“Health Inequalities” Integrating mental health into primary care: A global perspective

Prof. Igor Švab, MD, PhD, FRCGP (Hon.)
Wonca Europe

WHY AM I HERE?

The patient

- A 19-year old young man came to my practice for the first time. He brought a discharge letter from a hospital. He has had a psychotic episode and was hospitalised for six months. He was discharged with a request for regular follow-ups at the psychiatric clinic.
- Three months later he came for a referral note. He felt well. His only complaint was that the therapy caused him problems in learning and concentration.
- Six months later, his mother has noticed that he was stopped taking medications. He spent long hours in his room, apparently learning, speaking aloud to himself. A new hospitalisation was necessary.

The patient

- He has been discharged from hospital after six months.
- He has failed to make any exams at the university, but was keen to go on with his study. The therapy he was taking prevented him from studying and having friends.
- He has not been successful in his study, could not afford to study and was looking for a job, which he could not find.

THE END

I can not go on any longer.

I hear voices again.

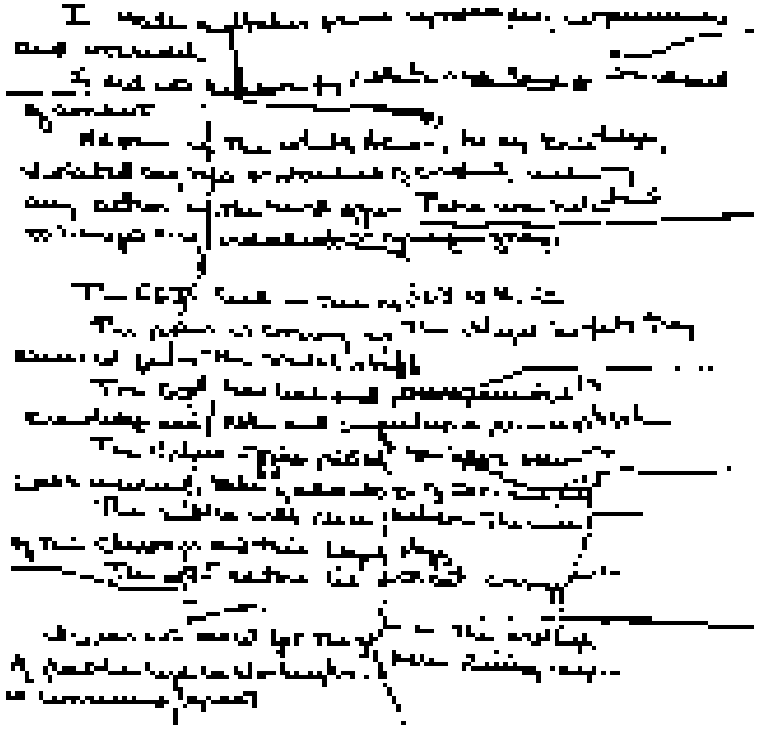
I will not be hospitalised this time.

I am all alone.

I have let everyone down.

I am sorry.

Sometimes it is just too hard to live.



Integrating mental health into primary care : a global perspective

Part 1

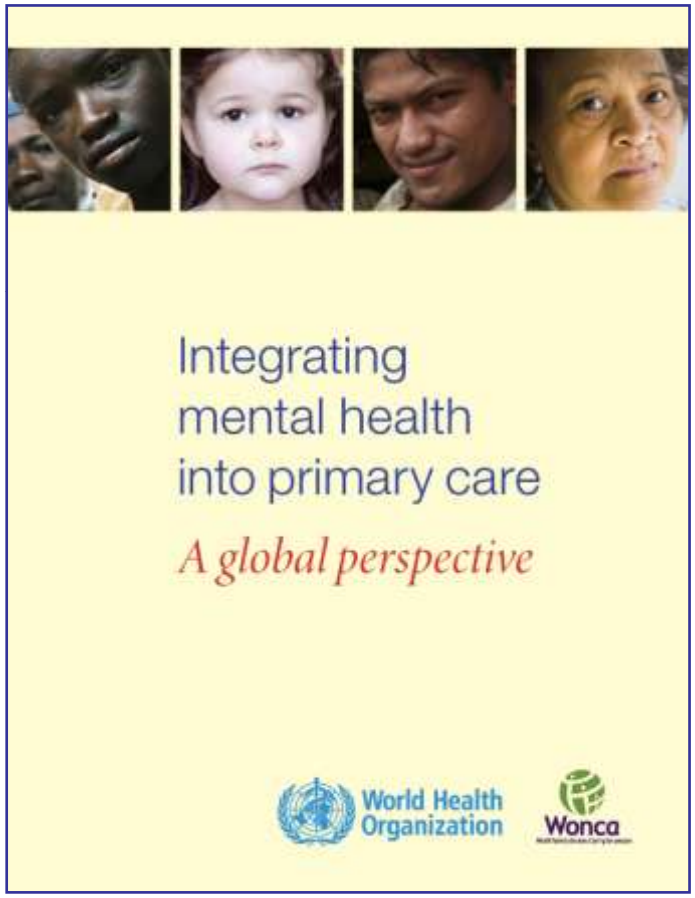
- **Context and Rationale**

Part 2

- **Best practices**
- **Guidance and recommendations**

Annex 1

- **Implications**



Acknowledgements

WHO-Wonca chief editors:

Michelle Funk, World Health Organization (WHO), Geneva, Switzerland; Gabriel Ivbijaro (United Kingdom), World Organization of Family Doctors (Wonca).

