

THE INTRODUCTION
OF A
MENTAL HEALTH
COMPONENT
INTO
PRIMARY
HEALTH CARE



WORLD HEALTH ORGANIZATION
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THE INTRODUCTION OF A MENTAL HEALTH COMPONENT INTO PRIMARY HEALTH CARE



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PREFACE

The World Health Organization has long stressed the need for mental health care to be decentralized and integrated into primary health care, with the necessary tasks carried out as far as possible by general health workers rather than by specialists in mental health. During the 1970s, a WHO Collaborative Study on Strategies for Extending Mental Health Care, in seven developing countries, set the pattern for this process. Following a critical review of this and other recent work, it was decided that it would be useful to set out the practical steps necessary to introduce a mental health component into primary health care. To achieve this, WHO brought together a number of experts at the WHO Collaborating Centre for Research and Training in Mental Health in Groningen, the Netherlands, in December 1985.

The first draft produced at that meeting was circulated widely, and many people made suggestions for improvement; special mention must be made of the work carried out by Dr G. A. German.

During the 1980s, WHO has worked with Member States in their efforts to introduce mental health care into national health programmes. This book sets out a framework within which this can be done.

* * *

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MENTAL HEALTH ISSUES IN PRIMARY HEALTH CARE

The need for more appropriate and flexible methods of health delivery

Existing systems for the delivery of health care, including mental health care, have largely failed to meet the needs of most of the world's population. Many of the systems are centralized, hospital-based, and disease-oriented, with care delivered by medical personnel in a one-to-one doctor/patient relationship. Such care is often inconsistent with the principle of social equity, particularly in developing countries.

WHO's Member States have agreed that the key to achieving their goal of health for all by the year 2000 is primary health care. This is care based on the needs of populations, rather than on the needs of health structures and centralized specialist facilities; it is decentralized, requires the active participation of the community and family, and is undertaken by nonspecialized general health workers collaborating with personnel in other governmental and nongovernmental sectors. These general health workers should be trained in the use of simple but effective techniques that are widely applicable, such as mobilizing community action, stimulating self-help groups, and providing health education, with particular emphasis on health promotion and disease prevention. The health sector should be structured to support these decentralized activities. The key components are thus decentralization, delegation of certain medical tasks to general health care workers and to the people themselves, and a permeation of health knowledge and techniques into other sectors, utilizing non-health personnel to promote health.

The emphasis on the people themselves taking responsibility for their health is an important aspect of the development of people and communities. Too often an effective primary health care system is seen as a more efficient, humane and effective "delivery" system; it delivers a commodity, namely health, which should in fact be within the ability of people to obtain for themselves. Health should, as far as possible, never be "given to" or "provided for" people. On the contrary, people should be helped to be

constantly and actively involved in securing and promoting their own health.

The change in policy towards health for all is sometimes seen as an attack on the high standards of care provided in centres of excellence. It may at times be resisted by some medical personnel who see decentralization of health care as a threat to their status. In fact, within a primary health care system, specialist health personnel will have to assume vital leadership roles which can only enhance their status. However, the shift towards increased teamwork—which may be less easy than the conventional work patterns where the worker is located only within a consulting room or clinic—will require the development of educational, persuasive, interpersonal, and teamwork skills in health personnel and hence a new approach to training.¹ It is important that senior medical personnel should see that the very clear role required of them in effecting these changes enhances rather than lowers their status.

Mental health care: a neglected component

No health service or system is complete without attention to the mental health needs of populations; it cannot be effective without incorporating concern for people's mental welfare. Nevertheless, apart from providing specialized facilities for the treatment of mental disease, most existing health systems ignore the mental aspect of human life. They usually fail to take account of the impact of emotion and behaviour on health. Existing training patterns for most health workers, particularly physicians, concentrate on specific diseases, neglecting the concept of people as whole organisms who, in turn, are an intimate part of a much wider social environment. The human body cannot be treated as a collection of organs which may sometimes need repair, nor can an individual be treated in isolation from society. As a result, while techniques for the management of disease advance, more and more patients complain about an excessive preoccupation with technology at the expense of human considerations; they feel alienated from health care providers and institutions, and they often do not comply with recommended public health measures. Many people throughout the world lack a sense of physical, psychological and social well-being; they may perceive shortcomings in their surroundings, in their way of life, or in the availability of health care. Adequate health care, therefore, must produce more than freedom from disease: it must also promote an individual and community sense of well-being.

