INTERGRATING MENTAL IN PRIMARY HEALTH CARE

MENTAL HEALTH IS EVERYONE'S BUSINESS

PRESENTER DISCLOSURES

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Views expressed in this presentation are not that of my employer.

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References used are noted at the end of the presentation.

THIS PRESENTATION

- Definition of terms
- The current picture of Mental Health care provision in SA
- The cost of the current model of Mental Health Care
- The ideal way: Primary Health Care meets Mental Health Care
- The National Mental Health Policy Framework and Strategic Plan 2023 – 2030
- Recommendations

DEFINITIONS

- Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity
- Mental health is a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his/her community
- Mental Health Care Practitioner: A psychiatrist or registered medical practitioner or a nurse, occupational therapist, psychologist or social worker who has been trained to provide mental health care, treatment and rehabilitation services.
- Mental Health Care Provider: A person providing mental health care services to mental health care users and includes mental health care practitioners.
- Mental health condition: A condition that meets the criteria for a mental disorder as defined by WHO International Classification of Disease (ICD) or the Diagnostic and Statistical Manual of mental disorders (DSM) and is marked by significant distress and severe impairment in functioning.
- Mental Health Care User: A person receiving care, treatment and rehabilitation services or using a health service at a health establishment aimed at enhancing the mental health status of this person.

DEFINITIONS CONT…

- Mental Health Status: The level of mental well-being of an individual as affected by physical, social and psychological factors and which may result in a psychiatric diagnosis.
- Mental health: A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder.
- Mental Illness: A positive diagnosis of a mental health related illness in terms of diagnostic criteria made by a mental health care practitioner authorized to make such diagnosis.

PRIMARY HEALTH CARE

- Primary care is a key process in the health system that supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care.
- A whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components:

a) primary care and essential public health functions as the core of integrated health services;

b) multisectoral policy and action; and

c) empowered people and communities.

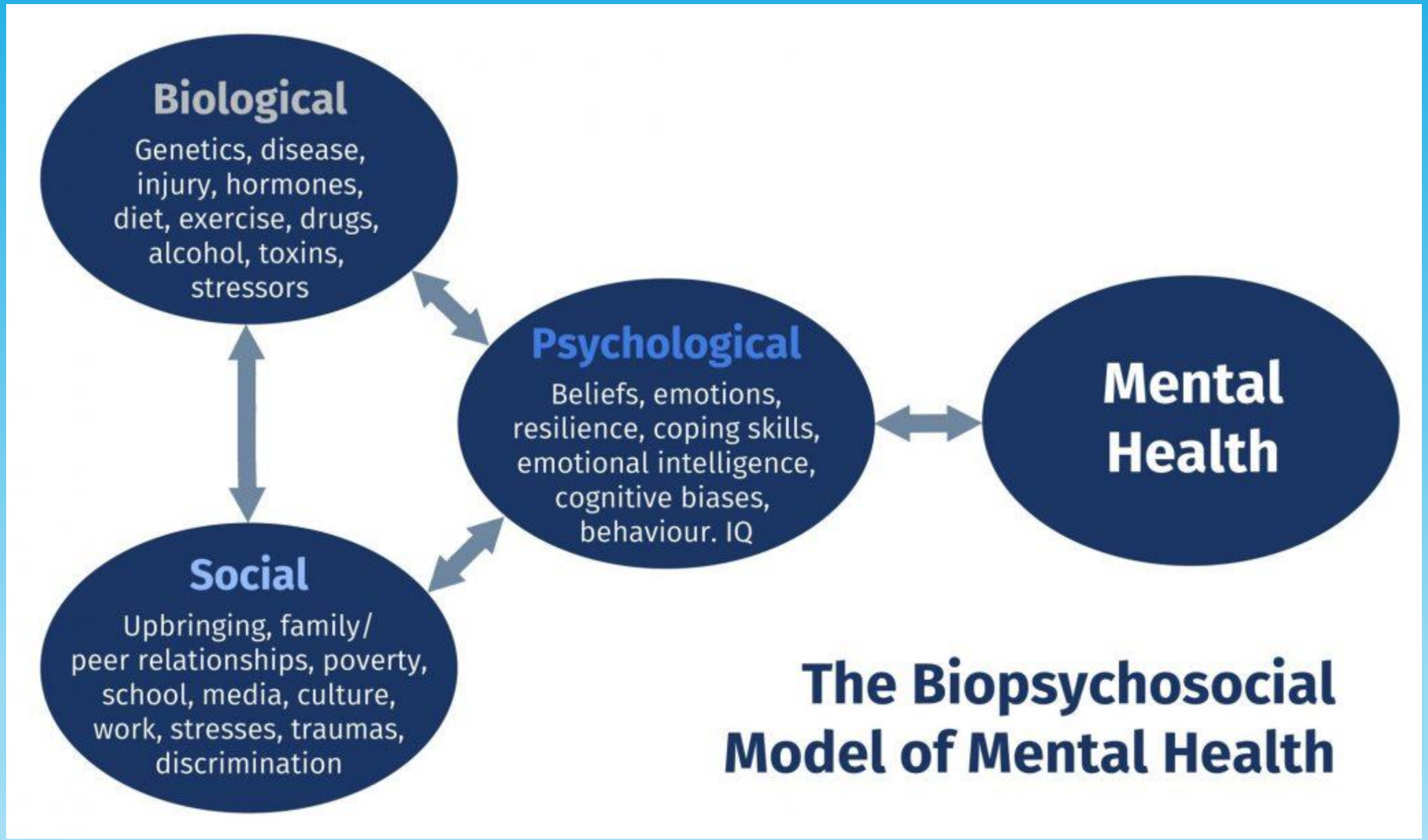
- It provides for a health system organized and operated to guarantee the right to the highest attainable level of health as the main goal, while maximizing equity and solidarity.
- Aimed at achieving universal coverage and access to services that are acceptable to the population and equity enhancing.