WHO-Wonca core writing and editiorial team:

Michelle Funk (WHO/Geneva), Gabriel Ivbijaro (Wonca), Benedetto Saraceno (WHO/Geneva), Melvyn Freeman (Johannesburg, South Africa), JoAnne Epping-Jordan (Nyon, Switzerland), Edwige Faydi (WHO/Geneva), Natalie Drew (WHO/Geneva).

Acknowledgements

WHO-Wonca advisory groups:

WHO

Ala Alwan, Tim Evans, Benedetto Saraceno, Michelle Funk, Edwige Faydi, Natalie Drew, Custodia Mandlhate, Anne Andermann, Abdelhay Mechbal, Ramesh Shademani, Thomson Prentice, Matshidiso Moeti.

Wonca

Chris Dowrick, Gabriel Ivbijaro, Tawfik A M Khoja, Michael Kidd, Michael Klinkman, Lucja Kolkiewicz, Christos Lionis, Alfred Loh, Eleni Palazidou, Henk Parmentier, Richard Roberts, Helen Rodenburg, Igor Svab, Chris van Weel, Evelyn van Weel-Baumgarten.

Acknowledgements

Contributors and reviewers:

WHO

Matshidiso Moeti, Therese Agossou and Carina Ferreira-Borges, WHO Regional Office for Africa; Jorge Jacinto Rodriguez and Maristela Montero, WHO Regional Office for the Americas; Victor Aparicio, PAHO/WHO Representative (PWR)/Panama; Hugo Cohen, PWR/Argentina; Sandra Jones, PWR/Belize; Devora Kestel, CPC/Barbados; Vijay Chandra, WHO Regional Office for South-East Asia; Linda Milan and Xiangdong Wang, WHO Regional Office for the Western Pacific; Matthijs Muijen, WHO Regional Office for Europe; Mohammad Taghi Yasami, WHO Regional Office for the Eastern Mediterranean; Shekhar Saxena, Vladimir Poznyak, Mark Van Ommeren, Nicolas Clark, Tarun Dua, Alexandra Fleischmann, Daniela Fuhr, Jodi Morris, Dag Rekve and Maria Renstrom, WHO/Geneva.

Acknowledgements

Wonca members

Abdulrazak Abyad, Social Service Association and Abyad Medical Center, Tripoli, Lebanon; Stella Argyriadou, Health Centre, Chrisoupolis, Kavala, Greece; Jill Benson, Department of General Practice, University of Adelaide, Adelaide, Australia; Chuba Chigbo, Stockwell Lodge Medical Centre, Cheshunt, United Kingdom; Alan Cohen, Sainsbury Centre for Mental Health, London, United Kingdom; Chris Dowrick, School of Population, Community & Behavioural Sciences, University of Liverpool, Liverpool, United Kingdom; Tawfik A M Khoja, Health Ministers' Council for Gulf Cooperation Council States, Riyadh, Saudi Arabia; Michael Kidd, University of Sydney, Balmain, Sydney, Australia; Michael Klinkman, University of Michigan Health System, Department of Family Medicine, Ann Arbor, Michigan, United States of America; Lucja Kolkiewicz, East London Foundation Trust, Centre for Forensic Mental Health, London, United Kingdom; Nabil Kurashi, King Faisal University, Al Khobar, Saudi Arabia; Te-Jen Lai and Meng-Chih Lee, Chung Shan Medical University, Taichung, Taiwan, China; Christos Lionis, School of Medicine, University of Crete, Heraklion, Greece; Juan Mendive, La Mina Health Centre, Barcelona Spain; Comfort Osonnaya and Kingsley Osonnaya, Association of Health Care Professionals, Grays, United Kingdom; Eleni Palazidiou, East London Foundation Trust, Tower Hamlets Centre for Mental Health, London, United Kingdom; Henk Parmentier, Heathfield Road Surgery, Croydon, United Kingdom; Helen Rodenburg, Island Bay Medical Centre, Wellington, New Zealand; David Shiers, National Institute of Mental Health in England, Stoke on Trent, United Kingdom; Igor Svab, University of Ljubljana, Ljubljana, Slovenia; Andre Tylee, Institute of Psychiatry, London, United Kingdom; Evelyn van Weel-Baumgarten, Radboud University Medical Centre, Nijmegen, the Netherlands; Ian Wilson, University of Western Sydney, Sydney, Australia; Hakan Yaman, University of Akdeniz, Faculty of Medicine, Antalya, Turkey; Filippo Zizzo, Italian National Health Service, Milan, Italy.

