

INTEGRATION OF MENTAL HEALTH IN PRIMARY CARE IN PAKISTAN

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Primary health care in Pakistan mostly caters for physical aspect with almost complete disregard for mental health. This is in contrast to Declaration of Alma-Ata which reaffirmed the WHO definition of health including mental health as an integral part and urged signatories to incorporate the concept of primary health care in their health systems¹.

The inadequacies in current system are that it is provider orientated rather than users oriented; is fragmented from user's perspective; has limited opportunities for user participation in service planning and delivery and it emphasizes on diagnosis and treatment with negligible capacity for prevention and rehabilitation. A major problem is that general practitioners are trained in a tertiary care setting rather than in the community setting.

These inadequacies in the primary health care system must be addressed in order to develop the capacity and infrastructure of primary care so that it is accessible and affordable; respects human rights; enables people to take control of and responsibility for their health; responds to the needs of individuals and families when needed; provides appropriate care in the appropriate setting; contributes to reduction in health inequalities and inequities; allows evaluation, research and development to go hand in hand; has a good outcome and improves the health of the local community and the overall population.

The WHO argues that mental health is integrated in the primary care for the following reasons, which are particularly relevant to Pakistan².

“The burden of mental disorders is great”²

It is estimated that to 60 % of people attending primary care clinics have a diagnosable mental disorder and about 154 million people suffer from depression; approximately 25 million from schizophrenia; 91 million people affected by alcohol use; 15 million by drug use; 50 million people from epilepsy; 24 million from Alzheimer and other dementias and around 877,000 people die by suicide every year^{3,4}. It is therefore impossible to neglect this burden in any setting. Pakistan, with its huge population and diverse settings, becomes more prone to have even greater burden of mental disorders⁵.

“Mental and physical health problems are interwoven”²

Thoughts, feelings and behaviour have a major impact on physical health and vice versa². Mental disorders can be precursors to physical health problems, or consequences of physical health problems, or the result of interactive effects as is the case of depression and myocardial infarctions or panic attacks and asthma^{6,7}. In Pakistan, where cardiac problems are on a rise and pulmonary problems along with all the chronic infections including tuberculosis (46.3% depression and 47.2% anxiety) still exist, the prevalence of mental disorders in those suffering from these disorders will be much greater⁸.

“The treatment gap for mental disorders is enormous”²

Although mental health is a part of the health care policy and planning in Pakistan, still most of the resources are spent on psychiatric hospitals rather than on primary or community care⁹. As a result no

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training activity for primary care providers in mental health is arranged and thus primary care workers fail to diagnose mental disorders, and even if they detect, fail to provide evidence-based treatment. The professionals for serving as master trainers for these training are difficult to find to match the needs due to limited availability of mental health workforce¹⁰.

“Primary care for mental health enhances access”²

Considering the inadequate number of mental health professionals in Pakistan, unless primary care for mental health is not ensured, majority of the people will not have a chance to access any mental health professional in their lifetime and will thus miss the chance of early identification and treatment of disorder, if any, or when needed, a referral¹¹.

“Primary care for mental health promotes respect of human rights”²

Most patients in Pakistan do not visit a mental health professional because they feel the stigma to be so overwhelming as to have an effect on their whole life to come². Patient with mental disorders treated at primary care, would therefore help minimize stigma and discrimination and people would feel at ease while coming to such a facility.

“Primary care for mental health is affordable and cost effective”²

Pakistan is facing double digit inflation and the gap between the rich and the poor is increasing alarmingly¹². It is obvious then to have drop outs of the mental health programmes, if people have to travel to receive care as this becomes expensive and out of reach for them with their poor economic condition. Therefore bringing the mental health to primary care is not only making it available at their door steps but also making it affordable and cost effective².

“Primary care for mental health generates good health outcomes”²

Evidence from other countries shows that with training and support, primary care workers can recognize a range of mental disorders and treat common problems such as anxiety and depression¹³. Brief interventions for the management of hazardous alcohol use can also be successfully delivered by primary care workers¹⁴.

STRATEGIES FOR INTEGRATION

Since Pakistan has limited resources and other health issues compete strongly with mental health initiatives, the most feasible strategy will be the horizontal integration with existing primary health care system, thereby strengthening the system rather than creating a parallel mental health care system. This should be done while supporting a vertical program for resource allocation which in turn will make the horizontal programme to work. Regarding the transference of mental health care to non-specialists, this may be irrelevant in Pakistani context, as there are mostly no specialists or facilities to deliver mental health services to the grass root level and that too associated with stigma and discrimination¹⁵.

Therefore the role of the primary health worker is central to this strategy and specialists must play a larger public health role to make the aspiration of mental health for all a reality. Following points should be considered to prepare primary care workers for their role,

- ❖ *Structured, supervised and regular training for the primary care workers.*
- ❖ *Availability of psychotropic medications.*
- ❖ *Collaboration between government and nongovernmental organizations.*
- ❖ *Establishment of outreach services.*
- ❖ *Conviction that providing mental health treatment in primary care, compared with a institutional/ custodial care model, improves access, produces better outcomes, and minimizes disruption to people's lives.*
- ❖ *Political commitment, a goal oriented policy and plan, and a high-level coordinator are important for making any strategy a success.*
- ❖ *Integration beginning at the highest (national) level can be conducive for integration at lower levels².*

It can be concluded that, due to high prevalence of psychiatric disorders and their huge impact on the economics of developing countries like Pakistan, the high burden of disease associated with psychiatric disorders can't be faced without integrating mental health in primary health care. Primary care workers should perform the key functions of Assessment and diagnosis by combining technical knowledge with an attitude to understand patient; and Treatment, support, referral and prevention with a combined pharmacological and psychosocial approach to crisis intervention, suicide prevention and effective treatment of common mental disorders, to provide good quality primary care for mental health¹⁶.

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