PHC CONT…

- Outlined in the 1978 Declaration of Alma-Ata and again 40 years later in the 2018 World Health Organization (WHO) and United Nations Children's Fund (UNICEF) document
- PHC creates the foundation for the achievement of universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs).
- It can help countries equitably maximize the level and distribution of health and well-being by focusing on people's needs and preferences (both as individuals and communities)
- Ascertaining a continuum of care – from health promotion and disease prevention to diagnosis, treatment, rehabilitation and palliative care
- Health Care as close as possible to people's everyday environments.

MENTAL HEALTH IN DETAIL

- 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.
- Certain risk factors or stressors pre-dispose vulnerable population groups to mental health problems.
- Childhood and adolescent mental health conditions are on the rise, emerging as prominent causes of morbidity and mortality. Early diagnosis and management of ADHD in childhood is imperative.
- Globally, depression is a leading causes of illness and disability among adolescents, and suicide is one of the leading cause of death in 15-19 year olds.
- Both sociocultural and biological factors drive mental health in adolescence; this is displayed as increased risk of depressive disorders among girls after puberty.
- Behaviors such as substance use or sexual-risk taking, start during adolescence. HIV infection, sexual and reproductive health issues, early and unintended pregnancies have a negative impact on adolescent girls, with maternal mortality being the leading cause of death among 15-19 year old girls globally.


Biological
Genetics, disease, injury, hormones, diet, exercise, drugs, alcohol, toxins, stressors
Psychological
Beliefs, emotions, resilience, coping skills, emotional intelligence, cognitive biases, behaviour. IQ
Mental Health
Social
Upbringing, family/ peer relationships, poverty, school, media, culture, work, stresses, traumas, discrimination
The Biopsychosocial Model of Mental Health

THE PICTURE

- 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).
- 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
- 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) have a two to three times higher average mortality compared to the general population, which translates to a 10-20 year reduction in life expectancy.
- This is most commonly due to physical health conditions which are un-recognised and untreated

