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THE PERCEPTION AND EXPERIENCE OF HEALTH PERSONNEL ABOUT THE INTEGRATION OF MENTAL HEALTH IN GENERAL HEALTH SERVICES

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The National Mental Health Program of India focusses on the integration of mental health in general health services. Using a structured questionnaire, 100 health personnel (40 Medical Officers and 60 Health Assistants) in the District Mental Health Program were interviewed regarding their perception and knowledge about the integration of mental health in general health services. Most personnel were found to be satisfied with their new role in carrying out mental health services and only a few felt that it was an extra burden. Suggestions were made by them about the free supply of drugs, short and long term training and active supervision and support by the higher authorities.

INTRODUCTION

The Alma-Ata declaration envisages 'Health for All' by 2000 A.D. Mental health is an integral component of total health as per the W.H.O. definition of health. Health has been defined as 'a state of complete physical, mental and social well being and not merely absence of disease or infirmity' (WHO, 1978). Though mental health care forms an important component of health, it was neglected at large in most developing countries for various reasons. The common reasons are shortage of mental health professionals, lack of sufficient mental hospitals and beds etc. As a result of the recognition of mental health services in developing countries, researchers have developed innovative and successful programs involving paraprofessionals and non-professionals in the delivery of mental health care (Schmidt, 1967; Dean & Thong, 1972; Swift, 1972; Climent et al, 1978). It has been suggested that basic mental health care in the detection and management of all those with psychosis and epilepsy in the community should be decentralized and integrated with the general health care services; primary health care workers and rural doctors could be trained to deliver basic mental health care (Carstairs, 1973; WHO, 1975; Giel & Harding, 1976; Carstairs & Kapur, 1976)

It is envisaged that the primary health care and welfare infrastructure will be utilized for mental health care through decentralization and diffusion of mental health skills to the periphery. Initial efforts from different parts of the country have given an understanding of the various aspects of such integration of mental health with primary health care. These studies also highlight the lacunae in effective implementation of such programs like training methods, recording system, monitoring work, availability of health education materials, follow-up etc., (Wig et al, 1981; Isaac et al, 1982). This highlights the need to evaluate the views of the health personnel about the integration of mental health in general health services. This paper describes the perception and experience of primary health personnel in this area and their suggestions about the same in a specified region in the district of Bellary where all the health personnel were trained (short term) in mental health.

MATERIAL AND METHODS

Considering the need as well as advantages such as feasibility of inter-sectoral coordination, effective mobilization of additional resources for better planning and implementation at district level, the District Mental Health Program was organized at Bellary. It was a joint project of Zilla Parishad, Bellary, the Department of Health and Family Welfare Services, Karnataka and the National Institute of Mental Health and Neurosciences, Bangalore, where with the decentralized training in mental health for all categories of health personnel, appropriate to the levels of functioning with least disruption to the ongoing general health activities, the mental health services are being offered through the primary health care institutions. At present the program provides neuropsychiatric services at 7 General Hospitals, 33 Primary Health Centers and 20 Primary Health Units with 77 Medical Officers and 558 Health Assistants. Bellary district has a population of 1.8 million with an area of 9885 square kilometers and is divided into 8 revenue taluks. The program was started in July 1985 and the study was under taken in August and September, 1990.

For the purpose of the present study 100 trained health personnel were randomly included (40 Medical Officers and 60 Health Assistants). The views of

the Medical Officers and Health Assistants were collected on a self-structured proforma which included socio-demographic variables, training in mental health and their perception about the integration of mental health in general health services. Data was analyzed using the Chi-square test.

RESULTS

The present study has analyzed the views, experience and suggestions of 40 Medical Officers and 60 Health Assistants about the integration of mental health in general health services. Socio-demographic variables like age, sex, education and number of time mental health training received are given in Table 1. Not much difference was observed in this regard.

Table 2 shows the perception and knowledge of the health personnel about the integration of mental health services in general health services. About 56.6% of Health Assistants and 55% of Medical Officers felt that further improvement was needed in mental health activities in their areas. However, 82.5% of the Medical Officers and 85% of Health Assistants expressed satisfaction with their new role in carrying out mental health services. It was also found that the majority of health personnel expressed no satisfaction about mental health training and suggested an increase in the duration of training. Furthermore, 82.5% of the Medical Officers were satisfied with the frequent visit of the mental health team as compared to 43.3% of the Health Assistants. However, both groups did not find much difficulty in identifying cases in the community. It was also found that only 26.6% of the Health Assistants and 15% of the Medical Officers felt that integration of mental health in general health was an extra burden for the health staff.

The suggestions of the health personnel to improve mental health services are given in Table 3.

Table 1
Background details of health personnel.

Socio-demographic data	Medical Officers n=40	Health Assistants n=60
Age		
21-30 yrs	07 (17.5%)	07 (11.6%)
31-40 yrs	20 (50.0%)	21 (35.0%)
41-50 yrs	10 (25.0%)	28 (46.6%)
51 & above	03 (07.5%)	04 (06.6%)
Sex		
Male	34 (85.0%)	38 (63.3%)
Female	06 (15.0%)	22 (36.6%)
Education		
S.S.L.C.	-	41 (68.3%)
P.U.C.	-	06 (10.0%)
Graduation (Non-medical)	-	05 (08.3%)
M.B.B.S.	30 (75.0%)	-
Other Medical system	10 (25.0%)	08 (13.3%)
No. of times trained		
Once	14 (35.0%)	21 (35.0%)
Twice	16 (40.0%)	19 (31.6%)
Thrice	10 (25.0%)	20 (33.3%)

Table 2
Perceptions of the health personnel.

