

## **Call for Expressions of Interest and Proposal**

**VN030 A short-term Consultant to develop guideline, training package and capacity building on community-based depression management.**

### **1. Background**

The burden of depression, in terms of Disability-Adjusted Life Years (DALYs), is among the highest diseases, and proportionally higher in the Asia Pacific (3.7%) compared to the rest of the world (3%). But this is just the tip of the iceberg because of limitations in regional health system surveillance and the stigma attached to those suffering from the disease (Lancet, 2019; KPMG, 2021).

Depression is particularly harmful as it can cause unproductivity in those who suffer from it who otherwise would be productive. In addition to diminishing work capacity, depression increases mortality from comorbid health conditions and suicide (WHO, 2018), and impairing quality of life and relationships. Women are at particular risk for depression, with prevalence rates ranging from one to two times that of men.

COVID-19 has exacerbated the situation. Job losses, the toll of losing loved ones, and social isolation have all contributed to a mental health crisis. As a result, the depression rate increased. Recent study showed that depression rate is more than triple in the US during the pandemic (Lancet, 2021).

The treatment gap (the number of individuals in need of help versus those who actually receive it) is large (from 75 to 95%), with the vast majority of those in need of depression care receiving little or no treatment (WHO, 2011; Pim C et al, 2018).

Similar to other low- and middle-income countries (LMIC), Viet Nam has significant barriers contributing to this treatment gap, including lack of human resource in mental health. The number of trained psychiatrists in Vietnam 0.9 is well below the WHO's recommendation of 10.0 professionals per 100,000 population: 0.9 (KPMG, 2021). Furthermore, psychologists are not yet officially recognized and mental health care are separated from general health care, especially primary health care. Other barriers are significant stigma, limited and/or misleading knowledge in the general public about depression and mental health. The situation is more challenging when funding for mental healthcare is especially low in the region including Viet Nam, especially when compared to the burden it causes in Disability Adjusted Life Years (DALYs) (KPMG, 2021).

Ho Chi Minh city (HCMC) is the biggest city in Viet Nam with more than 10 million people. Similar to other provinces and cities in Viet Nam, the city is not yet met the need for management of non-communicable diseases (NCDs) and mental health care in general and depression management in particular for the population. To address huge treatment gap of NCD and mental disorders, especially depression which is worse due to heavy suffering from COVID-19, the city needs to strengthen the capacity of the district health centers (DHCs) and Commune Health Stations (CHS)s. This is a challenging task because currently people don't trust the CHSs and the capacity of these health facilities in term of human resource and equipment is limited.

The Department of Health (DOH) of HCMC requested support from the WHO for strengthening Primary Care focusing on management of non-communicable diseases (NCD) and mental disorders. The Organization has been working with related institutes to support the city with management of hypertension and diabetes at 43 selected commune health stations (CHSs) of 10 district health centers (DHC). Capacity building for these 10 DHCs in management of common mental disorders is also ongoing. Now the organization is planning to support moving some essential services of mental health care down to CHSs. As agreed with the DOH of HCMC, the service of screening, psychoeducation, basic psychotherapy for community-based depression management should be the entry point for mental health care at CHSs.

## **2. Planned timelines**

Start date: 15 July 2023

End date: 31 Dec 2023

## **3. Work to be performed**

This consultancy will support the DOH of HCMC for building capacity of screening, psychoeducation, basic psychotherapy for community-based depression management at CHSs of HCMC. The consultancy will conduct the following tasks under the technical guidance from WHO and the DOH of HCMC.

- 1) To rapid assessment of current situation of community-based mental health care in HCMC through meeting with related stakeholders and collect relevant documents
- 2) To revise guideline and related documents on community- based depression care at CHSs based on existing ones and the results of the rapid assessment and get approval from DOH of HCMC.
- 3) To draft, revise and finalize and get approval from DOH of HCMC for training package, training program and tools for capacity building of HCWs at DHCs and CHSs on community-based depression care. The DOH of HCMC will also establish a working group to support development of the documents. The training program should include fundamental knowledge on mental health, depression, screening tools for depression, knowledge and skills on basic counselling skills, group facilitation skills, psychoeducation, psychotherapy (Behavioural Activation – BA)
- 4) To revise IEC materials on community-based depression care based on existing ones.
- 5) To provide training for about 25 HCWs from Mental Health Hospital, Center of Disease Control CDC, 5 DHCs and 5 CHSs of HCMC on community-based depression care using the above -mentioned package and program with support and supervision from the DOH of HCMC.
- 6) To give supportive supervision and quality assurance support for demonstration of community -based depression care services provided at 5 selected CHSs in 5 DHCs of HCMC by trained HCWs.

Deliverable 1: The guideline and manual for model on effective community-based depression care at CHSs in Vietnamese.

- The guideline should be divided into steps, the manual provides detailed activities to be done for each session of psychotherapy (individua and group-based BA), time of each session is 90 minutes.

- The tools for counselling and tools for assessment of progress of patients should be included.
- Both counselling/psychotherapy for individuals and group are included.
- Indicators to evaluate the effectiveness of the model.
- The DOH of HCMC will provide inputs for finalizing the guidelines and tools but no extra cost is needed for this task.

**The draft of outline of the guideline should be submitted along with the application**

Deliverable 2: The training package, training program and tools for capacity building of HCWs at DHCs and CHSs on community-based depression care in Vietnamese.

- The training package is in ppt format and word format.
- Capacity building program include the sessions for theory and role play in training room, practice at health facilities with real patients and “on- the job’ training at DHCs and CHSs.

**The draft of outline of the training package and training program should be submitted along with the application**

Deliverable 3:

- Reports on training and guiding on practice for 25 participants and “on-the job” training for HCWs of 5 DHCs and 5 CHSs on community-based depression care.
- Report on results of the model for effective community-based depression management CHS using indicators developed.

**4. Specific requirements**

**a. Educational Qualifications**

- Education background on community-based mental health care.
- Mater degree or higher

**b. Experience:**

- At least 15 years working experience on community-based depression care with proven scientific evidence of successfulness.
- Rich experience in developing guideline and training materials, and training HCWs on community-based depression care.
- Experience working with WHO is preferable.

**5. Place of assignment:**

- Hochiminh city

**6. Medical clearance**

- The selected Consultant will be expected to provide a medical certificate of fitness for work.

**7. Travel**

The consultant will work in Ho Chi Minh with possible travel to Ha Noi for short time.

Those who are interested can submit the following documents:

- Most updated CV



- Technical proposal with detailed budget break-down

Please indicate post title and vacancy notice # and should be addressed to:

**Administrative Officer  
World Health Organization  
UN Building, 304 Kim Ma Street,  
Hanoi, Viet Nam**

OR

[wpvnmaplicants@who.int](mailto:wpvnmaplicants@who.int)

**Before/by 25 June 2023.**

For further information on this TOR, please contact:

[wpvnmdc@who.int](mailto:wpvnmdc@who.int)