- Mental disorders constitute a significant proportion of morbidity seen in primary care.
- The WHO international study of psychological problems in general health care which was carried out in 15 primary care sites across the world, showed that primary care physicians identified 23.4% patients as having a psychological disorder.
- A significant proportion of cases then were, and still are today, untreated due to a combination of factors including the somatic presentation of symptoms, low levels of detection by primary care providers and low availability of psychosocial and pharmacological technologies.
- The integration of mental health care into primary care has been advocated by WHO since an expert committee report on the Organization of mental health services in developing countries was published in 1975.
- Twenty years later, a large international WHO study on Mental Illness in general health care demonstrated the significance (and treatability) of psychological disorders in primary care across cultures and resource settings.
- New evidence and experiences have been added over time, including the publication in 2008 of a joint WHO/WONCA report Integrating mental health into primary care - a global perspective.

- Primary care is the platform for first-contact and ongoing health care services and interacts closely with the other platforms for mental health care: self-care , informal health care and specialist mental health care.
- Mental health care at PHC level is accessible, affordable and acceptable to people with mental health problems and their families addressing health inequities and ensuring continuity of care for this population.
- Most people with mental health problems access primary care and their disorders are more likely to be identified and appropriately treated, with less risk of stigma.
- This will promotes comprehensive, coordinated, and person- centered care for the many people with comorbid physical and mental health problems.
- However this ideal remains largely unrealized goal in the majority of countries the world over and therefore a key driver of the enormous treatment gap that exists today for persons with MNS disorders.

- A 2009 study in South Africa showed nearly 20% of adults were reported to suffer from impaired mental health, with less than a quarter of this population ever seeking mental health treatment.
- In 2013, the highest lifetime prevalence rate of depression was reported in a study in the Eastern Cape (31.4%).
- Another South African study conducted in 2018 in urban informal settlements found that nearly one in every five women reported moderate to severe levels of anxiety.
- More than half of South African adults have been exposed to adverse childhood experiences (ACEs) such as emotional or sexual abuse during childhood.
- About 40% having experienced some sort of emotional neglect before the age of 18 years
- Nationally representative South African Stress and Health (SASH) study found GAD was the most frequent mental health issue reported, with a national prevalence estimated at 8.1 %
- Despite being the most common mental health issue, relatively little research on GAD has been published in South Africa, particularly in general populations.
- The lifetime prevalence for any disorder was 30.3%, and the most prevalent 12-month and lifetime disorders were the anxiety disorders. The Western Cape had the highest 12-month and lifetime prevalence rates, and the lowest rates were in the Northern Cape.

According to the second Annual Mental State of the World Report 2021 from Sapien Labs, published in March 2022, South Africa ranks as one of the worst countries regarding mental health.

The 2021 Report is based on 223,000 responses from 34 countries, all with access to the Internet, in four languages. Quantifying a mental health quotient (MHQ).

The report summarises the outcome of research that examines global trends across five different functional dimensions of mental wellbeing:

- Mood & Outlook,
- Social Self,
- Drive & Motivation,
- Mind-Body Connection,
- Cognition.

NCDS

People with mental illness are at greater risk of premature death compared with those without mental illness

- poorer access to healthcare for associated physical illnesses
- diagnostic overshadowing

There are links between diabetes and mental disorders, including schizophrenia, bipolar disorder, depression, and post-traumatic stress disorder as well as between diabetes and cognitive impairment.

Other NCDs, including cancer and respiratory diseases, are also linked with mental disorders.

Depressive spectrum disorders, Anxiety and PTSD are particularly prevalent in people with cancer.

In the World Mental Health Surveys, mood, anxiety, and substance use disorders were associated with subsequent onset of asthma.

Childhood adversities were also associated with adult onset asthma, a relation that strengthened with more childhood adversities.

