CASE REPORT
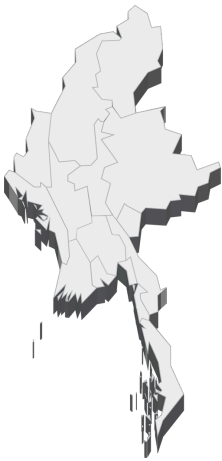
Bridging the Mental Health Access Gap in Primary Care through Digital Learning in Myanmar: A Case Study

Background

Mental health disorders—including depression, anxiety, trauma-related disorders, and substance use—are a significant global health burden. The impact is particularly severe in low- and middle-income countries (LMICs), where over 70% of individuals with mental health disorders do not receive treatment. **In Myanmar, nearly 90% of mental health disorders went untreated before recent crises**, with the situation worsening due to the COVID-19 pandemic, natural disasters, and the ongoing conflict. With a population exceeding 54 million, Myanmar has only around 300 psychiatrists, creating a critical gap in mental health services. This underscores the importance of equipping primary care providers (PCPs) to manage mental health conditions and address this pressing need.
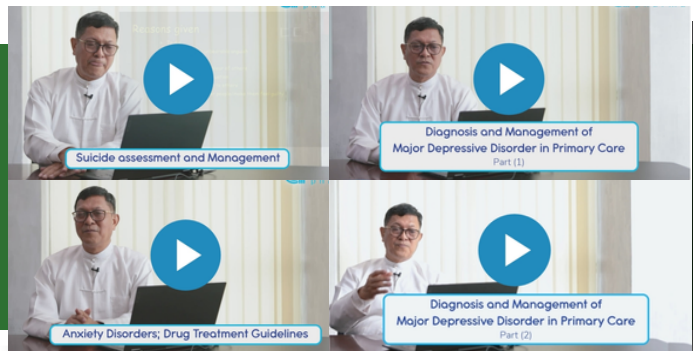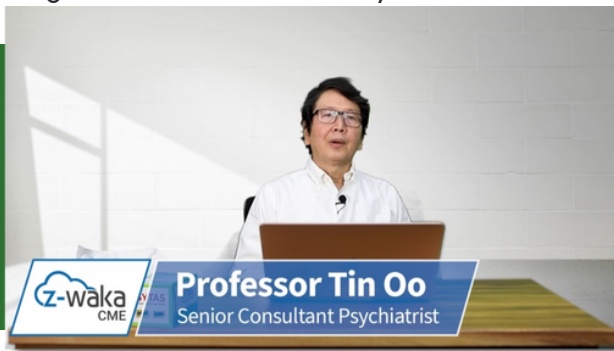
Innovative Digital Learning
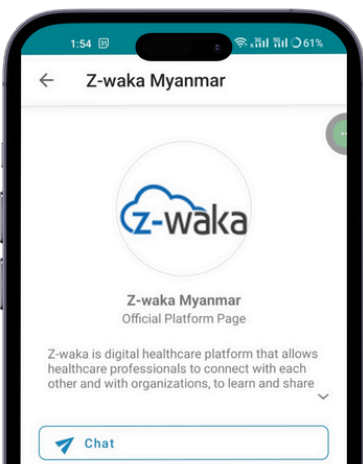
To address the mental health treatment gap in Myanmar, **the Mental Health Society**, in collaboration with the **Z-waka** digital platform, co-created an innovative digital training campaign aimed at primary care doctors across the country. Launched during Mental Health Awareness Month in October 2023, the six-month-long program featured a series of concise, expert-led training videos, knowledge assessments, and a follow-up community engagement initiative. Throughout the program, participants provided self-reported feedback through surveys to track progress and improve the training experience.

