

MENTAL HEALTH IN PRIMARY CARE: ILLUSION OR INCLUSION?



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Executive summary

The issue

- Mental health is an inherent element of health and well-being.
- Mental health problems are very common and represent a significant proportion of health-seeking contacts in primary care (1);
- There is a high degree of multi-morbidity between mental disorders such as depression or anxiety and other noncommunicable conditions, including cardiovascular disease, diabetes, cancer and alcohol use disorders (making their co-management in primary care a logical choice).
- Half of all mental illness begins by the age of 14; unfortunately, most cases go undetected and untreated (2).
- The burden associated with mental disorders in children and adolescents is considerable, and it is made worse by lack of knowledge, stigma and discrimination. In many situations, mental disorders are poorly understood, and affected children and adolescents are mistakenly viewed as “not trying hard enough” or as troublemakers.
- Mental disorders are treatable, many in primary care through training of primary care doctors, nurses and other health workers; yet the treatment gap remains enormous, due to low detection rates and low prioritization given to these disorders. Even in high-income countries, nearly 50% of people with depression do not get treatment (3).

Opportunities and challenges

- Increasing recognition of mental health losses / global burden of mental disorders as an unaddressed and important public health challenge at national and international levels, reflected in a number of policy documents (in particular the WHO Mental Health Action Plan, and the UN Sustainable Development Goals)
- Mental health promotion, prevention, care and protection is an essential element of universal health coverage. This refers not only to improved service access through better integration of mental health care into primary care services, but also greater financial protection.
- However, mental disorders pose several service and financial access challenges (stigma, low awareness, chronicity).
- Integration of mental health care in primary care services is important in ensuring accessible, affordable and acceptable services to people with mental health problems and their families.

Actions

- The actions required to support integration of mental health services in primary care include:
 - Governance and policy: Government policy, plans and laws need to incorporate primary care for mental health as part of universal health coverage efforts that is consistent with internationally agreed standards of human rights.
 - Financial and human resources: should be directed towards mental health, matching the burden of disease that mental health contributes to.
 - Empowering and engaging individuals and communities: Advocacy to enhance prioritisation of mental health, awareness raising to reduced stigma and discrimination; and empowering and engaging people with mental disorders in key aspects of service planning and decision making are essential actions for providing mental health in primary care settings.
 - Redesigned models of care: Shifting care from institutions to ambulatory primary care settings with improved community-oriented quality services is an important part of integrated services for mental health.
 - Enabling environment: A coordinated response for improved mental health care will require collaboration with non-health sectors, nongovernmental organizations, village and community health workers and volunteers and many other stakeholders.
 - Investing in implementation research is required: To improve access and quality of mental health care through primary care services.



The issue

Mental health or psychological well-being is an integral part of an individual's capacity to lead a fulfilling life, including the ability to form and maintain relationships, to study, work or pursue leisure interests, and to make day-to-day decisions about education, employment, housing or other choices. Good mental health is put at risk by a range of factors including biological characteristics, social or economic circumstances and the broader environment in which individuals find themselves. Exposure to these risk factors or stressors can lead to a range of mental health problems, especially among more vulnerable population groups.

A particular concern for global public health and development is that mental health problems during childhood and adolescent period are on the rise, emerging as prominent causes of morbidity and mortality. Globally, depression is a leading causes of illness and disability among adolescents, and suicide is a leading cause of death in 15-19 year olds (4).

Both sociocultural and biological factors drive mental health in adolescence; this is displayed as increased risk of depressive disorders among girls after puberty. Many behaviours that pose risks for good health, such as substance use or sexual-risk taking, start during adolescence. HIV infection, sexual and reproductive health issues and the consequences of early and unintended pregnancies have a disproportionate impact on adolescent girls, with maternal mortality being the leading cause of death among 15-19 year old girls globally (5).

Across all age groups, schizophrenia, depression, epilepsy, dementia, alcohol dependence and other mental, neurological and substance use (MNS) disorders constitute 13% of the global burden of diseases and account for one in every ten years of lost health globally (10.4% of disability-adjusted life years) (4). Alarmingly this burden has risen by 41% in the last 20 years. Three hundred million people globally have depression, close to 800,000 people die from suicide every year and dementia is among the top 10 global causes of death. People with severe mental disorders (i.e. moderate to severe depression, bipolar disorder, and schizophrenia and other psychotic disorders)

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