- People with severe mental illness (SMI), especially those with psychotic disorders such as schizophrenia, have been shown to have a shorter life expectancy compared to the general population.
- This is associated with increased rates of risk factors like hypertension, diabetes, obesity, strokes, myocardial infarction, coronary heart disease, peripheral vascular disease, congestive heart failure, as well as other cardiovascular diseases (CVDs).
- Evidence suggests that the incidence of CVD increases with antipsychotic use, higher body mass index (BMI) and higher baseline CVD prevalence.
- Second-generation antipsychotic (SGA) use is particularly associated with metabolic syndrome, which is associated with increased CVD risk factors including hypertension, insulin resistance, hypercholesterolemia and obesity.

HIV

- There is evidence suggesting a bi-directional relationship between depression and the immune system
- Depression is known to negatively affect the immune system (e.g. $CD4^+$ cell decline) although the underlying mechanisms remain poorly understood.
- Chronic immune activation and hypothalamic–pituitary–adrenal axis dysregulation, which HIV infection can exacerbate and contribute to high rates of depression among PLWH
- HIV crosses the blood brain barrier causing immune activation in the brain and the central nervous system.
- Inflammatory proteins (e.g. C-reactive protein, cytokines) lead to oxidative stress and neuronal injury.
- The chronic inflammatory response to HIV infection leads to elevated cytokine levels, including IL-6 and TNF-α, which can trigger a chain reaction involving Tryptophan depletion.
- Tryptophan depletion leads to reduced serotonin levels and increased Kynurenine and its metabolites, which are neurotoxic and associated with depression, suicide, anxiety, and physical health conditions, such as cancer, cardiovascular diseases and premature death
- Therefore, it is possible that chronic inflammation and tryptophan depletion contribute to the deleterious effects of depression on physical health outcomes.

CAN PHYSICAL ILLNESS CAUSE MENTAL ILLNESS?

In the World Mental Health Surveys, after comorbidity was adjusted for,

- Diabetes was significantly linked with depression, intermittent explosive disorder, binge eating disorder, and bulimia nervosa.
- Hormonal Disorders
- Chronic Pain
- Fibromyalgia

The reverse was also found to be linked

- Three or more childhood adversities were independently associated with adult onset diabetes.

COVID 19

- Fear and uncertainty
- Social and economic disruptions associated with the COVID-19 pandemic.
- PTSD

Worsening of Mental Health prevalence in SA.

The impact of Long covid, prolonged suffering

Findings from a recent study in a smaller urban setting demonstrated that adults with a history of early adversity were more likely to experience depressive symptoms, particularly when at a high risk for COVID-19 infection

Impact on mental health in SA was also documented as early as October 2020

Considering the inequalities in South Africa, taken with the economic and social turmoil of the pandemic, individuals living in poverty and with poor mental health are at increased risk of remaining impoverished due to difficulties with learning and earning, higher health expenses as well as discrimination

STIGMA AND ATTIDUTES

- Mental illness carries more stigma than any other illness, and sufferers are likely to be discriminated against more often and more significantly than the sufferers of other illnesses
- Some studies showed that some healthcare workers believe that the mentally ill patients are blameworthy and are responsible for their conditions
- Social distancing by society towards those with mental illness is very common.
- It has also been found that certain mental illnesses such as schizophrenia attract more stigma than others.
- Mental health literacy of healthcare workers is particularly important, as poor recognition or misdiagnosis of mental illness leads to delays in or no treatment, with subsequent poorer outcomes for the sufferers.
- Several studies assessed the mental health knowledge of healthcare workers and found these to be inadequate.


50
50
RAND
100
100

Studies have found that South Africa's public mental health expenditure represented 5.0% of the total public health budget, with wide disparities between provinces.

Inpatient care represented 86% of mental healthcare expenditure, with nearly half of total expenditure on mental health occurring at the psychiatric hospital-level.

Almost one-quarter (24%) of mental health inpatients are readmitted to hospital within 3 months of a previous discharge, costing the public health system 18.2% of the total mental health expenditure.

Crude estimates indicate that only 0.89% and 7.35% of the uninsured population of South Africa requiring care received some form of public inpatient and outpatient mental healthcare, respectively.

Mental health human resource availability, infrastructure and medication supply are significant constraints to the realization of the country's progressive mental health legislation.

