Title:
A Collaborative Care Model for Management of Comorbid Depression and Chronic Non-Communicable Diseases in Rwanda

Madeleine Mukeshimana, MN
School of Nursing and Midwifery, University of Rwanda/College of Medicine and Health Sciences, Kigali, Rwanda

---

Session Title:
Global Health Practices in Depression
Slot:
A 17: Saturday, 28 October 2017: 2:15 PM-3:00 PM
Scheduled Time:
2:35 PM

References:
Aboshaiqah, A.E. 2014. Correlates of Depression among Patients Diagnosed with Chronic Illnesses in Saudi Arabia. *Health*, 6, 1895-1902.http://dx.doi.org/10.4236/health.2014.615222

Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. 2013. The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. *HEALTH HOME, Information Resource Center*, 1-13.

Katon, W. 2011. Epidemiology and treatment of depression in patients with chronic medical illness. *Dialogues in clinical neuroscience*13 (1), 7.

Abstract Summary:
Participants should expect to learn how Collaborative Care Model (A model which is recommended by WHO to be implemented in all countries to manage the co-morbidity of depression and chronic non-communicable diseases) has been adapted and implemented to Rwandan context as a developing country.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to understand the major health effects caused by the co-morbidity of depression and chronic Non Communicable Diseases and the high global prevalence of this co-morbidity	The learner will learn this trough presentation of the Background and key information of the literature
The learner will be able to realize how Collaborative care Model is a very important and cost-effective model in managing the co-morbidity of depression and chronic Non Communicable diseases	The learner will learn this trough presentation of "A summary of important studies which have adapted Collaborative Care Model" from literature.

The learner will be able to comprehend different methods used to adapt and implement Collaborative Care model in a developing country.	The learner will learn this trough presentation of "Methods used for the study"

Abstract Text:

Purpose:

The study explored the current situation regarding the management of co-morbid depression and chronic NCDs in Rwanda, in order to adapt the Collaborative Care Model (CCM) to the Rwandan health care services.

Methods:

Action research sequential explanatory design guided the study using mixed- methods approach. The study was conducted in three phases. Quantitative method was used in the exploratory phase and qualitative method was used for the situation (problem) analysis and action phases. Quantitative data was collected from 334 respondents that consented to participate from an initial random sample of 385 people. HPQ-9 was used to screen for depression. Quantitative data was analysed with Stata 13.0 and qualitative content was analysed using an inductive approach. An expert team of 14 mental and medical health professionals participated in the second and third phases for the analysis, adaptation and implementation of the CCM model. The model was tested over a period of six weeks with 30 patients. The research–practice partnership method guided us in the model adaptation.

Results:

A high prevalence of depression (83.8% with 95% CI) among diabetic and hypertensive patients was found in our study. The results revealed that no protocol/interventions were in place to manage comorbidity of depression and chronic NCDs. A CCM to be implemented at district health care level by a collaborative care team of a medical doctor, a registered nurse, a mental health nurse and a psychiatric consultant was adapted to Rwandan context from an existing CCM. The testing of the new adapted model in one district hospital confirmed its applicability and its acceptance by participants.

Conclusion:

High prevalence of depression among diabetic and hypertensive patients was found in our study. The new adapted model was perceived by participants and implementers to be applicable, acceptable and important for management of this co-morbidity. We recommend its implementation in all Rwanda district hospitals to improve quality of care for patients with this co-morbidity.