Acknowledgements

Other international contributors

Arvin Bhana, Human Sciences Research Council, Durban, South Africa; Helen Bruce, East London NHS Foundation Trust, London, United Kingdom; Jose Miguel Caldas de Almeida, Departamento de Saúde Mental, Faculdade de Ciências Médicas, Universidade Nova de Lisboa, Lisbon, Portugal; Dixon Chibanda, University of Zimbabwe, Medical School, Harare, Zimbabwe; John Cosgriff, Centre for Youth Health, Manukau, South Auckland, New Zealand; M. Parameshvara Deva, Department of Psychiatry, SSB Hospital, Kuala Belait, Brunei Darussalam; Alan Flisher, University of Cape Town, Cape Town, South Africa; Sandra Fortes, University of Rio de Janeiro, Rio de Janeiro, Brazil; Linda Gask, University of Manchester, Manchester, United Kingdom; Gaston Harnois, WHO Collaborating Centre, Douglas Hospital Research Centre, Verdun, Quebec, Canada; Helen Herrman, University of Melbourne, Melbourne, Australia; Frances Hughes, Profocs Limited, Porirua, New Zealand; Tae-Yeon Hwang, WHO Collaborating Center for Psychosocial Rehabilitation and Community Mental Health, Yongin Mental Hospital, Yongin City, Republic of Korea; Martin Knapp, London School of Economics, London, United Kingdom; Marc Laporte, WHO Collaborating Centre, Douglas Hospital Research Centre, Verdun, Quebec, Canada; Itzhak Levav, Ministry of Health, Jerusalem, Israel; Crick Lund, University of Cape Town, Cape Town, South Africa; Bob Mash, Stellenbosch University, Tygerberg, South Africa; Alberto Minoletti, Ministry of Health, Santiago, Chile; Angela Ofori-Atta and Sam Ohene, University of Ghana, Medical School, Accra, Ghana; Akwasi Osei, Ghana Health Service, Accra, Ghana; Vikram Patel, London School of Hygiene & Tropical Medicine and Sangath Centre, Goa, India; Soumitra Pathare, Ruby Hall Clinic, Pune, India; Inge Peterson, School of Psychology, University of KwaZulu-Natal, Durban, South Africa; Fran Silvestri, International Initiative for Mental Health Leadership, Auckland, New Zealand; Heather Stuart, Queen's University, Community Health and Epidemiology, Kingston, Ontario, Canada; Leslie Swartz, University of Stellebosch, Matieland, South Africa; Paul Theodorakis, Municipality of Athens, Athens, Greece; Graham Thornicroft, Institute of Psychiatry at the Maudsley, King's College London, London, United Kingdom; Peter Ventevogel, Public Health & Research Department HealthNet TPO, Amsterdam, the Netherlands; Jonathan Wells, Child and Adolescent Mental Health Services East, Emanuel Miller Centre, London, United Kingdom.

Part 1: Primary care for mental health in context

- Primary care for mental health within a pyramid of health care
- Rationale for integration

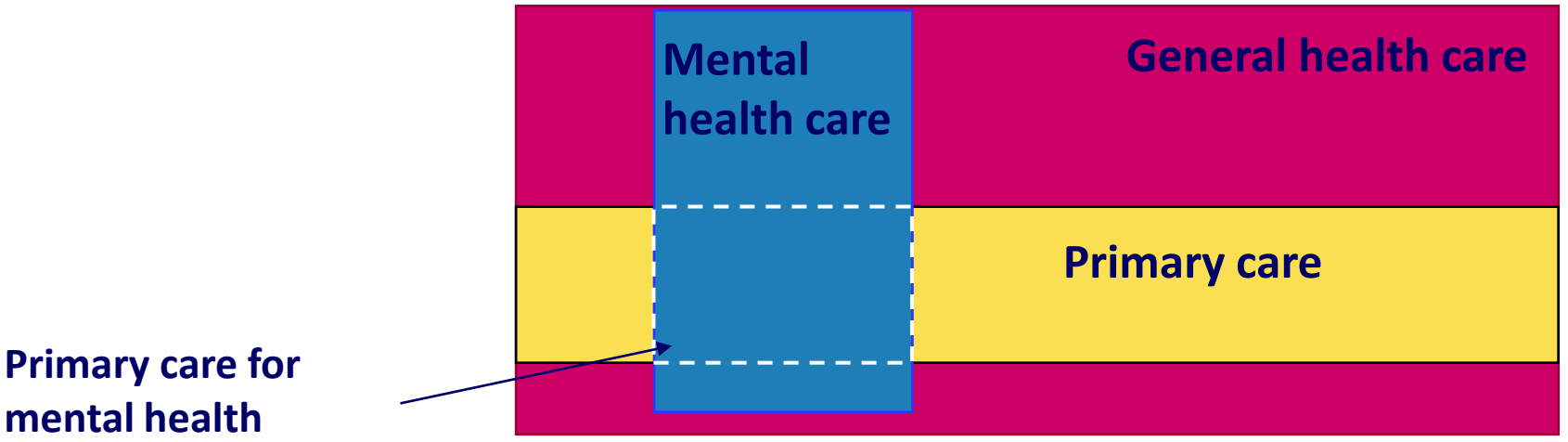
Primary care for mental health within a pyramid of health care



