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ESTABLISHING THE FACTORS INFLUENCING THE IMPLEMENTATION OF PROBLEM MANAGEMENT PLUS IN NORTHERN PROVINCE OF RWANDA: A CROSS-SECTIONAL STUDY.

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Abstract

Background:

Problem Management Plus (PM+) is a low-intensity intervention that has its roots in cognitive-behavioral and problem-solving strategies, and has been shown to improve depressive symptoms and improve functioning when delivered by non-specialists in resource-limited settings.

Objective:

To establish factors influencing implementation of Problem Management Plus in Burera District.

Methods: A cross-sectional study with qualitative approach was conducted amongst 196 Healthcare Professionals selected using simple random sampling. An interview guide was used. The thematic content analysis was used where collected data grouped into themes and sub-themes in order to interpret them easily.

Results: The findings revealed that the factors influencing PM+ implementation are: adaptation of intervention to the context, sufficient number of staff, stability of trained staff, social culture and beliefs changed in the community, awareness on PM+ in the community and health facilities , engagement of participation to avoid missing visit and drop out of patients, sensitization against stigma and discrimination related to mental health in the community, capacity building , team work between healthcare professionals at health facilities, involvement of all stakeholders.

Conclusion: Successful implementation of PM+ intervention must involve all concerned stakeholders and sharing progress information in order to overcome challenges on time.

Introduction

Implementation of psychological treatment is fundamental and vital for good health as mental health is vital of thinking, interaction and decision made by human in the daily life.

PM+ is a brief psychological intervention for adult people developed by the World Health Organization (WHO) to help people living in adversity and experiencing emotional and practical problems. PM+ involves elements of cognitive behavioral therapy and problem solving, and has been seen to improve depressive symptoms in other low-middle income countries. Through 4 key strategies of PM+ helps patients with depression and adversity; they include: 1) Managing Stress (helping patients manage anxiety and stress through a mindful breathing exercise), 2) Managing Problems (helping patients address practical problems), 3) Get Going Keep Doing (drawing on principles of behavioral activation, this module improves the patient's level of activity) and 4) Strengthening Social Supports (focuses on reducing isolation and improving a patient's support network) and is made up of five 90-minute individual sessions. It is recommended that you have the sessions once a week.(World Health Organization, 2016). PM+ is trans - diagnostic intervention which can address symptoms across common mental health disorders and can be used in reduction of alcohol misuse (Woodward et al., 2021). According to (Joseph et al., 2019) Problem Management Plus can also be used to ameliorate the unmet burden of disease like depression where there are a low number of healthcare providers. Implementing PM+ intervention require adaptation of it to the context as it has been confirmed by the research done in Mexico, Syrian refugee camp and Central Afria Republic by (Rodriguez-Cuevas et al., 2021),(Akhtar et al., 2021) ,(Dozio et al., 2021). We can conclude by the study done in Rwanda by (Coleman et al., 2021) who explained the PM+adaptaion in understandable way .However, PM+ practice can be effective if have successful support from different side (leaderships, healthcare professionals, community and opinion leaders). Implementation of this intervention require screening in the community and this step has founded as may vary depending on clinic and health system setting (Atkin et al., 2010) (Benson et al., 2012). Health centers may have little information on how to adapt the intervention to their community and clinical setting (Davis, Melinda M.Davis, M. M., Freeman, M., Shannon, J., Coronado, G. D., Stange, K. C., Guise, J. M., Wheeler, S. B., & Buckley, D. I. (2018). A systematic review of clinic and community intervention to increase fecal testing for colorectal cancer in rur et al., 2018)The way health center implement intervention differs depending on available leadership prioritization, complementarity among healthcare professional, community briefs, mental health awareness in the staff and community, available resources to sustain the intervention (Smith et al., 2021), (Petrik et al., 2020)

Methods and Materials

Research Design

This was a cross-sectional with qualitative approach in order to establish factors influencing PM+ implementa-

tion in North Province in Rwanda. The qualitative method was selected to achieve the objectives as it is used to assess the outcome variable and the influencing factors at one point in time.

Sample size and sampling

The target population of the study were healthcare professionals (HCPs) and the study was targeting a total of 196 healthcare professionals in Northern Province, Rwanda. This research used purposive technique as all healthcare professionals in health facilities with one year of experience were included.

Data collection methods

An interview guide was used to collect the information from the field. It was divided into two parts; part one covered the socio-demographic characteristics of respondents, part two comprised of questions concerned with factors influencing PM+ implementation in Northern Province, Rwanda. The collected information from participants was recorded and transcripted for the analysis.

