; 7 severe cases were referred to mental health hospitals; 73 cases received psychotherapy sessions; 31 cases retained for 4 or more psychotherapy sessions; 20 cases have been referred from mental health

hospitals to Social Work Centers for follow-up care. In addition, over the six months we observed a hunger for learning and a rapid advancement of skill levels between supervisory visits. There were manifest benefits to social worker skills, to clinically managed patients, and to the first-ever working collaboration between Ministry of Health (MOH) psychiatrists and MOLISA social work centers.

The most rewarding aspects of the project relate to how beneficiaries were directly supported in their own communities. Patients expressed gratitude for having a psychotherapeutic/supportive relationship with a social worker. Patients reported that the psychoeducation helped them understand their problem and engage in treatment.

This project also supported a unique first-time collaboration between agencies that traditionally operate separately. This community-based model will play a critical role by supporting a feasible community mental health services system for Vietnam that can be replicated and expanded and supported in the future by the Government and other donors interested in strengthening and expanding mental health services. An operating community mental health program can also support technical assistance efforts across Vietnam as such services are scaled up to meet needs and demand for services in the future.

Lessons Learned

This is a sustainable model with government of Vietnam funding to continue support after project is ended. One part of the success was the responsibility and commitment to sustain was discussed from the beginning, before it was implemented.

This brings one stop shop service model where client could come to SWC to receive both psychoeducation/interventions while getting medical examination and psychiatric medicines in one place. It also reinforces the partnership between health and social work sectors which ran silos separately prior to when the project was implemented.

The technical assistance model for this pilot project has been well established with a local technical assistance provider network housed at respective institutions in Vietnam. These local experts gained experience and will extend their technical assistance support to Quang Ninh, Thai Nguyen and other requested provinces.