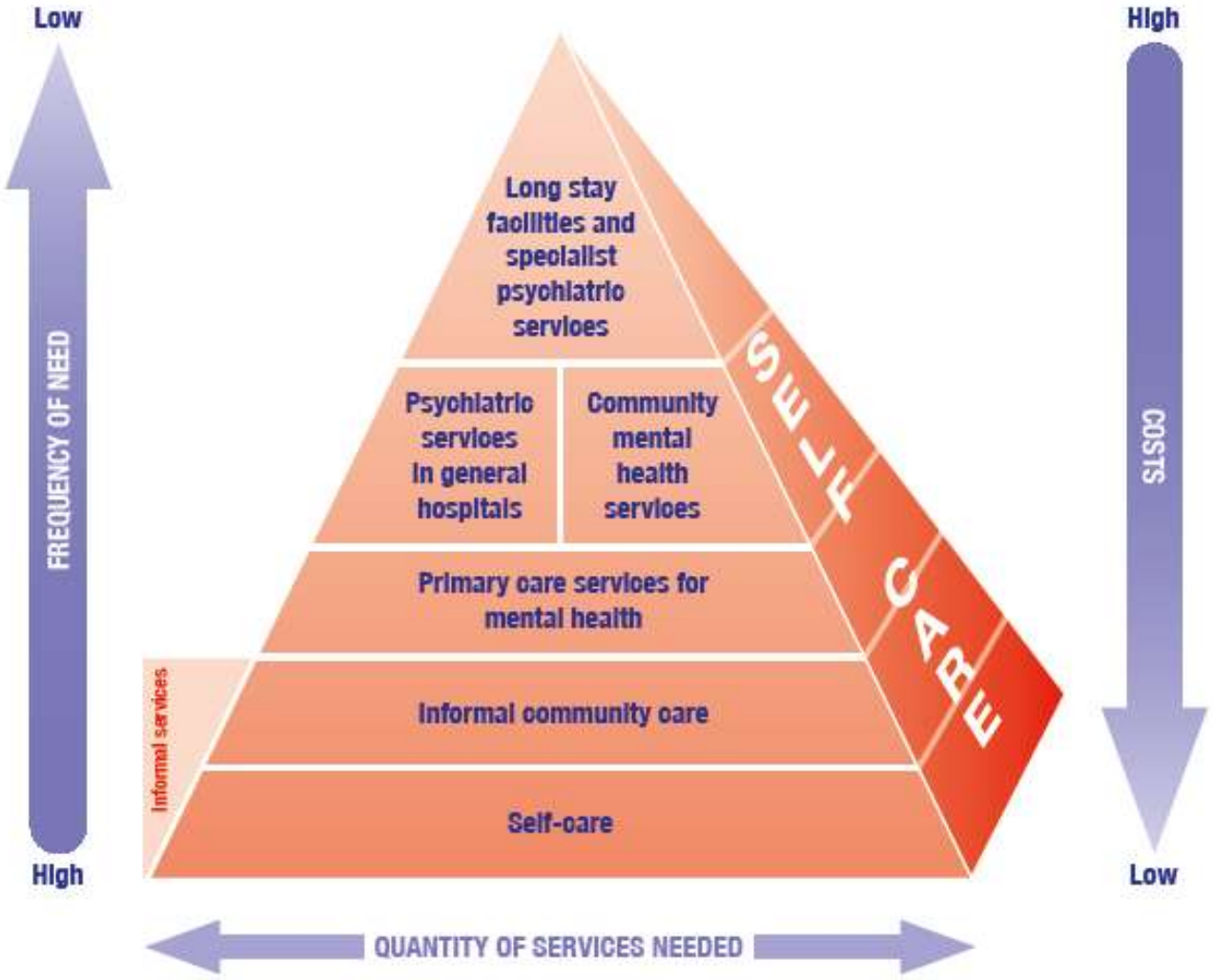

Primary care for mental health

Primary care for mental health forms an essential part of both:

- comprehensive mental health care
- general primary care.



WHO pyramid of care for mental health



Primary care for mental health must be supported by other levels of care including :

- community-based and hospital services,
- informal community care services,
- and self-care.