The process of data collection started with obtaining ethical approval and signing consent with the selected respondents. Then the participants were briefed on the research expectation. The researcher also explained to the participants that the research is meant for the academic reasons and informing future implementers to assure them that the information given in the research process was not disseminated for any other personal gain or contrary to academic ethics. The questions of interview guide were translated in Kinyarwanda and the interviews were conducted in private room to ensure privacy and confidentiality.

Data Analysis

The data from the 196 healthcare professionals was analyzed after all the processes regarding data collection procedures, transcription of recorded information in thematic content. The thematic content consists of grouping the data collected into themes and sub-themes in order to interpret them easily. This type of data analysis calls on the categorical analysis and (Quivy & Van Campenhoudt, 2007).,says that, it consists of calculating and comparing the frequencies of certain characteristics, where the mostly mentioned themes grouped into significant categories.

Results

Theme one: factors influencing PM+ Intervention implementation

Sub-theme 1: enough Number of Staff

The participants expressed the shortage number of staff and their instability at work. They mentioned that the main influencing factor were the instability of staff as they are not happy with their salaries, which increased their turnover. T*hey are interested in working near their families and therefore maintaining close relationship with their relatives; they added that they cannot afford the basic needs (all participants)*

Sub-theme 2: Social Culture and Briefs

Under this sub-theme, the participants revealed that the community members have social cultural beliefs which prevent the quick implementation because people are not aware of PM+ intervention as was new.

Sub-theme 3: Community/setting

The interviewed people reported that the community members are not aware of PM+ intervention and this caused missing visits and/or drop outs of clients. In addition, it is because patients experience stigma and discrimination in the community. The community's way of understanding is low to the extent that they think psychotherapy intervention is ineffective to treating mental illness, and they prefer pharmacotherapy.

I found that, missed visits and drop out of enrolled patients from PM+ intervention was high, patients and families did not understand well the importance of attending the intervention.

Sub-theme 4: Involvement of Stakeholders

Under this sub-theme the participants stated that involvement and partnership with all stakeholders like PIH, community, local leaders, traditional healers in North Province, is key element for successful implementation of any program or new service.

There was something I found that low involvement of stakeholders and partnership with key people is a barrier to the successful implementation of PM+ intervention in North Province. (HCPs)

Sub-theme 5: Capacity Building

Respondents reported that, conducting training related to new program for the HCPs to make them understand it before its implementation, conducting regular mentorship to the HCPs have leaded to the successful implementation and integration in health facility package.

I find that training of all concerned people (HCPs, CHWs) is key to speed up the integration of new change idea in any sector like health and others (Leaders).

Sub-theme 6: Ending Stigma and Discrimination

Under this sub-them, participants revealed that MH patients experienced stigma and discrimination related to mental illness in the community where conducting community MH awareness were important key to reduce stigma and discrimination which lead to the desired results from PM+ program implementation.

Community awareness through workshop with opinion leaders, church leaders, local leaders, traditional healers and creating club in the village against stigma and discrimination is a good weapon to fight it in the community (Mental healthcare Professionals).

Discussion

The result of this study revealed that the factors influencing PM+ implementation was adaptation of PM+ intervention and this is smiler to the study done by (Rodriguez-Cuevas et al., 2021)(Akhtar et al., 2021)(Dozio et al., 2021)., enough number of staff, stability of staff, social culture beliefs changed in the community which is different to the study done by (Blease *et al.,* 2016)where the stigma and discrimination related to MH in the community, geographical issue was the barrier to the mental service integration. The finding revealed that sensitization against stigma and discrimination related to MH in the community, capacity building , team work between healthcare professionals at health facilities, involvement of all stakeholders were among implementation influencing factors which is different to the result of study conducted by (Smith *et al*., 2016; Rugema *et al*., 2015).,where the misperceptions have leaded to the resistance of using it by health care provider, the lack of family support, social economic factor were the barriers/ influencing factor to attend mental health service.

Conclusion

Implementation of new intervention needs to take into consideration different factors depending on the context because each one has its own particular factors but the most important factoprs include culture and belief of the community/ country, human resources, financial means and stakeholders.

Recommendations

1. Document the way this PM+ implementation followed to be used by new service implementers.
2. Set the steps to be used by health sectors and partners.
3. Doing further studies to establish other influencing factors.

Suggestion for further Study

This study may be continued by a longitudinal to more clearly and establish factors in relation to mental health service implementation.

Authors' contribution

Hakiziamana Janvier designed the study, collected, analyzed, interpreted the data and writes a manuscript. Renzaho Jean Nepomuscene worked as advisor and the best way of conducting this study. Nasiru Sani and Michael Habtu supervised the study, contributed to data analysis and manuscript writing. All authors have read and approved the manuscript for publication.

Declaration of conflict of interest

The authors declare no conflict of interest with regards to this research and authorship of this article.

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