State of mental health spending show inefficiencies and constraints from existing mental health investments in SA.

Government now has a baseline for which a rational process to planning for system reforms can be initiated.

- South Africa only spends 5% of its total health budget on mental health – putting South Africa at the bottom of international benchmarks of country public spending on mental health.
- This translates into less than 1 person per 10 receiving mental health care.
- Poor South Africans are worse off when it comes to access to mental care due to lack of capacity, accessibility and resources in the public health sector for mental health care.
- The survey revealed that drugs for chronic mental illnesses such as depression, bipolar disorder and anxiety were routinely unavailable.

- Surveys have shown that inpatient care forms the main source of care, comprising 86% of mental health expenditure, with specialized psychiatric hospitals comprising 45% of the total cost.
- Due to the limited number of mental health indicators to monitor service delivery at the PHC level, expenditure at this level of care may be underestimated but is unlikely to change the overall estimate of expenditure greatly.
- There is a historical hospi-centric legacy of the country

- Most mental disorders have their onset before the age of 18 years and approximately 38% of the population falls in this age bracket
- There is a gap in service availability for children and adolescents in South Africa
- A 2019 survey by the Faculty of Health Sciences at the University of Cape Town showed that so severe are the shortages of mental health specialists, that only three provinces had child psychiatrists.
- The mental health of those aged between 10 and 19 years can profoundly impact their future health, social and economic circumstances as adults, particularly in contexts of poverty and vulnerability
- Improving and protecting adolescent mental health requires early detection, through routinized mental health screening, and early treatment both with and without pharmacological intervention
- Mental health prevention and promotion campaigns are critical at this age, to capacitate adolescents with resilience to cope with difficulties and avoid risk-taking behaviors.

With the inclusion of mental health in the 2015 Sustainable Development Goals (SDGs)

- There is now a global commitment to include mental health among the highest priorities for investment as a health, humanitarian and development priority.
- There is explicit recognition and inclusion of mental health in the UHC agenda;
- intensified investments in mental health systems;
- Work towards reducing inefficiencies in the use of resources through the redistribution of budgets from hospi-centric care to the community;
- Task-shifting mental healthcare to non-specialist providers who receive ongoing specialist supervision;
- Amplified training for all health professionals and specialists on mental health;
- The initiation of early interventions that are accessible to at-risk populations;
- Integration of mental health in broader primary healthcare, and;
- The active engagement of those living with and effected by MNS disorders in the reform process

AUSTRALIA

- GPs and Family Physicians) serve as the first point of contact for most people in psychological distress.
- According to the BEACH survey mental health related presentations account for 12.4% of all GP visits in 2015-15 (AIHW).
- On the ground clinicians experiences show that survey could have underestimated these numbers. GPs play a central role in their care.
- GP are responsible for co-ordination of care.
- The role of the GP varies depending on the GP's clinical interest, training as well the complexity of the patient and availability of resources.
  - For example, a GP who has special interest in mental health and additional training can provide more advanced care including psychotherapy; in remote areas or where there are limited resources and these GPs tend to provide more care.

- There is an increasing workload for GPs and risk of burnout especially post Covid 19 times
- There are inequities in the system with some people having poor access to suitable services.
- People of low socioeconomic status, Indigenous people, and people of non-English speaking backgrounds.
- Funding for mental health is through private insurances as well as Medicare (a public universal health care insurance scheme).
- Patients can access mental health practitioners without referral, but if they want a rebate from their insurance or Medicare, they require a referral from their GP.
- Patients with a mental health disorder can access a limited number of sessions every 12 months and claim part of the cost from Medicare or their insurance. Funding for and accessibility of mental health services is an increasing challenge.

WHAT TO DO NOW?

WHAT TO DO

- With mental health issues such as the Life Esidimeni tragedy and the recent suicides of prominent figures being widely covered in the mainstream and social media, awareness and advocacy for mental health has improved.
- There is a more sympathetic stance towards mental illness amongst doctors and in other sectors of the general population.
- Mental illness is on the rise within the medical profession, with recent statistics showing a considerable prevalence in doctors.
- Focusing on improving both factors (attitudes and mental health knowledge) is likely to lead to significantly better health outcomes for the mentally ill.