¹ WHO Technical Report Series, No. 746, 1987 (*Community-based education of health personnel: report of a WHO Study Group*).

The Constitution of the World Health Organization, accepted by all WHO's Member States, defines health as a state of complete physical, mental and social well-being, with no indication that any one of these should have precedence over another. To achieve such a state of well-being, it is vital that health provision be based on a holistic approach to the individual and to the community. Attention to mental and social well-being has too often been neglected in the training of health workers and the delivery of health care.

Primary health care, with its greater emphasis on activities undertaken by workers at community level, has challenged the assumption that mental health problems are unimportant. Indeed, such problems account for a significant part of the work at community level. For instance, in curative services it has often been considered that one function of peripheral workers is to screen patients presenting for health care. They are sometimes expected to turn away those with psychological and social problems and select from among the physically ill whom to treat and whom to refer. To gain acceptance within a community and to act as a health leader, however, a health worker has to be sensitive to psychological and social problems, and be able to cope with them rather than dismiss them as irrelevant. It is not just for the sake of good public relations that a health worker should deal with them; they are legitimate health problems as much as are physical problems and deserve attention in their own right. Moreover, the psychological state of an individual influences his or her physical state and thus deserves attention if proper treatment is to be given or preventive programmes implemented.

A health worker who works in the community is more likely to see a patient in the natural setting of home or workplace. Because of this, the patient is frequently seen with other people, and the psychological and social dimensions of his or her life become more obvious. In these circumstances, it is particularly inappropriate for the health worker to treat the patient as an isolated being, or his or her disease as the condition of a single organ.

The introduction of a mental health component into primary health care is essential. Such a component is more than a matter of treating mental disease: it has a bearing on all aspects of health care at both individual and community levels. A state of psychological and social well-being does not automatically result from a state of physical well-being. Of course, physical disease of itself leads to distress, but it is just as appropriate for health workers to respond directly to psychological and social needs as to physical

symptoms. Indeed, a failure to take account of a patient's psychological needs frequently leads to a failure of treatment directed at a particular physical condition.

**ATTENTION TO MENTAL HEALTH IS ESSENTIAL
IF PRIMARY HEALTH CARE IS TO BE USEFUL**

Patients often see a health worker because of psychological and emotional distress rather than because of an obvious physical illness. Such patients frequently have physical complaints and it is vital that the health worker is able to recognize that these symptoms may reflect psychological problems. Physical complaints are often a way of expressing psychosocial distress, and failure to recognize this can lead to wastage of health resources. Furthermore, human behaviour is an important factor in generating and maintaining disease, and effective prevention and treatment must therefore concentrate on changing behaviour. This requires the skilful application of psychological principles by all health workers.

In conclusion, it should surprise no one that the recommendations of the Alma-Ata Conference emphasized that the promotion of good mental health should be a component of primary health care. This does not mean only the diagnosis and treatment of mental disorders (psychiatry). Good mental health care is properly part of all those activities subsumed under the treatment of common diseases, and as such is an essential element of adequate primary health care. Even this, however, is not the most important aspect of promoting mental health: it is still more important that in all activities for the promotion of health there is a concern for psychological well-being and the quality of mental life. Mental health should receive special attention in every aspect of health activity, and should be included as an important element of primary health care.

THE SCOPE OF MENTAL HEALTH IN PRIMARY HEALTH CARE

The mental health component of health care comprises two quite distinct areas which, unfortunately, are often confused.

The first emphasizes the practical relevance of psychosocial and behavioural science skills in general health care. These skills are of vital importance in:

- improving the functioning of general health services;
- supporting overall socioeconomic development;
- enhancing the quality of life;
- promoting mental and emotional health.

These have seldom formed part of the tasks actually assigned to health care workers, and this needs to change.

The second area concerns the control of mental and neurological diseases. This area is better understood by health professionals in general, but at the same time has often been regarded as too highly specialized to be part of the responsibility of general health workers. Research suggests, however, that general health personnel are capable of managing many mental and neurological disorders. Two aspects require consideration:

- prevention of mental and neurological disorders;
- diagnosis and treatment (including rehabilitation) of people with mental or neurological disorders.

