

# **Mental Health Service Integration into Primary Health Care**

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The burden of mental illness on health and productivity throughout the world has long been profoundly underestimated. Data developed by the massive Global Burden of Disease study conducted by the World Health Organization, the World Bank, and Harvard University, reveal that mental illness, including suicide, accounts for over 15 percent of the burden of disease in established market economies, such as the United States

Mental disorders are found in all countries, in women and men, at all stages of life, among the rich and poor, in both rural and urban settings. Poverty, unemployment, war, internal conflict and stressful life situations further increase the burden of mental disorders. For the last so many years, political instability, poor economic growth, feelings of insecurity, high price rise in essential goods and increasing unemployment are more than enough to increase the life stresses in Nepal. Life stresses increase many mental disorders and also can cause physical diseases like heart disease, blood pressure, stomach ulcers and so on. So the burden of mental disorder may be high in Nepal.

Common misunderstanding about mental disorders and their treatment have contributed to the neglect of mental health service in the country. These misunderstandings are:

- Mental disorders are not major health problems in Nepal.
- Mental disorders can not be treated.
- People with mental disorders means only crazy, violent or unstable people and they should be restrained or locked up.
- There are no medicines for mental disorders, so mentally sick people should be taken to faith healers for faith healing treatment.
- Mental disorders are due to sin committed in past life, or because of bad stars in this life.

Such misunderstanding even in the educated people has led to lots of stigma in mental disorders. Unfortunately even the planners and policy makers do not give importance to the development of mental health. As a result, good infrastructure has developed in the area of physical health and almost none in mental health.

No health service is complete without attention to the mental health needs of the population. Impact of emotions and behavior on health is well known. A human body is not just the collection of many cells, organs and system. A human body is also an emotional body. Unless we consider the physical, mental and social needs of patients, they will not be satisfied from our health service. Psychological needs of human beings are equally important, and unless we address this issue, health service will remain incomplete.

In Nepal, general health service is integrated at the primary care level like district hospitals, primary health centers and health posts level. Both preventive and curative health services are provided from these centers. Some of the essential medicines are also provided free of cost, till the stock of such medicines are their. This is definitely a good step though lots of improvement in the service delivery is still required. If mental health component can also be added in this infrastructure, people suffering from common mental disorders can receive the service from these centers.

When we talk of integrating mental health, health staffs think that it is an extra burden to their already over-burdened work. I would like to clarify that many common mental disorder patients are already coming to their out patient departments for the treatment. Anxiety disorders, depression, phobias, tension headaches, conversion disorder, alcohol related problems, etc come with lots of physical complaints. These people are never properly diagnosed and treated. It is because, health workers are not well trained to diagnose and treat such patients. Well where trained persons are there like MDGP, trained medical officers and trained paramedical staffs, they are already providing services to these people. So responsibility for mental health is not an extra load for primary health care services; on the contrary, it increases their effectiveness. If there is better diagnosis, good treatment and a bit of counseling, patients will be satisfied and so health staffs and the health service center both will become popular. On the other hand, neglect of the psychological and social component of health and the behavioral aspects of illness will remain a fundamental error.

I would like to give an example: Suppose a patient of depression comes to district hospital out patient department and complains aches and pains of body, loss of appetite, constipation, epigastric burning, weight loss and tingling and numbness of whole body. The doctor examines the patient and finds no physical health problem. He /she advise, X-ray, blood and urine tests and ultrasonography of abdomen and finds all reports are normal. The doctor advises the patient that all reports are normal and not to worry. The doctor may also write some pain killers or vitamins. But a patient of depression will not improve unless antidepressant medicine is given or good counseling done. If the doctor explores the other symptoms of depression, and makes a correct diagnosis, patient will be cured with proper medicines. The same thing applies to paramedical staffs also serving at PHC and health posts.

Simple skills of diagnosing common mental disorders will help to improve life of mental patients. Appropriately trained health professionals can diagnose common mental disorders. Referring mental disorder patients to appropriate place is much better than completely missing the diagnosis and giving wrong treatment.

Mental illness does not always need specialist treatment. A well trained MDGP or well trained medical graduate can diagnose common mental disorders and treat them. Even health staffs like health assistant or staff nurse, if well trained can do follow-up treatment of mental patients, monitor their improvement, and refer to psychiatric center when symptoms relapse.

Severe mental illness can be managed outside hospital. Less severe illnesses like different types of neurosis and depression are more common than severe mental illness. Psychotic illnesses like acute psychosis, acute mania, schizophrenia and post natal psychosis etc are relatively less common. For such patients, short term hospitalization in a

psychiatric facility is better for proper diagnosis and initial treatment. But these cases also can be managed for follow-up treatment by a trained health staff at primary health care level. As present, specialist service is only available at medical college teaching hospitals, some government referral hospitals and at many hospitals in Kathmandu. But it is not always possible to come for follow-ups from long distance, because of economic and other factors. If follow-ups can be provided at the local level or community level, maintenance of treatment is easy.

So integrating mental health services into primary health care services is the most viable way of closing the treatment gap and ensuring that people get the mental health care they need. As such there is no single best practice model that can be followed by all countries.

In some countries trained nurses are running the community mental health services. In others, medical graduates are running the services. In some countries, there is a separate mental health staff to provide such services.

In Nepal, some district hospitals and primary health centers have heavy load of patients and there are limited staffs who are already over burdened. In such centers we will need addition staffs, most likely a trained health assistant to provide mental health service. In centers where there is not enough work loads, the existing staff can be trained to provide mental health service. Doctors of district hospitals and PHC's also need good orientation in mental health so that they can guide the mental health worker when necessary.

As training of health staffs takes time, it can be done phase wise choosing districts from where medical college hospitals or government referral hospitals are not nearby and health facilities are poor. Local medical college may also be given the responsibility of providing general health service and mental health if the government has difficulty in finding resources or manpower. NGO's working in mental health may also be given some districts to provide community mental health services for certain years till the government is able to take over the services.

Before integrating mental health service with the general health service two points are very important. First, political commitment, a clear policy and plan, and a high-level coordinator in the Ministry of Health are essential. Without these, it will be difficult to convince the lower level managers to integrate mental health into primary health care. Second, regular supply of psychotropic medicines to the poor patients is an absolute necessity. Chronic mental patients need long term medications and poor patients can not afford it both because of their nature of illness and because of their poverty.

According to Department of Mental Health and Substance Abuse, World Health Organization, there are seven good reasons for integrating mental health into primary care and they are:

1. The burden of mental disorders is great. Mental disorders are prevalent in all societies. They create a substantial personal burden for affected individuals and their families, and they produce significant economic and social hardships that affect society as a whole.
2. Mental and physical health problems are interwoven. Many people suffer from both physical and mental health problems. Integrated primary care services help ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people of mental disorders.

3. The treatment gap for mental disorders is enormous. In all countries, there is a significant gap between the prevalence of mental disorders, on one hand, and the number of people receiving treatment and care, on the other hand. Primary care for mental health closes this gap.
4. Primary care for mental health enhances access. When mental health is integrated into primary care, people can access mental health service closer to their homes.
5. Primary care for mental health promotes respect of human rights. Mental health services delivered in primary care minimize stigma and discrimination.
6. Primary care for mental health is affordable and cost effective. Patients and families avoid indirect costs associated with seeking specialist care in distant locations. Treatment of common mental disorders is cost effective, and investments by governments can bring important benefits.
7. Primary care for mental health generates good health outcomes. The majority of people with mental disorders treated in primary care have good outcomes.

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