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

ARUN N. NAIK, MOHAN K. ISAAC, R. PARTHASARATHY, B. V. KARUR

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 psychoses 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 undertaken 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 times 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 | Health Assistants |
| Age | n=40 | n=60 |
| 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. | 05 (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 | Health Assistants |
| Opinion about available mental health activities | n=40 | n=60 |
| 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 | Medical Officers | Health Assistants |
| 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 | Medical Officers | Health Assistants |
| 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 | Medical Officers | Health Assistants |
| 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 | Medical Officers | Health Assistants |
| 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 | Medical Officers | Health Assistants |
| 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 | Medical Officers | Health Assistants |
| Yes | 06 (15.0%) | 16 (26.6%) |
| No | 34 (85.0%) | 44 (73.4%) |
| \(X^2 = 1.904; Df=1, P=NS\) |
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 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-

---

**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%)              |
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 be redefined. In addition to a clinical role, they are expected to take on training and supervision of health personnel, community education and participation.

REFERENCES

Carstairs, G.M. & Kapur, R.L. (1976) The Great Universe of Kota: Stress, Change and Mental disorder in an Indian village. London: Hogarth Press.

Carstairs, G.M. (1973) Psychiatric problems of developing countries. British Journal of Psychiatry, 123-271.

Climent, C.E., De Arango, M.V., Plutchik, R. & Leon, C.A. (1978) Development of an alternative efficient low cost mental health delivery system in Cali, Colombia, part I. The Auxiliary Nurse. Social Psychiatry, 13-29.

Dean, S.R. & Thong, D. (1972) Shamanism versus psychiatry in Bali. Isle of Gods. American Journal of Psychiatry, 129, 59.

Giel, R. & Harding, T.W. (1976) Psychiatric priorities in developing countries. British Journal of Psychiatry, 128-513.

Isaac, M.K. (1986) A Decade of Rural Mental Health Centre, Sakalawara. Bangalore: Nimhans.

Isaac, M.K., Kapur, R.L., Chandrashekhar, C.R., Parthasarathy, R. & Prema, T.P. (1981) Management of schizophrenia patients in the community - An experimental report. Indian Journal of Psychological Medicine, 4, 1, 23-27.

Isaac, M.K., Kapur, R.L., Chandrashekhar, C.R., Kapur, M. & Parthasarathy, R. (1982) Mental health delivery through rural primary care development of evaluation of a pilot training program. Indian Journal of Psychiatry, 24, 2, 131.

Kalyanasundaram, S., Isaac, M.K. & Kapur, R.L. (1980) Introducing elements of psychiatry in to primary health care in south India. Indian Journal of Psychological Medicine, 3, 2, 91-94.

Nagarajathah, Chandrashekhar, C.R., Srinivasamurthy, R., Isaac, M.K., Parthasarathy, R. & Verma, N. (1987) Relevance and methods of training multipurpose health workers in delivery of basic mental health care. Indian Journal of Psychiatry, 29, 2, 161-164.

Narayana Reddy, G.N., Srinivasamurthy, R., Isaac, M.K., Chandrashekar, C.R. & Molly, S. Mental health care by primary health care personnel - follow up evaluation. NIMHANS Journal, 5, 1, 33-38.

Schmidt, K.H. (1967) Mental health services in a developing country of south east Asia (Sarawak). In New Aspects of Mental Health Services (eds. H.L. Freeman & J.Farandale). Oxford: Pergamon Press.

Swift, C.R. (1972) Mental health programming in a developing country and relevance elsewhere. American Journal of Orthopsychiatry, 42, 517.

Wig, N.N., Srinivasamurthy, R. & Harding, T.W. (1981) A model for rural psychiatric service - Raipur Rani experience. Indian Journal of Psychiatry, 23, 4, 275-290.

World Health Organisation (1975) Organisation of mental health services in developing countries. Sixteenth report of the WHO experts committee on mental health. Technical Report Series, No.564. Geneva: World Health Organization.

World Health Organisation (1978) Primary health care: report of the international conference on primary health care - Alma Ata. "Health for All" Series No.1. Geneva: World Health Organization.

Arun N. Nair, Research Scholar; Mohan K. Isaac, Additional Professor, Department of Psychiatry; R.Parthasarathy, Additional Professor, Department of Psychiatric Social Work, NIMHANS, Bangalore 560 029; Karur B.V., Program Officer, DHO's office, Bellary.

*Correspondence