- Training of non-specialist doctors, focused on recognition and management of mental illnesses, may contribute to reducing the stigma of mentally ill patients within healthcare services.
- Consequently, this may lead to an increased willingness for families and patients to seek help, leading to earlier diagnosis, better recognition of illnesses and improved outcomes.
- A focus on fostering positive attitudes towards mental illness in non-specialist and primary healthcare doctors may make doctors more receptive to learning more about mental illnesses.
- This, in turn, may mean that doctors are willing to spend more time with mentally ill patients to determine their psychiatric symptoms and stressors and manage their illnesses better.

THE FRAMEWORK

- Mental health promotion and prevention initiatives remain crucial to reducing the burden of mental health conditions.
- They are also vital to promote and protect mental wellbeing of all people, including people not living with mental health conditions, children, adolescents and all those at risk.
- There is an economic value through improvements in educational and labour market outcomes, and reducing the high cost of treatment when people become sick
- Initiatives which target key developmental stages can assist to break the cycle of poverty and mental ill-health through improving resilience and self-regulation, especially during childhood and adolescence.
- It is important to distinguish primary, secondary and tertiary prevention interventions.
- It is not only to prevent the occurrence of disease, such as risk factor reduction (primary prevention), but also arrest its progress (secondary prevention) and reduce its consequences once established (tertiary prevention).

FRAMEWORK...

From infancy to old age, the mental health and well-being of all SAs will be enabled, through the provision of evidence-based, affordable, and effective promotion, prevention, treatment, and rehabilitation interventions.

In partnerships between providers, people with lived experience, carers and communities, the human rights of people with mental health conditions will be upheld;

They will be provided with care and support; and they will be integrated into normal community life.

VALUE: Mental health is part of general health

PRINCIPLES:

a) Mental health care should be integrated into general health care.

b) People with mental health conditions should be treated in primary health care clinics and in general hospitals in most cases.

c) Mental health services should be planned at all levels of the health service.

THE FRAMEWORK

- Community mental health services will be scaled up, to match recommended national norms

a) Core components:

b) Community residential care (including mental health care users assisted living and group homes including halfway houses).

