Mental Disorders in Primary Care

Programme Guidelines

Introduction

Psychological problems in general health care settings are frequent Research shows that 24% of the patients who present themselves to primary care physicians suffer from a well defined ICD-1O mental disorder. The majority of these patients (69% across the world) usually present to physicians with physical symptoms and there is ample scientific evidence that many of those cases remain undetected. Knowing the high prevalence of common mental disorders, their susceptibility to treatment and the fact that the primary care physicians (PCPs) will continue to manage them in their practice, the following information package has been developed. It is a flexible and practical tool to assist PCP's, assess and treat mental health problems of patients under their care.

The information package has been produced by the World Health Organization Division of Mental Health and Prevention of Substance Abuse (WHO MSA, Unit on Epidemiology, Classification and Assessment) and endorsed by:

- The Collegium Internationale Neuro-Psychopharmacologicum (CINP)
- The World Organisation of National Colleges, Academies and Associations of General Practitioners and Family Physicians (WONCA)
- The World Psychiatric Association (WPA)

A brief guide to programme implementation

1 ***Conduct a brief mental health assessment of patients***

- use the screening questions along the top section of the ***Mental Disorders Checklist.*** This checklist is based on the International Classification of Diseases, Chapter V, Primary Care Version (ICD-1O PC). If any of the screening questions are positive, then complete appropriate mental disorder section below in order to help reach a correct diagnosis.
- the ***flowchart*** is designed to illustrate the decision making process and differential diagnosis in arriving at a diagnosis in accordance with the ICD-1O PC.

2 ***If the patient has an Identified mental disorder(s)***

- use the appropriate ***Handycard(s)*** interactively with the patient to help explain the disorder.
- determine a treatment plan and explain it to the patient.
- provide a self-help leaflet for the appropriate disorder and explain how this should be used.
- set-up a follow-up visit(s) to review treatment. In general; e.g., medication, compliance with recommendations and overall progress.

3 if the patient **appears** ***to have subthreshold disorder(s)***

i.e, positive responses to many of the questions but not enough to fulfil the diagnostic criteria for a disorder.

- medications may not be necessary.
- use the relevant ***Handycard(s)*** interactively with the patient and provide the ***Patient Leaflet(s).***
- indicate that you are available for consultation should the need arise.

Programme materials

1 Mental disorder Assessment Guides:

The **Checklist** and **Flowchart** are the options to help the assessment of depression, anxiety, alcohol, sleep, chronic tiredness, and unexplained somatic complaint disorders.
You can choose either one of the guides according to your practice. When you use the Checklist you can start with the screening questions (in top boxes) to explore the presence of disorders and, if the disorder exists, you can continue below. When using the Flowchart, it is necessary that you consult lCD-1O PC.

2 Information Handycards:

These are to be used during the consultation with the patient to provide brief information concerning the mental disorder. Each of the 6 disorders has its own Handycard:

- Depression
- Anxiety
- Alcohol Use Disorders
- Sleep Problems
- Chronic Tiredness
- Unexplained Somatic Complaints

3 Patient Information Leaflets:

These can be given to the patients to help reinforce the information that has been provided and also to encourage their active participation in the treatment. Each of the 6 disorders has its own Leaflet:

- Depression
- Anxiety
- Alcohol Use Disorders
- Sleep Problems
- Chronic Tiredness
- Unexplained Somatic Complaints

4 Questionnaires:

These can be employed in several different ways as diagnostic aids. The questionnaires can be completed by patients prior to the consultation or after their first visit, either alone or with the help of a PCP assistant. It can be used any time during the treatment process to review prepress.

* Diskette:

The information provided in 3 & 4 has been given on a diskette for tree distribution and duplication.

General programme tips

During the ***interview*** be aware of vague or evasive responses to questions. Often for various reasons patients are reluctant to talk about their problems, therefore:

- ask open Ended questions
- understand and acknowledge patients' responses
- be sensitive to patients' emotions
- pay attention to patients' body language and tone of voice
- allow patients to talk freely and express their emotions
- assure patients of confidentiality
- keep an open mind
- encourage the patient to seek support from family and friends

At diagnosis, in case of multiple disorders (e.g. if there is more than one mental disorder present):

- best to treat an alcohol problem first if present
- if low or sad mood or loss of interest/pleasure present, then treatment for depression takes priority over anxiety or unexplained somatic complaints
- if anxiety symptoms are present then treatment should focus on anxiety rather than unexplained somatic complaints which Increase when both disorders are present

Referral tips

It is important for the primary care providers and specialists to understand that the main objective of the educational initiative is not to replace specialists, but to extend the expertise of the primary care physician and improve the cooperation and communication between the Primary Care Providers and specialty mental health services. With this understanding in mind the following guidelines have been prepared.

Referral to a psychiatrist or to a treatment centre should be considered in the following circumstances:

1. if the patient is expressing a suicidal intent or if there was a recent suicide attempt
2. if the patient is elderly, confused and presentation of the history is unclear
3. if the presenting symptoms of the disorder are severe, e.g., severe weight loss or weight gain , severe physical damage from drinking, severe withdrawal symptoms, several unsuccessful attempts to quit drinking.
4. if the diagnosis is not clear
5. if the treatment fails after the patient has received an appropriate medication trial
6. if the management requires hospitalization or intensive treatment e.g. extreme hostility, aggression or homicide
7. if there is of comorbidity with severe physical or other mental disorders