It might be thought that the extensive scope of mental health activities would add greatly to the tasks of the general health worker at the expense of the efficient delivery of other aspects of health care, such as maternal and child health care, control of infectious diseases, and the promotion of adequate nutrition. However, it is not a matter of *adding* a mental health component: there is overwhelming evidence that mental health problems are

already present among general health problems, but that they are either unnoticed or ignored. Valuable resources are often wasted through failure to recognize these problems, which are therefore dealt with inadequately. This leads to patient dissatisfaction, chronicity, and further wastage of resources.

RESPONSIBILITY FOR MENTAL HEALTH IS NOT AN EXTRA LOAD FOR PRIMARY HEALTH CARE SERVICES; ON THE CONTRARY, IT INCREASES THEIR EFFECTIVENESS

By making health workers sensitive to the presence of mental health problems, and by equipping them with the skills to deal with those problems, much wastage of effort in general health work can be avoided and health care can be made more effective. It might be noted that the discovery of the role of microorganisms in disease, far from placing an additional burden on health workers, enabled time-wasting and inappropriate approaches to be abandoned and made the management of infectious disease much more efficient. Neglect of the psychological and social components of health, and the behavioural aspects of illness, has been—and remains—a fundamental error of existing health systems.

Improving the functioning of general health services

The effectiveness of health care workers has been shown to be greatly increased by improving their skills in interviewing and counselling. For instance, it has been shown that, if physicians do not write notes while listening to a patient, their diagnostic efficiency is substantially increased. There is also clear evidence that the introduction of counselling into general medical practice reduces the number of drugs prescribed and the investigations performed. Training primary health workers in interpersonal skills greatly improves their ability to mobilize self-care and mutual support groups within the community. It also helps them to persuade voluntary groups to contribute to health objectives, particularly those relating to the disabled, disadvantaged and vulnerable.

Emotional signs of physical risk

Recent research has shown that emotional and psychological distress may be an early manifestation of physical disease processes, or may itself cause such disease processes. For example, the stress of bereavement and the depression that may follow have been associated with measurable reductions in the efficiency of immune

mechanisms, and with increased vulnerability to infectious disease, neoplasia, and acute cardiac failure. Depressive illness has been shown to be a common early manifestation of the development of cancer, presenting well before more specific physical symptoms in many cases. It has also been shown to precede acute myocardial infarction at a much more than chance level of frequency. Thus emotional and psychological changes in client populations cannot be ignored in any consideration of general health status, nor can they be ignored in the analysis of risk factors in individual cases.

Behaviour can cause illness

Many chronic and disabling disorders follow from certain forms of behaviour. For instance, use of drugs, such as nicotine, alcohol or tranquillizers, has been identified as playing a major part in the development of serious health problems such as lung cancer and gastrointestinal and liver disease, as well as in the development of common problems, such as hypertension, which may lead to more serious disease. Human behaviour also plays a major role in the transmission of infectious and parasitic diseases, and in failure to achieve adequate maternal and child health, effective family planning, and good nutrition. It is sometimes mistakenly thought that such behaviour is a result of ignorance. There are, however, features of an individual's personal, emotional, and social life that commonly lead to the persistence of unhealthy behavioural patterns, even in well-informed populations. The identification and management of such socially and emotionally determined aspects of behaviour therefore become an essential part of the delivery of good health care.

Medical technology is not enough to produce good health

In general it can be said that the current practice of medicine in many countries relies too heavily on technology. Psychosocial skills that could make the health worker more efficient, and more satisfied with his or her work, are seldom taught. Many populations are becoming more and more dissatisfied with the care they receive, in spite of increased expenditure on the health services. Mental health and behavioural science disciplines can provide some of the knowledge and skills necessary to reverse this process, and it is therefore important to ensure that these are incorporated in the training and practice of all general health staff.

Psychological and emotional states play an important role in determining whether or not medical intervention is beneficial. Patients may fail to comply with drug prescriptions for a variety of psychological reasons. Treatment regimes may be rendered useless because of negative or resentful patient attitudes which may,

for instance, relate to the way in which a particular treatment programme is perceived (e.g. tablets might be thought less effective than injections).

The relationship between the patient and the health worker is also important and health workers who are seen as unsympathetic or antagonistic are less likely to be effective in the delivery of treatment, and their advice may be deliberately ignored. Similarly, some hospitals and clinics may be viewed negatively. Some of these attitudes may prevail in entire populations; at other times the negative attitude of an individual patient must be recognized and dealt with before medical intervention is likely to be successful or acceptable.

