Mental Health program integration into Primary Health Care: Results of a Project Implemented at Yarmouk Health Care Center & Capital Health Primary Care Center, Kuwait

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Abstract

Objective: World Health Organization (WHO) identiýed a gap in meeting mental health care needs in the health services. To bridge this gap, at Yarmouk Primary Health Care Center and Capital Health District area in Kuwait, it was decided to implement a best practice model, for integrating mental health services into primary health care services in Kuwait.

Methodology: Implementation of the best practice model, for integrating mental health services into primary care services in Kuwait's health system was initiated in 2008.

It involved the integration of cost–effective, feasible evidence-based interventions for mental health conditions in Primary Health Care (PHC) and other priority health programs. It envisioned a mental health component in PHC, to enhance access to mental health care and improve identiýcation and treatment rates for priority mental disorders, to provide holistic care for particularly disabling comorbid physical and mental health problems, and to engage in mental health promotion.

Results: The program was initiated in 12 primary mental health care clinics in the Capital Health District area in Kuwait. Two hundred (200) Family Physicians and General Practitioners, were trained in psychiatric integration within the primary health care system. Regular evaluation of the performance of physicians working in primary mental health clinics in the program was ensured. Periodic evaluation of psychiatric patient visits in the Primary mental health clinics was conducted for quality improvement. Mental health awareness days and educational sessions were organized.

Discussion: A practice model for integrating mental health services into primary care was developed in Kuwait, involving stakeholders. Its favorable impact on mental health in the community is undergoing scrutiny. Limitations such as human resource shortage and, movement of trained physicians from primary care to other administrative departments in the Ministry of Health (MOH), coupled with a lack of relevant data and the need for better coordination between stakeholders, were identiýed. Issues regarding electronic health records, patient conýdentiality, and quality of services were identiýed. Stigma related to mental health issues resulted in a delay in implementing the integration.

Conclusion: With increasing psychiatric illnesses and a lack of adequate specialized mental health services, addressing this issue at the primary care level offers an attractive cost-effective option to deal with the crisis.

Keywords: Mental Health, Primary Health Care, ntegration, Health system, Family Physician

Introduction

Health systems have failed to address the rising mental health related disease burden (1). Unfortunately, mental health diseases including depression, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and social anxiety disorder may affect up to 15% of the population (2). Regrettably, individuals with psychiatric illnesses avoid seeking treatment due to associated stigma and often seek help from sources not trained in mental health (3).

The estimated prevalence rates in large international studies for depression, anxiety, and somatoform disorders are 31–35.8%, 19–25.6% and 18–28.8% respectively. Evidence suggests these disorders to be the commonest mental disorders presenting in primary care settings (4,5).

The rise in mental health disorders in Kuwait was identiýed as early as 2014 (6). In a study looking at patients visiting primary care centers in Kuwait, 42.7% of the patients suffered from psychiatric disorders including depressive (22.9%), anxiety (17.7%), and somatization (33.4%) disorder (7). During the COVID-19 pandemic, 53.7% and 59.6% of the respondents experienced anxiety and depression respectively in Kuwait (8). Need to address mental health as an essential part of health is considered mandatory (9).

In Kuwait, the number of trained psychiatrists is less than 84 in a country of nearly 4.5 million (2). Availability of specialized mental health facilities is limited and expensive to develop and operationalize. Incorporation of mental health services in existing primary health services offers a cost-effective option to deal with high mental health disease burden in the community, integrates physical and mental health care in a holistic manner and offers better overall health-related outcomes.

The treatment gap for mental disorders is enormous due to inadequate specialized mental health services. Primary care is supported by the Ministry of Health, Kuwait, and offers healthcare free of cost, including medications. This ensures the availability of mental health services to those in need and closes the treatment gap, caused by scarce specialized mental health services. Primary care for mental health generates good health outcomes and reduces the stigma associated with psychiatric disease.

Primary care for mental health in Kuwait enhances access with primary care services being widely available, thereby guaranteeing cover for all patients. Primary care for mental health promotes respect for human rights. Medico-legal ethics policies are implemented and continuously supervised by the Ministry of Health, Kuwait.

Based on the identiýed need, stakeholders at Yarmouk Primary Health Care Center and Capital Health District Kuwait, decided to implement a best practice model, for integrating mental health services into primary care services in Kuwait.