7 good reasons for integrating mental health into primary care




7 good reasons to integrate mental health into primary care

1. The **burden** of mental disorders is **great**
2. **Mental and physical** health problems are **interwoven**
3. The **treatment gap** for mental disorders is **enormous**
4. Primary care for mental disorders **enhances access**
5. Primary care for mental disorders **promotes** respect of **human rights**
6. Primary care for mental disorders is **affordable** and **cost-effective**
7. Primary care for mental disorders generates **good health outcomes**

Reason 1

The burden of mental disorders is great

Mental disorders are prevalent worldwide

Prevalence of mental disorders in 14 countries	
Country	**Percentage prevalence of any mental disorder (95% CI)**
China (Beijing)	9.1 (6.0–12.1)
China (Shanghai)	4.3 (2.7–5.9)
Belgium	12.0 (9.6–14.3)
Colombia	17.8 (16.1–19.5)
France	18.4 (15.3–21.5)
Germany	9.1 (7.3–10.8)
Italy	8.2 (6.7–9.7)
Japan	8.8 (6.4–11.2)
Lebanon	16.9 (13.6–20.2)
Mexico	12.2 (10.5–13.8)
Netherlands	14.9 (12.2–17.6)
Nigeria	4.7 (3.6–5.8)
Spain	9.2 (7.8–10.6)
Ukraine	20.5 (17.7–23.2)
United States of America	26.4 (24.7–28.0)

CI, confidence interval

Source: adapted from WHO World Mental Health Survey Consortium [4]

- Overall one-year prevalence ranging from 4% to 26%
  - Balanced sex ratio
  - Approximately 1 in 5 children
  - Only certain disorders are more common among the elderly (e.g. dementia, suicide)
- Mental disorders impose a substantial burden
  if left untreated

Mental disorders are prevalent in primary care settings

- Prevalence up to 60%
- Principal mental disorders presenting in primary care settings:
  - Depression (5% to 20%),
  - Generalized anxiety disorder (4% to 15%),
  - Harmful alcohol use and dependence (5% to 15%), and
  - Somatization disorders (0.5% to 11%).
- Special groups/issues
  - Children (20 to 43%)
  - Elderly people (up to 33%)
  - Postnatal depression
  - Post traumatic stress

Reason 2

Mental and physical health problems are interwoven

Mental and physical health problems are interwoven

- Physical health problems are common in people with mental disorders
- Mental health problems are common in people with physical disorders
- Mental health problems can be somatized

Reason 3

The treatment gap
for mental disorders
is enormous

The enormous treatment gap

Median treatment gaps across 22 countries and 37 studies	
Mental disorder	**Median treatment gap (percentage)**
Schizophrenia and other non-affective psychotic disorders	32
Depression	56
Dysthymia	56
Bipolar disorder	50
Panic disorder	56
Generalized anxiety disorder	58
Obsessive compulsive disorder	60
Alcohol abuse and dependence	78

Source: adapted from Kohn et al. [76]

- Greater in LAMIC:
  - 76% to 85% of people with severe mental disorders had received no treatment in the prior 12 months
- Primary care services for mental health are inadequate
- Underdetection
- Undertreatment and inadequate treatment

Reason 4

Primary care for mental disorders **enhances access**

Accessibility

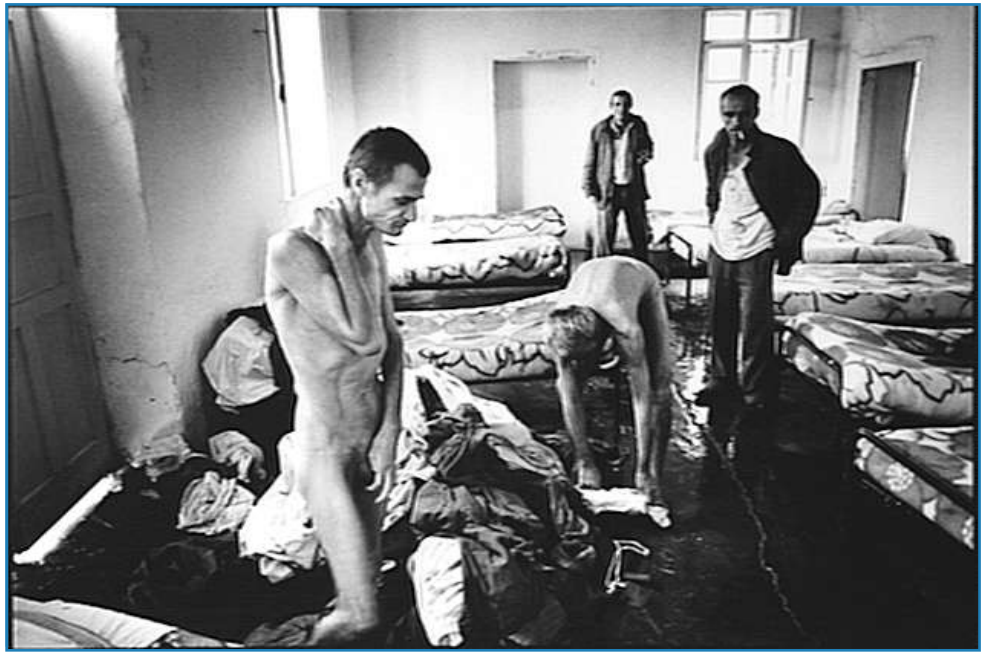
- Physical and financial access
  - Primary care centre is the closest health structure
- Acceptability
  - Reduced stigma and discrimination of integrated services
  - Cultural and linguistic consistence, familiar settings and staff, knowledge of community and social context
  - Continuity of care
- As a consequence,
  - Opportunities for mental health promotion, family and health education
  - Early identification and treatment of first episodes and relapses