c) Day care services; and

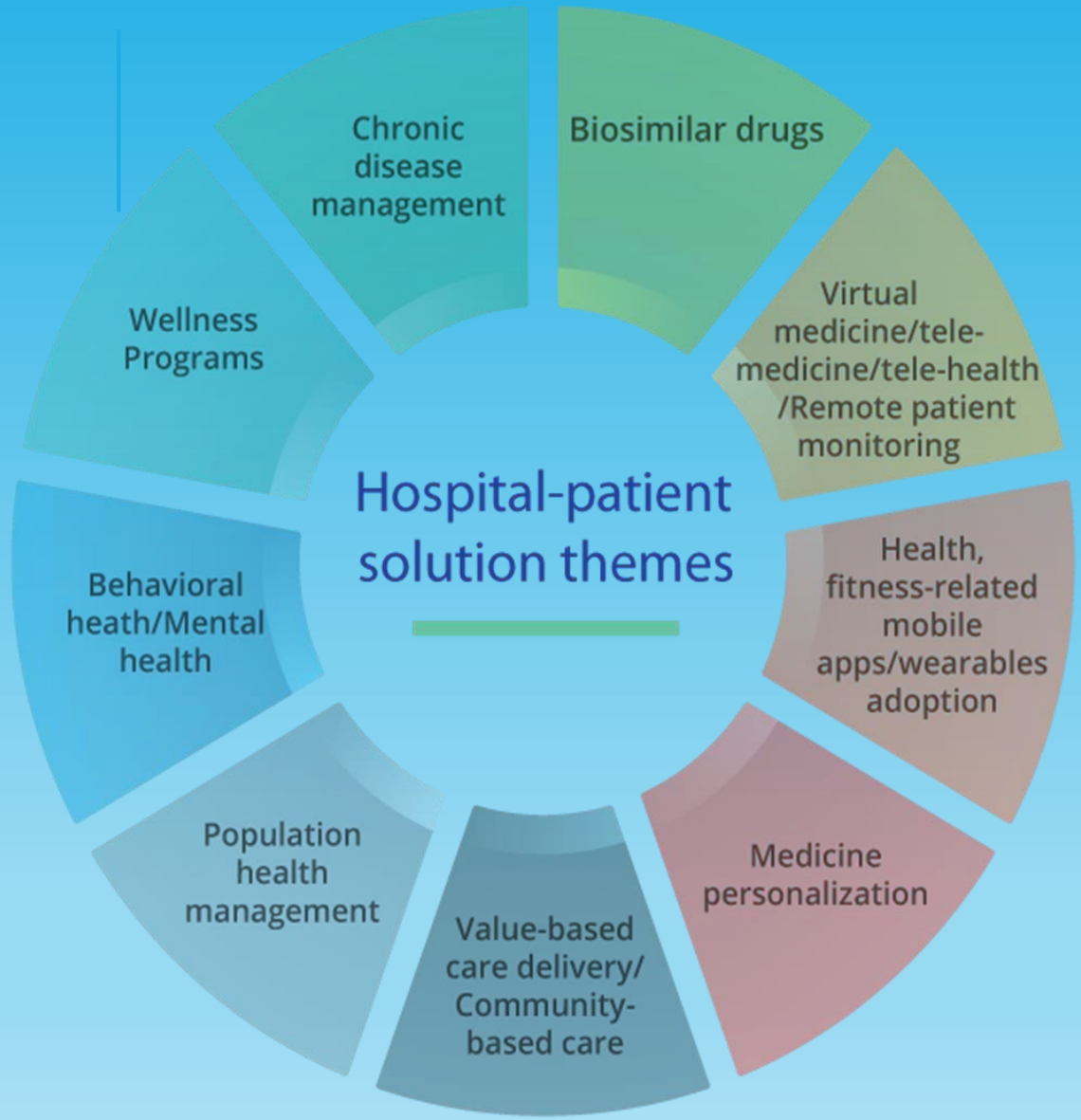
d) Outpatient services (including general health outpatient services, mental health services in PHC and specialist mental health support).

- These community mental health services will be developed before further downscaling of psychiatric hospitals can proceed.
- In accordance with the Mental Health Care Act (2002) NGOs, voluntary and consumer organisations will be eligible to provide and be funded for community programmes/facilities.
- This includes capacity development for users (service users, their families) to provide appropriate self-help and peer led services.
- Over time, there will be a shift in specialised service resources to reduce stand-alone hospitals, utilisation and increase community-based mental health care thus increasing access to specialist assessment and care early in the course of illness, in keeping with the 2022 WHO World Mental Health Report.


MENTAL HEALTH
DISORDERS
BIPOLAR
DEPRESSION
ANXIETY

"IT IS NOT THE BRUISES ON THE BODY THAT HURT. IT IS THE WOUNDS OF THE HEART AND THE SCARS ON THE MIND."

–Aisha Mirza



Continue with

Intersectoral collaborations e.g. Education, Justice System, Social Development, Business

- School Mental Health Programs
- Forensic Population on long leave with PHC needs
- Geriatric care and management of illnesses
- HR Driven processes, EAP, Reality Wellness (Private Group).