Setting up Integration

Yarmouk Primary Health Care Center and Capital Health District in Kuwait, started integration of mental health programs into their health delivery system in 2008. Table 1 lists the strategic steps undertaken for the integration of mental health services into primary health care services. An integration model, based on successful international practices was developed. Primary care physicians working at primary care sites were trained in dealing with common mental health disorders. The training program started in 2012, in partnership with psychiatry services.

An advanced primary mental health program was organized by the capital primary mental committee. The program included diagnosing and management of common psychiatric disorders, psychopharmacology, psychotherapy, pediatric and geriatric psychiatric disorders. Family Physicians already provide broad-based, comprehensive, and holistic care, encompassing a bio-psycho-socio-spiritual model of health care.

Health awareness activities were held to increase awareness about mental health issues in the community and help reduce the stigma associated with mental illness. Two major mental health campaigns were carried out between 2011 and 2020. “Taqabal”, which means accept your mental illness, was conducted for middle and high school students. It involved storytelling and short educating movie presentations. “Ghad”, was the second one on suicide prevention and explained suicide red þags symptoms, and ýrst aid for suicide prevention.

Mental health awareness days and educational sessions were organized for the general population visiting primary care centers. Special sessions were held on World Mental Health Day. A local and international cooperation network with stakeholders was developed.

Regular evaluation of the performance of physicians working in primary mental health clinics in the program was ensured. Family Physicians were evaluated after attending theoretical and clinical training. Regular evaluation of psychiatric patient visits in the primary mental health clinics and general clinics in all centers was conducted for quality improvement.

Two additional primary care centers were equipped with mental health services annually. The number of patients visiting mental health clinics in all health centers was compiled annually. Follow-up on the performance of psychiatric clinics in all health centers, using the standards approved by the Mental Health Committee, was being implemented. Availability of online mental consultation was ensured.

Training two Family Physicians from each health center was started, to work on international mental health protocols and obtain a mental health diploma. The regular performance of Family Doctors in mental health clinics was monitored through a standardized evaluation process. Annual assessment of the satisfaction of the auditors, doctors working in the clinic, and heads of centers that provide mental health services was put in place and implemented.

Retaining doctors who dropped out after training in primary mental health programs remained a challenge. Although the program trained 20-30 physicians each year between 2011 and 2019, many left to carry out other administrative work or clinical duties.

The clinic space was made safe and comfortable for patients and privacy was ensured. Diagnostic and screening tools for mental illnesses were made available. Provision was made at the center for psychotherapy services and conduct of psychoeducation. A variety of drugs is also available free of charge for all patients.

Integration is most successful when mental health is incorporated into health policy, and legislative frameworks, supported by senior leadership, adequate resources, and ongoing governance. To be fully effective and efýcient, a committee for mental health, coordinated with a network of services at different levels of care.

Most of the psychiatry services in the capital area and a few in other areas were established during 2011-2021. Family physicians in charge of these clinics were well-trained. Each health center had a local procedure of referral to the psychiatry clinic in the health center. Most of the well-established clinics had well-organized patient lists. Most of the psychiatric clinics were well equipped with WHO guidelines and diagnostic and screening tools for common psychiatric problems and drugs.

Table 1: Studies included in the review

1. Policy makers, four Family Physicians in Yarmouk Health Center and other centers and Psychiatrist developed models for clinical care, to address gaps in the access to quality mental health treatment in primary care.
2. Development of an optimized integration model, based on available international successful practices in the introduction of mental health clinics in PHC centers.
3. Family Physicians were trained, and capacity built to ensure the best level of diagnosis and treatment in coordination with the psychiatric services.
4. Clinics were well equipped with guideline and diagnostic and screening tools for common psychiatric problems.
5. Health awareness drives were held to increase awareness about mental health issues among community and help reduce stigma associated with mental illness.
6. Key performance Indicators monitoring including the performance of physicians working in primary mental health clinics.
7. Regular evaluation of psychiatric patient visits in the primary mental health clinics and general clinics in all centers.
8. Follow up on the performance of psychiatric clinics in all health centers, using the standards approved by the Mental Health Committee.
9. The clinic space was made safe and comfortable for patients and privacy was ensured.
10. Diagnostic and screening tools for mental illnesses were made available.
11. Provision was made at the center for psychotherapy services and conduct of health awareness sessions.
12. A local and international cooperation network with stakeholders concerned with mental health was developed.
13. To ensure success of Integration, mental health was incorporated into health policy, legislative frameworks, supported by senior leadership, adequate resources, and ongoing governance.
14. A Committee for mental health, coordinated with a network of services at different levels of care, to be more broadly supported within the health system development.