Reason 5

Primary care for mental disorders **promotes** respect of **human rights**

Primary care for mental disorders promotes respect of human rights

- Psychiatric hospitals are outdated and ineffective



- Primary care for mental health reduces stigma and discrimination, and produces good outcomes

Reason 6

Primary care for mental disorders is **affordable** and **cost-effective**

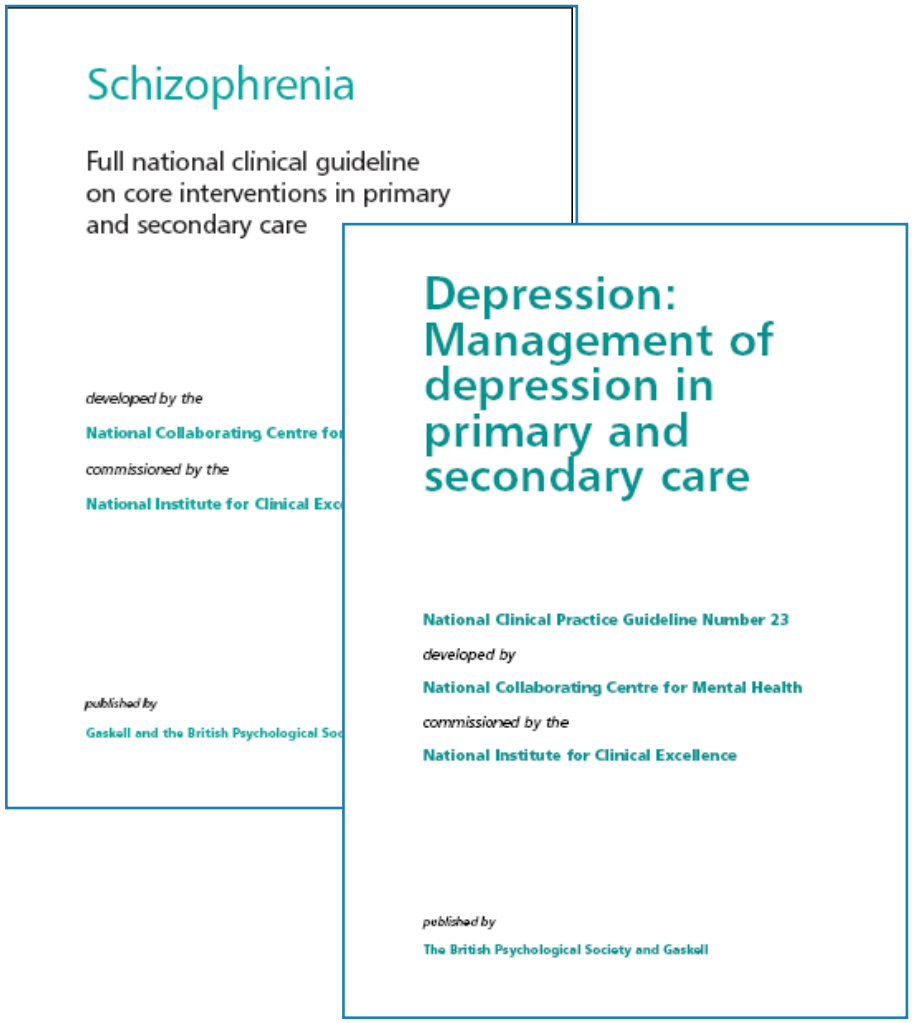
Affordability and cost-effectiveness

- Primary care services are usually the most affordable option
- People can:
  - avoid indirect health expenditures, and
  - maintain their daily activities and sources of income
- Governments make a better investment
  - Primary care services are less costly and more cost-effective
  - Investment as cost-effective as for other health conditions (e.g. ARTs, hypertension, diabetes)
  - Scaling up a full package of primary care-led mental health services over a 10 year period: US$ 0.20 per capita per year (low income)