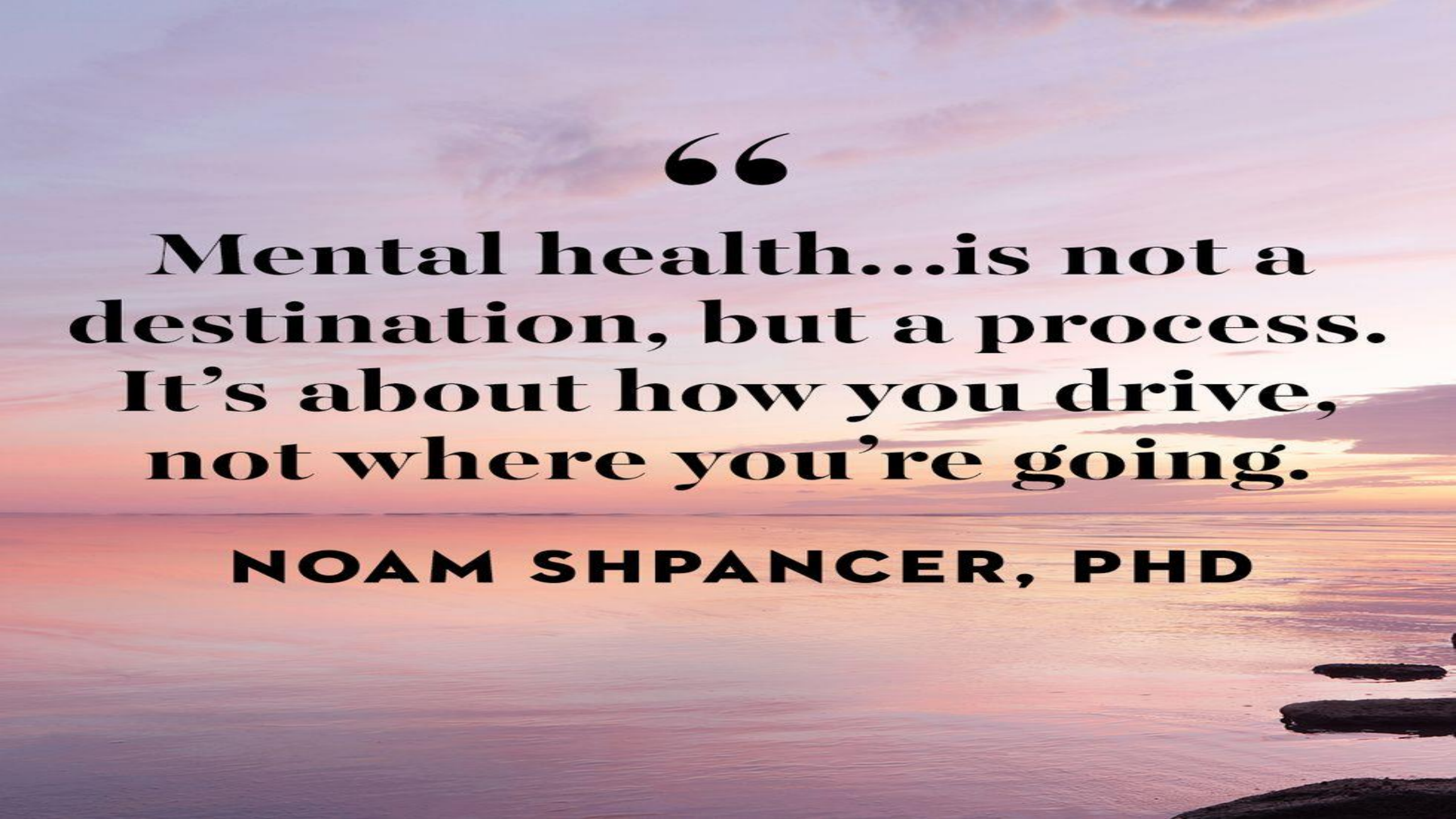
Strengthen Nurse driven services, look at Dispensing licences for nurses for Psychiatric illnesses e.g. early onset Depression.

Further studies looking at perceptions of communities on Mental health Services e.g. Mine workers, LGBTI+

Multi inter and intra disciplinary care should be escalated.

4IR: Artifical Intelligence in Consultations, Diagnostics Virtual Telemedicine, Holograms, Algorithms in diagnosing and treatment, Patient self help tools.

Continue conversations around Mental Health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Mental health...is not a destination, but a process. It’s about how you drive, not where you’re going.
NOAM SHPANCER, PHD

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