

# Link between addressing rural challenges through Community driven development and patient approach in Psychiatry

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## BACKGROUND

- ❖ The needs of a rural community in the Dominican Republic (DR) were addressed through **Community-driven development (CDD)** over the course of 2 years:
  - CDD operates on principles of (a) **participation**, (b) **empowerment**, (c) **demand-responsiveness**, (d) **accountability** and (e) **capacity building**
  - CDD relates to psychiatry patient care in (1) **Individuals determine their priority** to achieve their goal (2) Providers consider how this priority addresses challenges while **facilitating decision-making that aligns with individual's priorities** and set goals.
- ❖ **La Cuchilla** is a small community located 36 kilometers from the capital of the DR.
  - Around **500 families consisting of 7-8 persons** per household.
- ❖ Primary economic income in most families in the community was **self-sustaining agriculture**.
  - Average monthly wage was 2,200 DOP (**\$37 USD**) per month per family.
- ❖ LC inhabitants **stopped receiving water in their homes for over 10 years**.
  - Inhabitants must go to river to gather water.
  - Children present high incidence of intestinal parasitosis
- ❖ Most inhabitants only managed to complete education until middle-school (Males) or didn't attend school (Females)
  - 92% of females are unemployed
  - Average pregnancy age was found to be 12y/o



## METHODS

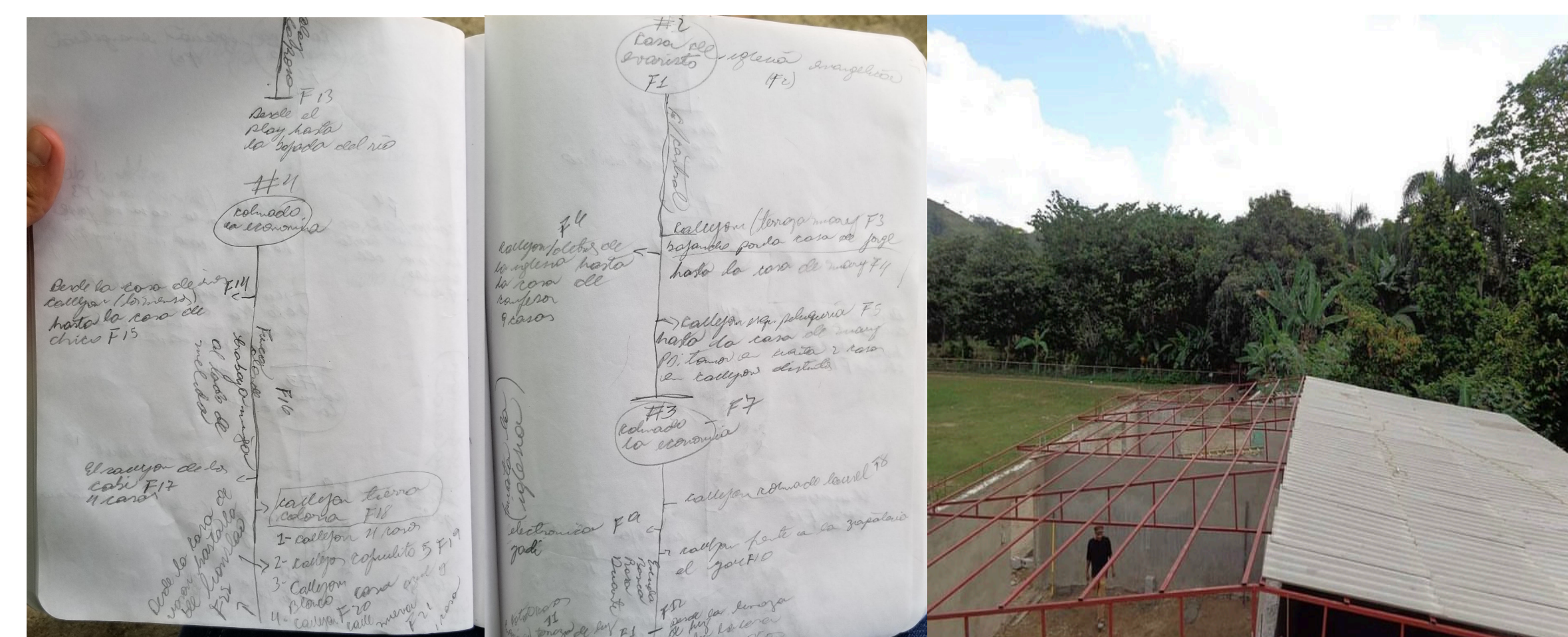
We sought to use elements of the psychiatric approach, assessment and management as a tool in a community-based level through CDD

- 1. Data gathering (identify needs).**
  - Administered the first census in the 96y history of the community.
  - Gather data from 5 dimensions (a) **Sociodemographic** (b) **community participation** (c) **challenges and priorities** (d) **sustainability** (e) **opportunities**.
- 2. Reflection (participation-insight).**
  - Meetings with community leaders to **self-identify priorities, needs, challenges**.
  - Discuss what they were willing/ready to address first and **empower their leadership on solution**
- 3. Capacity-building (empowerment).**
  - Developing and strengthening the skills, instincts, abilities, processes to generate change from within (i.e. workshops and classes to develop skills for employment)
- 4. Demand-responsiveness and supervision (Monitoring).**
  - Provide tools to develop own proposed solutions to identified challenges and priorities.
  - Reassess and monitor progress



## RESULTS

The community identified and prioritized 4 challenges willing to tackle: (1) **Structural organization** (2) **Water** (3) **Education/Opportunities** (4) **Women opportunities**



- Developed draft of 1st map in the community history.
- Empowered to build recreation center with materials within community



- Developed rainwater collecting and purifying system with materials within community
- Built water-tank for storage of purified water system with materials within community



- Community meetings with business officials for employment
- Capacity building for abilities development (i.e improving agriculture)



- Learning Modules on "New masculinities" and "Sustainable Development"



## DISCUSSION

- ❖ **The approach used in psychiatry with patients is helpful and can be adapted to community-based interventions for development of rural areas.**
  - Through patient empowerment and CDD, people gain control over their own lives and increase their capacity to act on issues, they themselves define important.
  - Psychiatrist and CDD organizations should work in partnership with both patients and communities to achieve the highest level of shared decision making and avoid coercion to the largest extent possible.
- ❖ **In the long run, this model is a much more effective intervention for developing rural communities.**
  - Previous community interventions only demonstrated short-term benefits and produced no long-term impact.
  - This participatory and empowering strategy encouraged a "snow-ball effect" that led to locals in other adjacent towns adopting La Cuchilla's interventions.

## REFERENCES

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