INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTHCARE - A CHALLENGE FOR PRIMARY CARE PHYSICIANS

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ABSTRACT

Objective: To determine role of primary care physicians, in management of MH disorders at primary health care level, by assessing the proportion of cases they manage or refer and to identify the barriers effecting the management of common mental health disorders through primary care physicians working in Rawalpindi area.
Study Design: Cross sectional study.
Place and Duration of Study: Private and Public sector health facilities in Rawalpindi district for a duration of 6 months, from July to Dec 2016.
Material and Methods: Data was collected from respondents, selected through convenient sampling, using a pretested structured questionnaire.
Results: Of 114 (75.7%) of primary care physicians were found to have a negative attitude towards mental disorders and their management at primary care setups while 117 (78%) showed a positive attitude. Primary care physicians in aggregate had good knowledge of common mental disorders however participants' knowledge about medicines used in management of mental disorders was below median value.
Conclusion: The study provides evidence about knowledge and attitude of primary care physicians, working in Rawalpindi regarding mental disorders and their management primary care level. Moreover, it identifies major barriers in the system, through primary care physicians, which need to be addressed for successful integration of mental health into primary care.

Keywords: Common mental disorders, Primary care physicians, Integration of mental health.

INTRODUCTION

World Health Organization (WHO), defines Mental Health as " a state of well-being in which every individual realizes his or her potential, can cope up with the normal stresses of life, can work productively and fruitfully, and is able to contribute towards his or her community[1]. Global statistics on mental health (MH) are alarming and it has emerged as a major challenge. Twenty five percent of world's population suffers from a mental disorder at some stage in their lives. Psychiatric illnesses including depression, schizophrenia, drug and alcohol abuse account for 12% of total disease burden[2]. Mental disorders are estimated to account for 14% of all disability adjusted life years (DALYS) lost to disease worldwide[3].

Mental illnesses, not only exhort a toll on the sufferer and the family but leaves its impression on the whole society. Patients, besides suffering from physical effects of disorders, face the disability to perform at work and in social relationships. Families bear the emotional, physical and financial burden of providing care and support. All this is compounded by stigmatization and discrimination associated with such illnesses due to poor understanding by society in general. Furthermore, meager resources available for management of such disorders lack of awareness among patients and their families and reluctance to get treatment due to stigma of disease, deteriorates the situation to impossible limits.

Exact statistics for mental disorders in Pakistan are not available, however various

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community based surveys found high prevalence of common mental illnesses. In urban areas, prevalence of 10% among men and 25% among women was discovered. In rural areas, it was much higher, 25% among men and 66% among women[4]. As Pakistan is a developing country, health as a whole and MH in particular are down the priority list. Pakistan spends, on average only 3.9 percent of its Gross Domestic Product (GDP) on health, out of which only 0.4% are devoted to MH. Number of psychiatrists available in the country are 342 that is 0.2 psychiatrist per 100,000 population. Furthermore, distribution of human resources between urban and rural areas is disproportionate[5]. The purpose of including mental health at primary health care level is to provide universal coverage to the huge number of patients with mental disorders who can easily be dealt at primary health care level especially in the prevailing scenario of inaccessibility, scarce specialized resources and the stigmas attached with attending specialized MH facilities[6].

Pakistan started National Program for Mental Health in 1987 under the guidance of WHO. Various strategies adopted included capacity building of healthcare providers, updating training curricula by incorporating mental health, streamlining referrals etc. Mental Health Ordinance was promulgated in 2001. Pakistan is one of the countries identified by WHO for implementation of GAP and the program is ready to launch now.

Knowledge and attitude of Primary care physicians towards mental health and its management is a crucial factor for effective implementation of this policy, as they are at the forefront. Besides, primary care physicians, working in the system, are in a better position to identify the barriers in management of mental disorders in the health system.

This study aims at determining the level of awareness regarding mental health disorders and their management among primary care physicians as well as gauge their attitude towards management of such disorders and will identify the barriers in the system through them. Evidence thus generated, can help to identify the areas that might need further research and future interventions for better implementation of

Table-I: Demographic information of primary care physicians.

	Frequency (%) N=150
Age group of Primary care physician	
25-35 years	33 (22.0)
36-45 years	37 (24.7)
46-55 years	52 (34.7)
56-66 years	28 (18.7)
Mean Age	45.48 years
Gender Distribution	
Male	116 (77.3)
Female	34 (22.7)
Type of Clinic	
Private	109 (72.7)
Public	41 (27.3)
Years of Work Experience	
1-10 years	51 (34.0)
11-20 years	46 (30.7)
21-30 years	45(30.0)
31-40 years	8 (5.3)
Mean	16.6 years

program of Integration of Mental health into Primary healthcare.