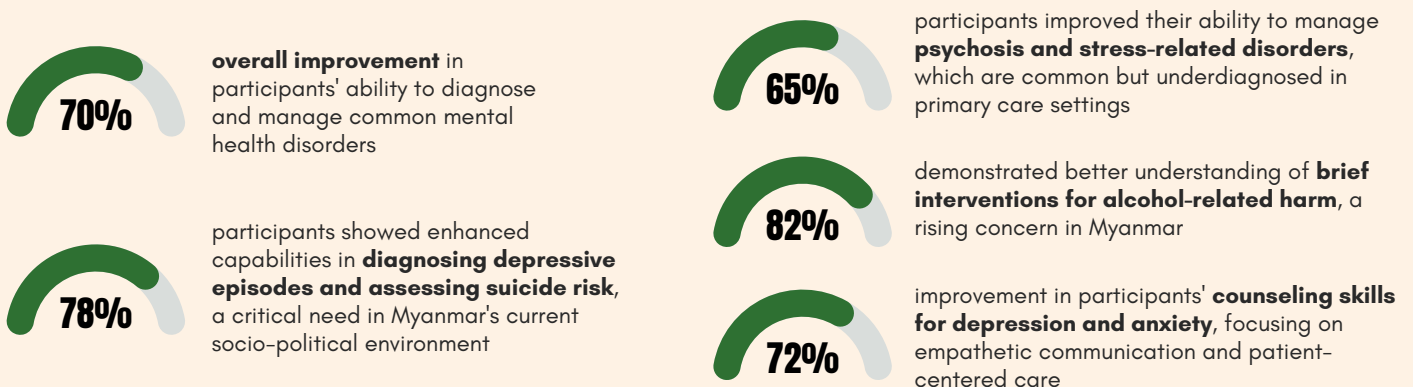# Healthcare Professionals Training

347 Total Participants

The training covered critical topics such as **Depressive Episodes, Psychosis, Brief Interventions for Alcohol Harm Reduction, Diagnosis and Management of Major Depressive Disorder, Anxiety Disorder Treatment Guidelines, Suicide Assessment and Management, and Stress-Related Disorders**. All materials were tailored for primary care doctors to enhance early diagnosis, improve treatment interventions, and ensure appropriate patient referrals for specialized care when needed. The training consisted of 15-20 minute video sessions led by experts from the Myanmar Mental Health Society, designed for easy integration into doctors' busy schedules.

Specialites Breakdown

- 16% Specialist such as Internal Medicine, Pediatrics, O&G
- 84% GP & Family Physician

Region Breakdown

- Yangon 22%
- Mandalay 18%
- Nay Pyi Taw 10%
- Other Towns 20%
- Rural Areas 30%

z-waka CME
Professor Tin Oo
Senior Consultant Psychiatrist

Suicide assessment and Management

Diagnosis and Management of Major Depressive Disorder in Primary Care Part (1)

Anxiety Disorders; Drug Treatment Guidelines

Diagnosis and Management of Major Depressive Disorder in Primary Care Part (2)

Assessment of Knowledge and Skills (Pre- and Post-Training Results)

To gauge the effectiveness of the training, healthcare professionals completed pre-training and post-training assessments that measured their knowledge and skills in diagnosing and managing mental health conditions. The pre-test revealed significant gaps in knowledge, particularly in recognizing and managing complex mental health disorders in a primary care setting.

70% **overall improvement** in participants' ability to diagnose and manage common mental health disorders

78% participants showed enhanced capabilities in **diagnosing depressive episodes and assessing suicide risk**, a critical need in Myanmar's current socio-political environment

65% participants improved their ability to manage **psychosis and stress-related disorders**, which are common but underdiagnosed in primary care settings

82% demonstrated better understanding of **brief interventions for alcohol-related harm**, a rising concern in Myanmar

72% improvement in participants' **counseling skills for depression and anxiety**, focusing on empathetic communication and patient-centered care

These results clearly validate the effectiveness of digital learning as a scalable and impactful method to train healthcare providers, especially in resource-limited settings.

