

Expansion Of Mental Health In Primary Care – Charity Begins At Home

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The high prevalence of psychiatric disorders and their colossal impact on the developing countries economics is now well established. It is also beyond doubt that this high burden can't be faced without expanding the mental health in Primary Care and involving the general practitioners. It is therefore, not only understandable but highly relevant that the 15th international psychiatric conference has selected this important theme. While we are embarking on this journey, it is important that we chart our course carefully. Four important considerations come to mind.

First, recent studies at least from UK paint a grim picture of educational interventions for the General Practitioners, one of the most commonly advocated approaches for encountering depression in primary care. Upton et al report that when provided with the ICD-10 PHC Mental Health guidelines, a group of 14 GPs who volunteered for the study showed no improvement in overall detection of mental health problems in accuracy of diagnosis or the prescription of antidepressant, although there was a significant increase in the number of patients diagnosed with depression or unexplained physical symptoms.¹ In a subsequent study which was much larger and better designed (unlike Upton et al it also included a comparison group of GPs who were not provided with extra information) largely similar negative result was obtained.² The findings of these studies are also consistent with Hampshire Depression Project, a large cluster RCT of educational intervention for GPs on recognition and management of depression.³ A commentary by Cooper⁴ accompanying one of these articles has rightly pointed out that the findings of these studies may not be applicable to developing countries, where there are few psychiatrists and even fewer trained GPs.

Other explanations are also possible. These findings however raise serious questions for those who are planning to train primary care physicians for the detection of common psychiatric disorders in the primary care. While developing educational interventions and primary care guidelines for PHC physicians as a part of attempt to expand mental health in primary care in Pakistan, we need to take a different look at the whole process to avoid the reinventing of the wheel.

The observation made by Cooper is entirely valid in identifying the fact there are only few trained GPs in the primary care in developing world. This should also force us to think about the nature of primary care in developing countries. We did raise the question of definition of the term “community psychiatry” in developing countries sometimes back⁵. Primary care is perhaps another ill defined term in the context of developing countries. Take one example. How much of primary care is provided by the so called tertiary care hospitals in our country? Anyone who has worked in tertiary care hospitals can easily identify the fact that a large amount of the workload in these hospitals is actually primary care. Exact estimates are not available for the proportion of primary care being provided by the tertiary care hospitals. This is a question for the public health researchers and is unfortunately not seriously addressed. It would be however, interesting to note the conclusion of Oxford policy Management Group, hired by the North West Frontier Province (NWFP) government to study and propose health sector reforms. After a through analysis of health structure in NWFP, they noted that “Tertiary facilities provide a large volume of primary services”. On a detailed analysis of health accounts of the province, they found that actual share of genuine tertiary care in these hospitals may be as low as 2%⁶.

Finally, another important aspect of a lack well developed structure of primary care is that there are no structured training programmes for the primary care physicians. In absence of such a training programme it is a common observation that the GPs generally follow the trends set by the tertiary care doctors especially the teaching staff. This fact is well recognized by the pharmaceutical industry while promoting the drugs. The doctors in these hospitals are termed by the pharmaceutical industry “opinion leaders”, as their prescription pattern is widely followed.

While facing the challenge of expanding the mental health in primary care we will also have to consider the constraints imposed by manpower and resources. With about 500 psychiatrists for the whole country mostly concentrated in tertiary care teaching hospitals we can not expect them to reach out in the primary care for expansion of mental health in primary care. We will have to use our resources optimally looking for new opportunities. An important avenue could be to train the doctors working in tertiary care hospitals in recognition and management of common psychiatric disorders. With very limited number of psychiatrists to provide the services as well as training this may be cost effective way of using the resources maximally. In view of very significant overlap in tertiary and primary care this will effectively serve the primary care. The fact that a significant proportion of tertiary care hospital doctors, especially in junior cadre, also work part time in primary care and are normally transferred between different levels of care, will also enhance the value of such training. More importantly, perhaps it will also help to maintain the continuity of training and its impact while both the trainers and trainees will remain in touch with each other not only in training but also in routine day to day working in the hospital setting. In view of high psychiatric morbidity associated with physical disorders it will serve also to easy detection and management of this morbidity. A recent study of the attitudes and hospital doctors shows that there is a great demand for this as well⁷.

It can therefore be argued that training the doctors working in various disciplines in tertiary care hospitals can be a very cost effective strategy for the expansion of mental health into primary care in a developing country like Pakistan. So should not charity begin at home?

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