Primary health care is about providing 'essential health care' which is universally accessible to individuals and families in the community and provided as close as possible to where people live and work. It refers to care which is based on the needs of the population. It is decentralized and requires the active participation of the community and family (WHO, 1978: Declaration of Alma-Ata).

Providing mental health services in primary health care involves diagnosing and treating people with mental disorders; putting in place strategies to prevent mental disorders and ensuring that primary health care workers are able to apply key psychosocial and behavioral science skills, for example, interviewing, counselling and interpersonal skills, in their day to day work in order to improve overall health outcomes in primary health care (WHO, 1990).

Integrated primary mental health services are complementary with tertiary and secondary level mental health services (see the 'optimal mix of services' information sheet), e.g. general hospital services (short stay wards, and consultation-liaison services to other medical departments), can manage acute episodes of mental illness quite well but do not provide a solution for people with chronic disorders who end up in the admission – discharge – admission (revolving door syndrome) unless backed up by comprehensive primary health care services or community services.

Integrating specialized health services - such as mental health services - into PHC is one of WHO's most fundamental health care recommendations (WHO, 2001).

Rationale for Integrating Mental Health Services into Primary Health Care

They are many advantages for integrating mental health services into primary health care:

1. **Reduced Stigma** for people with mental disorders and their families
   Because primary health care services are not associated with any specific health conditions in people's representations, stigma is reduced when seeking mental health care from a primary health care provider (compared to a stand-alone specialized service), making this level of care far more acceptable - and therefore accessible - for most users and families.

2. **Improved Access to Care**
   Integrated care helps to improve access to mental health services and treatment of co-morbid physical conditions.

   2.1. **Comorbidity:** Mental health is often comorbid with many physical health problems such as cancer, HIV/AIDS, diabetes and tuberculosis, among others. The presence of substantial comorbidity has serious implications for the identification, treatment and rehabilitation of affected individuals. When primary health care
workers have received some mental health training they can attend to the physical health needs of people with mental disorders as well as the mental health needs of those suffering from infectious and chronic diseases. This will lead to better health outcomes.

2.2. Improved Prevention and Detection of Mental Disorders

Primary health care workers are frontline formal health professionals, "the first level of contact of individuals, the family and community with the national health system" (Alma Ata Declaration, 1978). Equipping them with basic mental health skills ensures that such an essential component of health will be systematically integrated into their approach of patients' health problems both in terms of preventive messages/attitudes and in terms of detection.

2.3. Treatment and Follow-up of Mental Disorders

People who are diagnosed with a mental disorder are often unable to access any treatment for their mental health problems. By providing mental health services in primary health care, more people will be able to receive the mental health care they need because:

*Better physical accessibility: primary health care is "the first level of contact (the closest and the easiest to access) of individuals, the family and community with the national health system" (Alma Ata Declaration, 1978);

*Better financial accessibility: When consulting in hospitals, indirect health expenditures (transportation, loss of productivity related to the time spent in accompanying the patient to hospital, etc) add to the cost of consultation and medications. If mental health services are integrated into primary health care, health care costs are greatly reduced/minimal.

*Better acceptability linked to reduced stigma and easier communication with health care providers (e.g. reduced language and cultural barriers, better knowledge of the user's personality and personal and familial background/history)

3. Reduced Chronicity and Improved Social Integration, both for the people with mental disorders and his/her household.

When people are treated far from their homes, it disrupts normal daily life, employment and family life; it removes individuals from their normal supports, essential to recovery, and it imposes more burden on families and care givers. By providing services in primary health care the burden on individuals, families and society will be reduced, the household productivity and social integration will be protected and better recovery can be achieved. In addition, by reducing stigma, integrating care will improve chances of keeping people with mental disorders and their family members better integrated into their community.

4. Human Rights Protection

4.1. in the society: by improving/protecting social integration (including in relation to work) of people with mental disorders and their families, the integration of mental health services will protect their human rights.

4.2. in health facilities: people are exposed to inhuman, degrading treatment practices in psychiatric hospitals. Providing treatment at primary health care may prevent many people from being involuntarily admitted into these institutions, therefore playing an important role in stopping the human rights violations.
5. Better Health Outcomes for people treated in Primary Health Care
In terms of clinical outcomes it has been found that, for most common mental disorders, primary health care can deliver good care and certainly better care than that provided in psychiatric hospitals.

6. Improving Human Resource Capacity for Mental Health
Integrating mental health services into primary health can be an important solution to addressing human resource shortages to deliver mental health interventions.

Figure 1: Rationale for Integrating Mental Health Services into Primary Health Care
Challenges to Overcome for Successful Integration

Integration of mental health services requires a lot of careful planning and there are likely to be several issues and challenges that will need to be addressed.

