Policy brief 1

Integration of mental health into primary health care in Uganda: success and challenges

The Mental Health and Poverty Project (MHaPP) is a research project for development, implementation and evaluation of mental health policies in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.

Introduction:

In conformity with the Alma Ata declaration and the national health policy, Uganda initiated the process of decentralization of services to the lower administrative units and integration of mental health into primary health care. Integration of mental health into primary health care became the basic philosophy and strategy for national health development since 1996. To implement the health policy, and strengthen delivery of health services in the country, a basic national minimum health care package of 12 components was formulated, with mental health being a key component to be delivered at all levels of service delivery.

Integration of mental health into primary health care involves diagnosing and treating people with mental disorders within the general framework of available health services. It also entails putting in place strategies to promote mental health and to prevent mental disorders, ensuring that primary healthcare workers are able to apply key psychosocial and behavioural science skills, as well as ensuring an efficient referral system for those who require more specialized care.

What has been done to ensure that the strategy of integrating mental health into Primary Health Care is achieved?

Major activities undertaken have included; policy reforms, massive training and re-training of health workers in mental health care, to equip them with knowledge and skills, development of guidelines and monitoring tools, provision of psychotropic drugs and other therapies, curricula review in health training institutions to include an adequate component of mental health,

including public education and consumer empowerment. The training of PHC workers has therefore involved empowering them to handle some of the key aspects of the common mental disorders, as well as severe mental disorders depending on the level of expertise. Importantly, mental health units with up to 30-40 inpatient beds have been built within the regional referral hospitals to support the lower health units in the referral process.

Achievements

There is political will and commitment at the policy level, which have provided an environment conducive for the integration process. As such, this policy requirement is driven directly from the national level. The national health policy recognizes mental health care as a key component of the National Minimum Health Care Package; and mental health has a separate budget line within the Ministry of Health budget, including a ring-fenced budget for mental health medicines.

The curricula for medical training institutions were reviewed to increase the number of hours of exposure to mental health issues. Also in place, is a well co-coordinated arrangement for both pre-service and in-service training of staff in mental health, which has resulted into improved training and recruitment of specialized and other allied health workers in mental health. This has greatly contributed to the smooth progress of the integration process. Furthermore, there has been increased community participation through selected community resource personnel (Village Health Teams), thereby providing an excellent opportunity for strengthening community-based care as well as integration of mental health into PHC.

These initiatives have resulted in an improved countrywide acceptance of mental health and mental health problems as an essential component of the diseases to be handled in health facilities as part of general service provision routinely.

Challenges

Inspite of the efforts, effective integration of mental health into Primary Health Care has not yet been fully realized, due to a number of shortcomings: The pace at which the changes have occurred varies from district to district, depending on the commitment of key players on ground. There is poor appreciation of the integration process and what it actually entails. Some healthcare managers claim to have mental health services integrated into Primary Health Care, but can not identify any mental health aspects/activities in their programmes, neither do they have health workers trained in mental health care. Their argument is that mental health is indirectly implied in their general healthcare activities. Provision of psychotropic drugs resulted in an increased demand for mental health services, with ever increasing number of patients voluntarily turning up for help. However, sustainability of adequate drug supply is a key challenge.

Despite accessing some basic training in mental health care, many PHC workers do not consider management of the mentally ill as one of their primary roles, other than identification and referral.

Other factors hindering the process include:

- Attitudinal problems and resistance to change
- Insufficient mental health human resources
- Poor prioritization of mental health at the lower levels, resulting in none or meager budgetary allocations

- The only few mental health professionals available in some stations being assigned other responsibilities, such as working as general health workers on medical and surgical wards.

Conclusion

Integration, as a policy recommendation, has been widely accepted and proclaimed, but has not yet been fully institutionalized in a guided manner at all levels of care. A discrepancy exists between the assumptions by health managers and the actual reality on ground. Thus it is still largely hypothetical concept that needs more proactive and stringent measures for implementation, such as involvement of all relevant stakeholders and sectors.

Recommendation

Integration of mental health into primary health care is an important policy direction that ensures equity and access to affordable mental health care. However, the Ministry of Health needs to rethink and revise the implementation strategies if this is to be realized and strengthened. Such strategies may include involvement of political leaders and local government administrators, who play a vital role in resource allocation and who ensure that programmes are supervised or monitored.

The Ministry of Health should also set minimum standards and guidelines for the integration of mental health into primary health care, especially at the lower levels of care.

References

1. J Ssebunnya, F Kigozi et al: Integration of mental health into PHC: a case of one rural district in Uganda. *Afr J Psychiatry* 2010;13:128-131
2. Kigozi, F; Ssebunnya, J**:** Integration of mental health into primary health care in Uganda: opportunities and challenges. Mental Health in Family Medicine, Volume 6, Number 1, March 2009 , pp. 37-42(6)
3. Kigozi, F: Integrating mental health into primary health care - Uganda's experience. *South African Psychiatry Review 2007;10:17-19*
4. Kigozi F, Ssebunnya J, Ndyanabangi S, et al: A situational analysis of the mental health system in Uganda, 2008 [*unpublished research report*]
5. http://workhorse.pry.uct.ac.za:8080/MHAPP/public/phase1_outputs