MATERIAL AND METHODS

A multi-centered, Cross-sectional study was conducted at private, public clinics/ hospitals in Rawalpindi District, Pakistan for duration of 6 months (July 2016 to Dec 2016). A sample of 150 Primary care physicians working in Rawalpindi General Hospital, with a basic degree of MBBS were included in the study by using convenient sampling technique while Consultants and specialists in Psychiatry and other clinical specialties were excluded the sample size 150 was calculated by taking prevalence 11.5% according to study conducted by Naqvi *et al*[7]. Structured questionnaire was developed in light of a previous study done in Karachi Pakistan[7]. The questionnaire consisted of four sections; Basic demographic and practice information, attitude of primary care physicians towards mental health disorders and their management at primary care level, knowledge of mental health disorders and their management among primary care physicians and identification of barriers in management of mental health disorders at primary care level by primary care physicians. WHO collaboration center for Mental Health, at Benazir Bhutto Hospital Rawalpindi, provided assistance in collection of data. Prior approval from Institutional Ethical Review Board of AFPGMI was taken for data collection.

Table-II: Association between demographic characteristics & knowledge of primary care physicians regarding mental disorder.

Demographic characteristics	Knowledge of Mental Disorders (n)		Total n=180	*p*-value
	Adequate	Inadequate		
Age				
25-35 years	32	1	33	0.075
36-45 years	29	8	37	
46-55 years	40	12	52	
56-66 years	23	4	27	
Type of Clinic				
Private	88	21	109	0.011
Public	44	4	41	
Years of Work Experience				
1-10 years	45	6	51	0.217
11-20 years	37	11	46	
21-30 years	37	8	45	
31-40 years	8	0	8	
Number of patients seen daily				
1-50	75	17	92	0.001
51-100	39	8	47	
101-150	11	0	11	
151-200	0	2	2	
Number of MH patients seen daily				
1-10	108	25	133	0.001
11-20	13	0	13	
31-40	4	0	4	

Statistical Analysis

Demographics, years of experience, type of clinic were independent variables while

knowledge of mental disorders, knowledge of management of mental disorders were dependent variables. Data obtained was entered in SPSS 24 along with demographic details. Data was analyzed using Descriptive statistics. Chi square test was applied to determine the significance and association. A *p*-value of less than 0.05 was considered significant.

RESULTS

Total number of primary care physicians contacted was 150, out of which 116 (77.3%) were males and 34 (22.7%) were females. Mean age of doctors was 45 yrs (table-I). Out of total, 28 (18.35%) strongly agreed that primary care physicians can significantly help patients with mental disorders, 102 (68.3%) agreed. Management of mental disorders at primary care setup helps creates a better family support system for patients, was strongly agreed by 28 (18.9%), another 100 (66.1%) agreed.

Among physician related factors, 120 (80%) identified lack of knowledge among primary care physicians and 113 (75.3%) identified limited time availability to be the major barriers in management of mental disorders at primary care level. Among patient related factors, 137 (91.3%) primary care physicians identified lack of awareness among patients as main barrier. Among barriers in referral to psychiatrist, 135 (90%) were of the opinion that distance from hospital and financial constraints of the patients are the major difficulties while appointment issue with psychiatrist was agreed by another 109 (72.6%) of physicians.

Statistically significant association was found between age, type of clinic, frequency of patients seen per day and frequency of MH patients seen per day as shown in table-II.

Primary care physicians scored above mean expected value in knowledge about common mental disorders (table-III) however their knowledge about medicines used in management of these common mental disorders was below mean value in most instances (table-IV).

Participants reflected a positive attitude of 78% and negative attitude measured was 75.7% (fig-1). No statistically significant association was found between Attitude& Knowledge of Primary Care Physicians Regarding Mental Disorders as shown in table-III.

Table-III: Association between attitude& knowledge of primary care physicians regarding mental disorders.

Attitude	Knowledge of Mental Disorders		Total n=150	*p*-value
	Adequate	Inadequate		
Positive	56	13	69	0.331
Negative	68	13	81	

Table-IV: Knowledge score inferred from responses to questions regarding signs & symptoms of common mental disorders.

S. No.		Min score expected	Max score expected	Mean score expected	Mean score attained
1	Knowledge of Signs / Symptoms of Anxiety Disorders	0	450	225	355
2	Knowledge of Signs / Symptoms of Depression	0	450	225	371
3	Knowledge of Signs / Symptoms of Psychosis	0	450	225	286

DISCUSSION

A wide gap exists between mental health burden and facilities available to manage them

especially in middle and low-income countries (WHO WONCA WOOFD WHO 2008). Although integration of mental health into PHC is the possible solution as proposed by WHO, the question remains that how much it will be possible in unique setups of various health systems[8,9]. A total of 150 physicians were contacted, mean age of physicians was 45 years and mean years of work experience were 16.6 years. 116 (77.2%) were male and 34 (22.8%) were female. 106 (70.6%) of these physicians were working in private clinics and only 44 (29.4%) were practicing in public hospitals. It is thus evident that for successful integration privately practicing primary care physicians need to be taken on board. Average work load of these primary care physicians, is around 55 patients daily, with a range of 4-200. Proportion of patients with mental disorders was around 19 (12.7%). However, this requires further research as probability of over or under diagnosis is there.