Views of health personnel	Medical Officers n = 40	Health Assistants n = 60
Opinion about available mental health activities		
Satisfied	13 (32.5%)	15 (25.0%)
Need further improvement	22 (55.0%)	34 (56.6%)
Not satisfied	05 (12.5%)	11 (18.4%)
$X^2 = 1.004$; Df=2, P=NS		
Satisfaction with new role in carrying mental health services		
Satisfied	33 (82.5%)	51 (85.0%)
Not satisfied	07 (17.5%)	09 (15.0%)
$X^2 = 0.111$; Df=1, P=NS		
Satisfaction with mental health training		
Satisfied	11 (27.5%)	19 (31.6%)
Not satisfied	29 (72.5%)	41 (68.4%)
$X^2 = 0.198$; Df=1, P=NS		
Suggestion for duration of training		
One week	04 (10.0%)	46 (76.2%)
15 Days	36 (90.0%)	14 (23.8%)
$X^2 = 42.666$; Df=1, P=<.001		
Satisfaction with frequent visit of mental health team		
Satisfied	33 (82.5%)	26 (43.4%)
Not satisfied	07 (17.5%)	34 (56.6%)
$X^2 = 15.219$; Df=1, P=<.001		
Difficulty in identifying cases in community		
Yes	10 (25.0%)	13 (21.6%)
No	30 (75.0%)	47 (78.3%)
$X^2 = 3.570$; Df=1, P=NS		
Feeling of extra burden to the health staff		
Yes	06 (15.0%)	16 (26.6%)
No	34 (85.0%)	44 (73.4%)
$X^2 = 1.904$; Df=1, P=NS		

Table 3
Suggestions to improve the integration of Mental Health in General Health Services.

Suggestions	Medical Officers n=40	Health Assistants n=60
Regular supply of free drugs	36 (90.0%)	49 (81.6%)
Active support and supervision by higher authorities	29 (72.5%)	34 (56.6%)
There should be sufficient and frequent training	19 (47.5%)	32 (53.3%)
Separate health worker for mental health programme	14 (35.0%)	36 (60.0%)
There should be alternative arrangement in case the doctor is on leave or transferred	12 (30.0%)	29 (48.3%)
Health worker should distribute the drugs in case patient is staying in a remote area	03 (07.5%)	28 (46.6%)
Specialist should visit the health centers once in a week	08 (20.0%)	21 (60.1%)
The programme should be target oriented	06 (15.0%)	11 (18.3%)

The majority of them felt a need for regular and free supply of drugs, followed by active support and supervision by higher authorities, sufficient and frequent training, separate health workers for this program and alternative arrangements whenever the doctor was on leave or transferred.

DISCUSSION

In this paper, we have tried to assess the perception and knowledge of the Medical Officers and Health Assistants about the integration of mental health in general services and their suggestions for improvement. This kind of work is important in such pilot programs where such services are planned to be extended to other centers also. Isaac et al (1982) pointed out that a long term evaluation of the ability of multipurpose workers to pick up, refer and follow up epileptics and psychotics in their areas of work and the ability of the primary health care doctors to manage these cases, thus bringing down the overall neuropsychiatric morbidity would be the ultimate test of the effectiveness of such a training program.

The findings from the present study show that majority of the Health Assistants (85%) and Medical Officers (82.5%) were satisfied with their new role in carrying out mental health along with general health services. Only 17.5% of the Medical Officers and 15% of the Health Assistants were not satisfied. This poor satisfaction might be due to the heavy burden and pressure of the other national programs such as family planning, malaria, tuberculosis etc. Hence the personnel suggested that that separate health assistants were required for a better mental health program. However, other workers (Narayana Reddy et al, 1987; Nagarajaiah et al, 1987) have observed that none of the health personnel in their study felt the program to be an additional burden.

It was also observed that many of the Medical Officers and Health Assistants were not satisfied with the duration of training given by the district mental health team. Since the inception of the program at Bellary, all the Health Assistants were trained in mental health for one day and Medical Officers for 3 days (in 3 phases); however, there was a gap of one to one and half years between each training program. Hence, it was suggested by the health personnel that one week training be given to Health Assistants and at least 15 days for Medical Officers, in order to ensure the successful integration of mental health in general health services. Further, various studies on primary health care personnel with various duration like four days course (Wig et al, 1981), one and half days (Kalyanasundaram, 1980), fifteen weekly sessions of two hours (Isaac, 1986) have indicated that a one week training program is more effective and feasible.

Isaac et al (1981) have suggested a short term extensive practical inservice training in a specially created rural mental health training centre, with a setting similar to that of a primary health care centre. However, an increase in the duration of training to fifteen days or one week may not be feasible because of practical difficulties such as Medical Officers and Health Assistants being deputed for training and their involvement in general health services. Therefore, after an initial training, frequent visits of the mental health team to the primary health care centers and discussion with health personnel about their practical difficulties in the hospital as well as in the field and offering solutions can achieve much more than conducting two weeks of class room training.

In order to ensure the success and improve the integration of mental health in general health services, a majority of the health personnel suggested a need for regular and free supply of drugs, active support and supervision by higher authorities and sufficient and frequent training in mental health. Some suggestions were documented by Narayana Reddy (1991) and Nagarajaiah et al (1987). How-

ever, it is noteworthy that some health workers suggested a need for separate Health Assistants for the mental health program. It is very difficult to appoint separate Health Assistants for each national health program as it needs lot of financial, administrative and manual support from the Government. Hence, an attempt should be made to carry out the mental health program with available manpower, services and facilities, with necessary modification. Hence, the role of district mental health team is found to be very important, and considering this, the role of the psychiatric social worker should redefined. In addition to a clinical role, they are expected to take on training and supervision of health personnel, community education and participation.

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