Reason 7

Primary care for mental disorders generates **good health outcomes**

Good health outcomes



- Compelling evidence available from a range of settings
- Primary care workers can
  - Recognize a range of mental disorders
  - Treat common mental disorders
  - Deliver briefs interventions for the management of hazardous alcohol use
- Guidance available
  - e.g. NICE guidelines

Rationale for Integration

1. The **burden** of mental disorders is **great**
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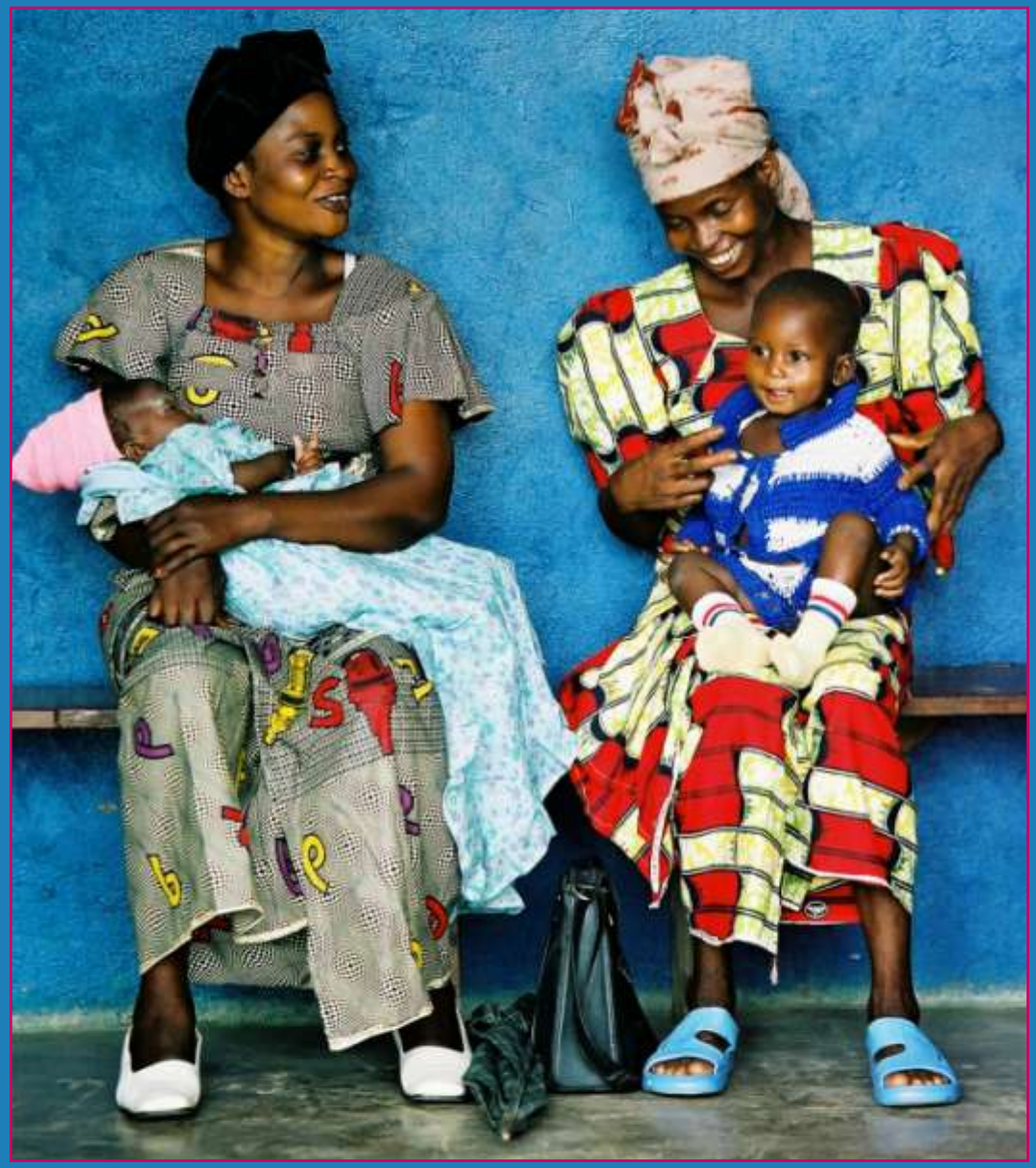
Part 2: Primary Care for mental health in practice

➡ 12 best practices around the world

➡ 10 principles for integration



Analysis of 12 best practice examples

10 principles for integrating mental health into primary care




10 principles for integrating mental health into primary care

1. Policy and plans need to incorporate primary care for mental health.
2. Advocacy is required to shift attitudes and behaviour.
3. Adequate training of primary care workers is required.
4. Primary care tasks must be limited and doable.
5. Specialist mental health professionals and facilities must be available to support primary care.
6. Patients must have access to essential psychotropic medications in primary care.
7. Integration is a process, not an event.
8. A mental health service coordinator is crucial.
9. Collaboration with other government non-health sectors, nongovernmental organizations, village and community health workers, and volunteers is required.
10. Financial and human resources are needed.