estimated that in urban areas, prevalence of Psychiatric illnesses is 10% among men and 25% among women. In rural areas, it is much higher, 25% among men and 66% among women (MUMFORD et al, 2000, Mumford et al, 1997) The disparity in estimated proportion of mental illness in community and number of mental illness patients seeking help as reported in this

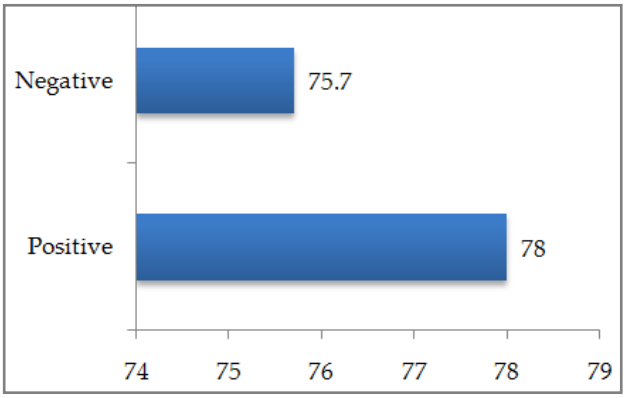

Figure-1: Inferred score of positive & negative attitude from responses to attitude statements.

Table-V: Knowledge score inferred from responses to questions regarding medicines used in management of common mental disorders.

S. No.		Min score expected	Max score expected	Mean score expected	Mean score attained
1	Knowledge of Medicines for management of Depression	150	450	300	278
2	Knowledge of First Priority Medicine for Depression	150	450	300	307
3	Knowledge of Medicines for management of Anxiety Disorder	150	450	300	288
4	Knowledge of First Priority Medicine for management of Anxiety Disorder	150	450	300	296
5	Knowledge of Medicines for management of Psychosis	150	450	300	410
6	Knowledge of First Priority Medicine for Psychosis	150	450	300	296

Results of study are comparable to a previous such study done in Karachi, Pakistan, where 71.8% of general practitioners reported 10% mental disorder patients out of total workload and another 10.3% reported the workload to be 11-25%[7]. As per surveys done in past, it is and in study done in Karachi Naqvis *et al*[7] is reflective of negative attitudes in society to mental illnesses due to lack of awareness and associated stigma.

Primary care physicians were found to have a mixed attitude towards mental disorders and

their management at PHC. Negative attitude and associated stigma to mental disorders and their management at PHC can impact the performance of primary care physicians and needs proper addresser. Positive attitude was reflected strongly as majority agreed that mental disorders have a high prevalence in society and such patients can be helped through early diagnosis and management. They believed that primary care physicians could help such patients, share burden of specialist services and reduce stigma for the patient. Mixed attitudeobserved among primary care physicians needs further research, however, lack in knowledge to manage such patients and deficiencies in system seems to be the relevant factors.

About half of participants when asked about ICD 10 criteria ,replied positively while another 50% were either partly or totally unaware of the criteria. Primary care physicians are thus be generally aware of the mental disease but lack in depth knowledge of the disease. Participants were found confused about correct choice of medicines and majority opted to choose unnecessary medicines in addition to correct choices. Findings are consistent with the earlier studies done among General practitioners in Karachi, Pakistan. Knowledge scores inferred from these responses were below mean value of 50% except for one category. However, generally mean scores are better for first priority medicines. The results identify the requirement of major efforts to train primary care physicians in proper prescriptions for mental health issues. High proportions of doctors chose wrong first priority medicines by opting for Benzodiazepines, Anti-psychotics, Mood stabilizers and Muscle rela-xants for management of Depression.

Primary care physicians agreed to the need for training and continued medical educations related to mental health for primary care physicians and are willing to undergo such capacity building courses. Major barriers identified by primary care physicians causing hindrance in management of mental health patients at primary care level included deficient knowledge of mental health among primary care physicians and limited time availability for such patients. Among patient related issues, lack of awareness among patients and their reluctance to seek help were main problems identified. Psychiatrist consultation by patients is affected because of financial constraints of patients and logistic difficulties. The findings of study suggest changes both at strategic and operational level for successful integration of mental health into primary care healthcare. As private sector is strongly developed, there is a requirement to take it on board and develop some regulatory and monitoring mechanism so that patients can benefit from health services appropriately.

CONCLUSION

The cross-sectional study showed that Primary care physicians are already managing mental illnesses in present healthcare system and majority of them are working in private clinics / hospitals. The study provides evidence about knowledge of primary care physicians, working in Rawalpindi, regarding mental disorders and their management as well as their attitude towards mental disorders and their management at primary care level. Moreover, it identifies major barriers in the system, through primary care physicians, which need to be addressed for successful integration of mental health into primary care.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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