For example:

- Integration into primary health care, requires investment in the training of staff to detect and treat mental disorders.
- Within the context of training, primary health care workers may be uncomfortable in dealing with mental disorders and may also question their role in managing disorders. Therefore, in addition to imparting skills, training also needs to address the overall reluctance of primary health care workers to work with people with mental disorders.
- The issue of availability of time also needs to be addressed. In many countries primary health care staff are overburdened with work as they are expected to deliver multiple health care programs. Governments can not ignore the need to increase the numbers of primary health care staff if they are to take on additional mental health work.
- Adequate supervision of primary care staff is another key issue which needs to be addressed if integration is to succeed. Mental health professionals should be available regularly to primary care staff to give advice as well as guidance on management and treatment of people with mental disorders.
- Finally, governments must pay attention to key human resource management issues in primary health care – adequate working conditions, payment, resources and support to carry out demanding work.

WHO Key Recommendations for Integration

➡️ PRELIMINARY SITUATIONAL ANALYSIS
Integration requires a careful analysis of the best options for the treatment and care of mental disorders at different level of care (see pyramid). The specific ways in which mental health should be integrated into primary health care will be influenced by the current function and status and strengths of primary, secondary and tertiary care levels within countries' existing health systems as well as the community context.

➡️ BUILD ON EXISTING NETWORKS / STRUCTURES & HUMAN RESOURCES
As far as possible, and as long as consistent with the international standards of good practices, countries must look at using and strengthening existing networks of services, including in primary health care, to provide mental health services.

➡️ FUNDING
Funds must be shifted/ redistributed from tertiary to secondary and primary levels of care (and/or community oriented mental health services), or new funds must be made available.
Integrating mental health services into primary health care

➡️ CLEAR DELINEATION OF MENTAL DISORDERS TO BE TARGETED AT PRIMARY HEALTH CARE LEVEL

The delineation of a few targeted mental disorders to be treated at the primary care level in some contexts can be desirable. It simplifies both the requirements for types of medicine (limited list of psychotropic medications) and the training of primary care workers who then only need to be proficient and skilled in the use of a few selected drugs. The range of disorders can be increased in a stepped manner according to capacity and needs.

➡️ HUMAN RESOURCE TRAINING & COMPETENCIES

Integration into primary health care requires training of primary care staff in identification and treatment of mental disorders. The training of established primary care teams should occur in service settings and should involve programmes in diagnosis, management, and follow-up consultations as well as human rights and family intervention.

General health staff must have the knowledge, skills and motivation to treat and manage patients suffering from mental disorders. A mental health component should be included in the educational curriculum of all social and health workers and ongoing training and support provided on site.

➡️ RECRUITMENT/EDUCATION OF NEW PRIMARY HEALTH CARE STAFF

In some countries, primary care staff are already overburdened with work and integration of mental health care into primary health care will require and increase in the absolute numbers of primary care staff. There need to be sufficient numbers of staff with the knowledge and authority to prescribe psychotropic medicines at primary and secondary levels.

➡️ AVAILABILITY OF MEDICINES

Basic psychotropic medicines must be available at primary and secondary care levels. Governments need to ensure that sufficient funds are allocated to purchase the basic essential psychotropic medicines and make sure there are available in primary care settings, in accordance with the policy adopted.

Medicines may be purchased under generic names from non-profit organizations, allowing the access to drug of good quality at low prices.

➡️ SUPERVISION AND SUPPORT OF PRIMARY HEALTH CARE STAFF

Primary health care staff have to be adequately supervised, monitored and supported by mental health specialists (professional at/of secondary level) if integration is to succeed. The mental health professional should be available to discuss difficulties in management and to provide advice on interventions to be carried out by primary care staff. Regular supervision cannot be replaced by a system of referral to secondary and tertiary care and its absence can lead to a high rate of such referral for even minor problems.
Integrating mental health services into primary health care

**EFFECTIVE REFERRAL SYSTEM & COORDINATION OF A COLLABORATIVE NETWORK**

Effective referral links between primary, secondary and tertiary levels of care need to be in place. It is recommended to develop and coordinate a collaboration network in order to provide mental health services.

**INTERSECTORAL APPROACH AND LINKS WITH COMMUNITY SERVICES BOTH FORMAL AND INFORMAL**

An intersectoral approach and collaboration will enhance the success of a primary health care approach - Collaboration with non-health sectors such as education, social welfare, justice or employment/labor both at the policy, the planning and the implementation/service levels will be required.

- Many mental disorders require psychosocial solutions. Thus links need to be established between mental health services and various community agencies at the local level so that appropriate housing, income support, disability benefits, employment, and other social service supports are mobilized on behalf of patients and in order that prevention and rehabilitation strategies can be more effectively implemented.

- Close links with the informal community services is also fundamental - NGOs, religious leaders, and other systems of support - and will lead to better outcomes and rationalization of resources.

**RECORDING SYSTEMS FOR EVALUATION AND MONITORING**

Recording systems need to be set up to allow for continuous monitoring, evaluation and updating of mental health activities: Mental health data need to be routinely recorded in patients' files and integrated in the overall general health information system at primary health care level, in order to be used for monitoring, evaluation and planning and service improvements.

### References


Integrating mental health services into primary health care


- **The World Health Report 2001**.
  

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**Useful Links**

- To the Mental Health Policy & Service Development Guidance Package webpage: [click here](#)
- The WHO MIND Project brochure: [click here](#)
- For Best Practices examples, a selection of Country Summaries and official documents: [click here](#).

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**Citation**


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