Principle 1

Policy and plans
need to incorporate primary care
for mental health.

Principle 2

Advocacy is required
to shift attitudes and behaviour.

Principle 3

Adequate training
of primary care workers is required.

Principle 4

Primary care tasks
must be limited and doable.

Principle 5

Specialist mental health professionals and facilities must be available to support primary care.

Principle 6

Patients must have access to essential psychotropic medications in primary care.

Principle 7

Integration is a process, not an event.

Principle 8

A mental health service coordinator is crucial.

Principle 9

Collaboration with
other government non-health sectors,
nongovernmental organizations,
village and community health workers,
and volunteers is required.

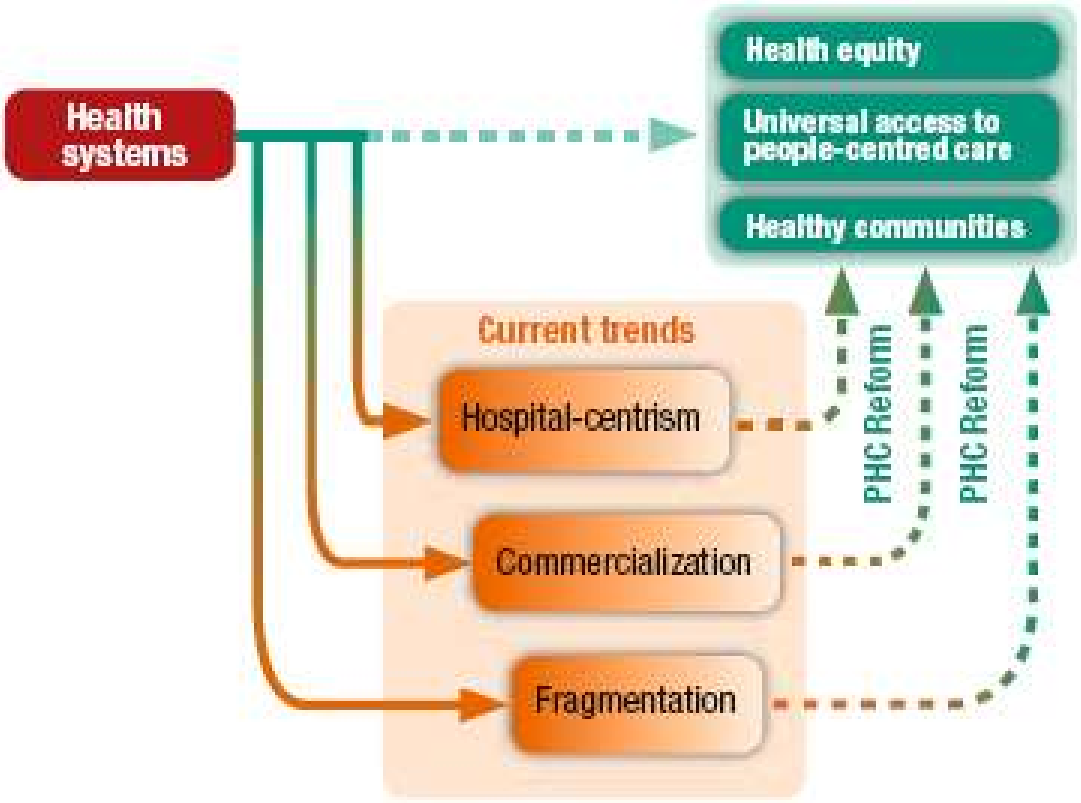
Principle 10

Financial and human resources are needed.

Annex 1

Implications

Current trends (WHO 2008)



- Too much emphasis on centralization can lead to:
  - Increased fragmentation
  - Reduced access
  - Increased costs
  - Difficulty attaining holistic care
- This emphasizes the need for primary care reforms

Conventional health care vs primary people centred care

Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community

What do primary care orientated countries have?

- Fewer low birth weight infants
- Lower infant mortality - especially post neonatal
- Fewer life years lost due to suicide
- Fewer life years lost due to ‘all except external causes’
- Higher life expectancy at all ages up to 80

Evidence based summary – health & primary care

- Countries with strong primary care have:
  - Lower overall costs
  - Generally healthier populations
- Within countries, areas with:
  - Higher primary care physician (but NOT specialist) availability have healthier populations
  - Higher primary care physician availability have reduced adverse effects resulting from social inequality

Report Conclusions

- Integration ensures that the population as a whole has access to the mental health care that it needs
- Integration increases the likelihood of positive outcomes for both mental and physical health problems
- Health planners embarking upon mental health integration should consider carefully the 10 broad principles outlined in the report
- Successful integration will also require reform in the broader health system.

Key Principles

- ‘No health without mental health’ (WHO 2005)

- ‘Every family should have a family doctor’

(Wonca Resolution Singapore 2007)

Thank you!