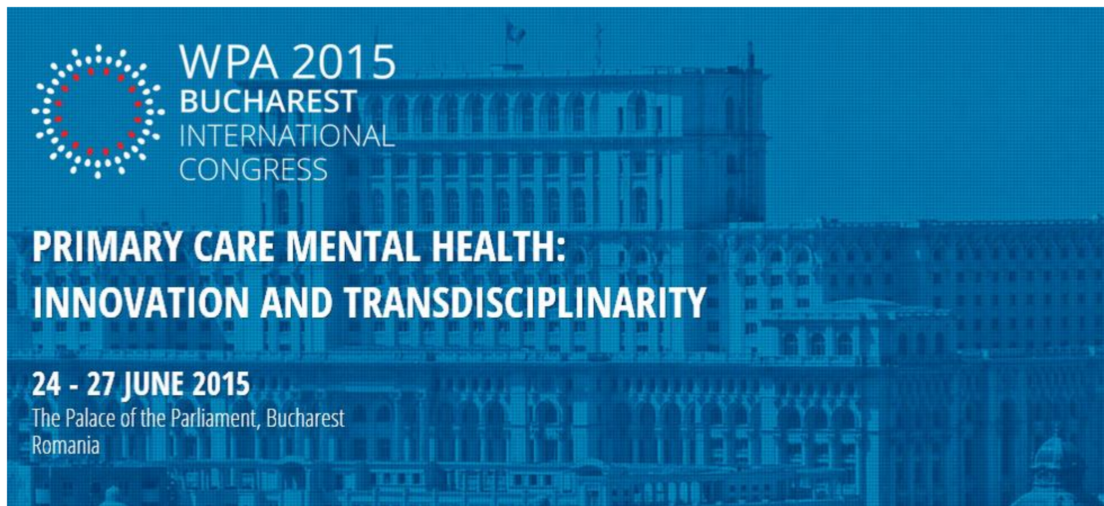

Integrating mental health into primary care

This year's WPA Congress begins with a plenary lecture from Michael Kidd, who will discuss mental health, primary care and universal health coverage, with particular emphasis on how we can better support mental health care in communities and general practitioner clinics.

Professor Kidd is President of the World Organization of Family Doctors (WONCA), as well as Executive Dean of the Faculty of Medicine, Nursing and Health Sciences at Flinders University, Adelaide, Australia - positions that have imbued him with a wealth of perspective as to how to better incorporate mental health into primary care.

Professor Kidd shared his thoughts on why it is essential to make sure mental health does not take a 'back seat' in the primary care setting: "Mental health should be a fundamental component of primary care. This has been the case in many countries for a very long time, but there are also countries where this is still a work in progress. This is why WONCA and the World Health Organization [WHO] produced, in 2008, practical support in every country for the integration of mental health into primary care. [1] This is critical work."

Moving on to frame the core problems faced in how mental health is managed in the front-line primary care setting, Professor Kidd noted that the challenges are both context-specific (e.g. country-based), while others are universal. Speaking first about child and adolescent mental health, he said: "Many children suffer from a mental health disorder. Disorders

regularly seen within primary care include attention-deficit/hyperactivity disorder (ADHD), conduct disorder, delirium, generalised anxiety disorder, depressive disorders, post-traumatic stress disorder (PTSD), and separation anxiety disorder. Adolescent depression often continues, unabated, into adulthood, and is a risk of youth suicide."

For older people, Professor Kidd noted that due to an ageing population, older people are of course more likely to have chronic diseases that need additional health services: "Their mental health is influenced by their access to health services, education, employment, housing, social services and justice, and by freedom from abuse and discrimination," he said. "The diagnosis of dementia and the treatment and care of people with dementia is an area receiving increased attention in many nations."

In some countries the treatment of mental disorders in primary care has been increasing steadily, as Professor Kidd noted, with the major driving factors probably consisting of community-based education and advocacy, increased consumer demand, better training of primary care health workers, development and implementation of evidence-based guidelines, and more accessible services.

However, the story is far from simple: "The emerging problem is misuse or overuse of mental health treatments," he said. "On occasion, primary care workers recommend mental health treatments for those who do not need them. Though clearly not as frequent as under-detection and under-treatment, overuse wastes scarce resources and can be hazardous to patients.