Community Campaign
Practical Peer Learning for Mental Health Management

80+ Shared Cases

As a follow-up to the digital training, we launched a peer-learning community campaign on the Z-waka platform to encourage healthcare providers to share real-world challenges in managing mental health cases. This initiative was designed to foster open discussions, allowing primary care doctors to receive practical advice, feedback, and solutions from more experienced specialists in psychiatry and other relevant fields. The campaign also introduced a Community Leader Award, which recognized the most engaged contributors, motivating participants to interact more deeply within the platform.
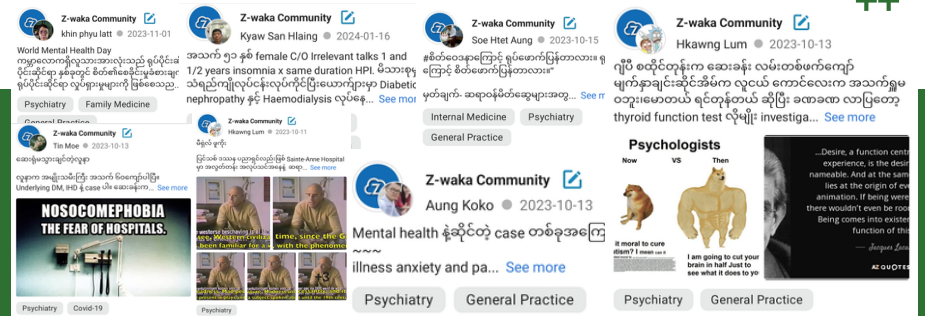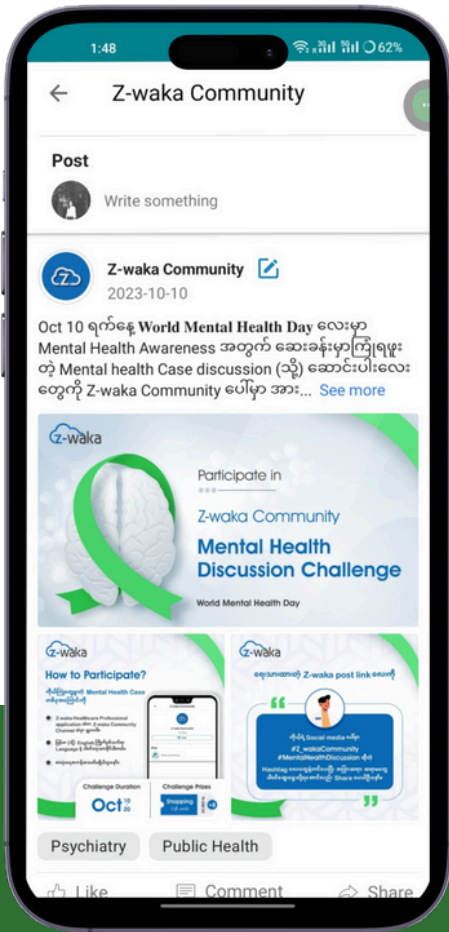
The most engaging posts garnered **over 40 comments** each, with discussions often evolving into case-based learning opportunities, where peers dissected complex scenarios and shared evidence-based treatment recommendations.

The Power of Peer Learning

Breaking Down Professional Barriers

The campaign allowed junior doctors and those in rural areas to interact directly with specialists, helping them bridge gaps in knowledge and professional isolation. This open interaction reduced hesitation in seeking help, ultimately fostering more collaborative care.

Reduction in Stigma

The platform provided a safe, moderated space for doctors to discuss stigmatized topics, such as suicide and alcohol use disorders. Sharing and receiving advice on sensitive cases without judgment encouraged more doctors to bring these issues into their practice confidently.

Behavioral Change through Engagement

The discussions showed a clear progression in how doctors approached mental health cases. For example, several participants reported implementing new approaches to counseling or making more confident diagnostic decisions after peer suggestions. The real-time exchange of best practices helped reinforce behavioral change, aligning with our long-term goal of empowering primary care providers to manage mental health challenges effectively.

Overall, the campaign demonstrated that peer engagement, when integrated into a structured learning platform, can facilitate significant behavioral change and reduce barriers in mental health management.

Ongoing Engagement & Survey
Tracking Sustained Impact

Following the initial training, we conducted monthly self-reported surveys via the Z-waka platform over six months. A key indicator of sustained engagement was that **62% of trained providers** continued to participate in surveys and community discussions, reflecting that the training was well-received and integrated into their practice.
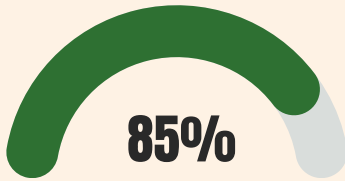
85% of respondents reported **increased confidence** in diagnosing and managing mental health conditions in primary care settings
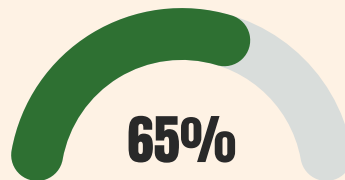
65% of participants **implemented new mental health protocols,** such as improved screening for depression, suicide risk assessment, and better management of psychosis and alcohol-related disorders

Over 70% of doctors **integrated mental health discussions into routine patient consultations**, signaling a shift towards prioritizing mental health alongside physical health

These findings provide concrete evidence of sustained behavioral change and improvement in mental health care delivery in primary care settings. This sustained engagement and implementation of new protocols will likely lead to better patient outcomes in the long term, helping to bridge the mental health treatment gap in Myanmar's resource-limited settings.

Conclusion

This case study illustrates the successful use of digital platforms to train primary care providers in mental health management, addressing critical treatment gaps in Myanmar. The program has proven effective in increasing knowledge, enhancing peer learning, and creating lasting improvements in healthcare practices.