Contributions to socioeconomic development

Although social development often leads to psychosocial problems, some of the adverse consequences of development projects may be avoided by taking account of people's psychosocial needs. Comprehensive mental health programmes should collaborate with those responsible for planning and economic development, and provide insights that may make social change more compatible with people's expectations and psychological needs.

Conversely, socioeconomic development is hindered by emotional and psychological disability and distress. This impairment may be made worse by problems such as drug and alcohol abuse, rising statistics of road traffic accidents, the breakdown of family and traditional systems, and public and community violence. Moreover, one of the most important causes of absenteeism in industry is the occurrence of vague feelings of emotional and psychological ill-health and lack of well-being. These and other psychosocial problems, the management of which has hardly been tackled, place great burdens on communities everywhere, particularly in the developing world where resources to meet and deal with them are few. Equipping general health personnel and others involved in social development with appropriate mental and psychosocial skills would help to make health interventions more effective and social development less distressing. Psychosocial sensitivity is not a matter of expensive technology but of promoting human skills in all personnel with a role in socioeconomic development.

Enhancing the quality of life

The achievement of an enhanced quality of life needs more than just the prevention and treatment of disease; there must also be a

concern to promote physical, psychological and social well-being. Primary health care workers trained in mental health and behavioural skills can play an important role in all these areas, particularly when their work involves making regular home visits.

Many members of the population may be free from identifiable disease, but this is not necessarily synonymous with their achieving optimum physical, mental and social well-being. Techniques developed in recent years, which primary health care workers might use to promote such well-being, include education in methods of combating stress (e.g. relaxation and meditation techniques), use of leisure time (e.g. recreational activities, sport, regular exercise), and methods of maintaining social support systems (involvement in community projects and development activities).

SIMPLE SKILLS CAN IMPROVE LIFE

Appropriately trained primary health care workers can have a substantial impact on the quality of life through their involvement in slum improvement or rural development projects. In many instances, the health promotion and disease management components of primary health care services become acceptable to communities only when primary health care workers take an active part in community development.

Primary health care services can also help in the area of child development, particularly for children from socially disadvantaged backgrounds. If such children can be identified, their prospects can be much improved through early stimulation programmes carried out, for instance, by volunteer groups. Primary health workers should be able to identify families with obvious problems, in which the children are at special risk of understimulation, neglect, injury or malnutrition. Identification of "risk families" is of great importance in allowing health workers to deal with their special needs, and to plan interventions at community as well as family level.

The promotion of mental health

Promotion of mental health requires a sensitive awareness in health workers of the importance of mental and emotional well-being in the scale of values of the people they serve. Individuals may not express their need for well-being in terms of mental health, in that the word "mental" may be stigmatized and misunderstood, but they do seek relief from unhappiness, distress, and

impaired psychosocial functioning. On a day-to-day basis people are generally more concerned with their enjoyment of life, their morale, and their interactions with other people than they are with their physical health.

PEOPLE NEED MORE THAN PHYSICAL CARE

In promoting mental health it is perhaps particularly important that the health worker be deeply involved with community aspirations and goals. Individuals, families, and communities need to define what they require to improve their enjoyment of life and certainly need to participate in the discussion of such matters. Social and cultural values play an important part in the evolution of good mental health in any society.

The mental health care of women is an area in which improvement is especially necessary. Women in many societies are not able, at present, to achieve full social or educational development because of cultural attitudes towards their role in society. In many instances, the education of girls is given much less attention than that of boys; women may also be expected to do menial jobs and be paid less for their work. As a result their mental and emotional development suffers. These women cannot be said to be mentally ill in the accepted sense of the term, but their problems relate to a failure to achieve and enjoy optimum mental health. Their situation well illustrates the difference between concerns about mental illness on the one hand and concerns about promoting good mental health on the other.

Mental health workers, acting in collaboration with communities, may be able to influence attitudes and promote changes that will benefit women in the community. For example, there could be encouragement for girls to attend school and for women to organize various self-help activities that would promote their greater well-being, such as collective day-care for children.

Another area in which positive mental health promotion is important is that of drug and alcohol abuse. Here the concern is not with the more serious manifestations of abuse, which include addictions and other biomedical problems, but rather with the mismanagement of alcohol and drugs to the detriment of mental health and family happiness. Even patterns of alcohol use that are accepted by many cultures as normal and even socially desirable may be hindering full development of mental health through ignorance of the effects of alcohol. The evidence is overwhelming