"Overuse can be the result of poor diagnostic and treatment skills, often related to inadequate education and training. For example, in some countries primary health care workers are increasingly prescribing antidepressants and anxiolytics for people who are experiencing unhappiness but do not meet the threshold for a mental health disorder. Psychotropic medications are sometimes overused in place of other modes of evidence-based treatment such as psychotherapy, and misused in people with dementia. And pharmaceutical industry promotion can be a double-edged sword - with increased awareness of conditions like depression, there may be a tendency to over-diagnose and over-treat."

Professor Kidd continued: "The challenge of adherence to long-term treatment is also important. The average adherence rate for long-term medication use in primary care is just over 50% in high-income countries, and is thought be even lower in low- and middle-income countries. Patients are blamed when prescribed treatment is not followed, in spite of evidence that health workers and health systems can greatly influence patients' adherence. In reality, adherence to long-term medication treatment is a multifaceted challenge that requires consideration and improvement of several factors, including a trusting health worker– patient relationship, a negotiated treatment plan, patient education on the consequences of good or poor adherence, recruitment of family and community support, simplification of the treatment regimen, gauging the patient's ability to pay for treatment, and managing side-effects of the treatment regimen."

Touching upon what would be the take-home message he would like those attending his plenary lecture to walk away with, Professor Kidd said: “I hope that participants will receive a global perspective on why integrating mental health into primary care is the most viable way to close the treatment gap and ensure that people in all communities get access to the mental health care they need. This is a fundamental component of universal health coverage.”

He concluded: “One of the major life lessons we need to learn as doctors is to find balance in our lives. Balance between caring for our patients and caring for ourselves. If we don’t look after ourselves, then we will not have the capacity and resilience to provide continuing high quality care to our patients and our communities.

“Every doctor needs their own doctor, someone we can trust for our own medical care and advice. If we are going to prevent major physical and mental health problems in ourselves, we need to have our own trusted doctor. As doctors we deserve to have access to the same high quality medical care that we provide to each of our own patients. And our families also deserve this standard of care.”

References

1. World Health Organization / World Organization of Family Doctors. Integrating mental health into primary care: a global perspective. Available at: http://www.who.int/mental_health/policy/services/integratingmhintoprimarycare/en/

How can we integrate mental health care?

Michael Kidd

1. Policy and plans need to incorporate primary care for mental health, with formal commitment from our governments to integrated mental health care. Integration can be facilitated not only by mental health policy, but also by general health policy that emphasises mental health services at primary care level.

2. Advocacy is required to shift attitudes and behaviour. Effort is required to sensitise political leadership, health authorities, and primary care workers about the importance of mental health integration.

3. Adequate training of primary care workers is required. This includes training of medical student and recent graduates, but also experienced family doctors and the members of primary care teams. Collaborative or shared care models, in which joint consultations and interventions are held between primary care workers and mental health specialists, are an especially promising way of providing ongoing training and support.

4. Primary care tasks must be achievable. We do not want to set people up to fail. Initially each health system needs to look at the capacity of their primary care workforce and then the functions of primary care workers can be expanded over time as practitioners gain skills and confidence.

5. Specialist mental health professionals and facilities must be available to support primary care. The integration of mental health services into primary care must be accompanied by complementary services, particularly secondary care components to which primary care workers can turn for referrals, support, and, when required, supervision.

6. Patients must have access to essential psychotropic medications in primary care. This requires countries to directly distribute psychotropic medicines to primary care facilities rather than through psychiatric hospitals. Countries need to review and update legislation and regulations to allow primary care workers to prescribe and dispense psychotropic medications, particularly where mental health specialists and physicians are scarce.

7. Collaboration with other government non-health sectors, nongovernmental organisations, village and community health workers, and volunteers is required. These organisations can play an important role in supporting primary care for mental health. Village and community health workers can be especially valuable in identifying and referring people with mental health disorders to primary care facilities; community-based nongovernmental organisations can provide great ancillary support to people with mental health problems.

8. Financial and human resources are needed. Although primary care for mental health is cost effective, financial resources are required to establish and maintain a service. Training costs need to be covered, and additional primary and community health workers might be needed, as well as additional mental health specialists to provide support and supervision and specialist consultation. As we better meet mental health needs, demands for services will increase, and cannot be met by expecting existing services to cope with increased demand.