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IMPLEMENTING MENTAL HEALTH SERVICES IN PRIMARY CARE SETTINGS THROUGH A PUBLIC HEALTH FRAMEWORK

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Abstract

In addition to being essential for the prosperity of any community, mental health is also essential for a healthy and happy life. Health is defined as encompassing not only physical but also mental, emotional, spiritual, and social aspects. Since mental health issues are common in every community, people with mental health issues and their loved ones face significant challenges in their daily lives because of social stigma and poor prospects. This silent suffering is not only problematic, but also a challenge for the numerous prejudices that exist at different levels. In addition to their symptoms and difficulties, people with mental health disorders also have to deal with social stigma and condemnation, which significantly increases the burden of the invisible illness. As a result, these individuals don't discuss their problems with others, sometimes even with family members. Additionally, they lack the social opportunities that define a good existence in areas such as living, working, getting married, asking for help, getting the right medical care, and interacting with a variety of people. The historical background of each nation as well as the current political, economic, and geographic circumstances influence health care systems all over the world. Many emerging nations inherited a health system that was primarily focused on curative care and was intended to serve a certain population segment following their independence from colonial rule, leaving out the rural poor.

Keywords: mental health services, primary care settings (PHCs), public health framework.

1. INTRODUCTION

When people are able to manage daily stressors, perform well, influence their community, and realize their full potential, they are said to be in a state of mental health. When a disorder affects a person's behavior, emotions, or thought processes and prevents them from fully participating in society, that person is said to have a mental illness. [1] Although mental health is a crucial aspect of total health, health systems have not been able to adequately address the burden of mental health [14]. Mental and behavioral disorders are likely to cause severe disabilities and substantial economic hardship for families and communities. Integrating mental health services into primary health care (PHC) is one of the best strategies to ensure that people receive the mental health care they need and to close the treatment gap. As a person's first encounter with the health system, the PHC setting is essential to guaranteeing that everyone in the community has access to affordable, universal health care with full involvement from individuals and families. The World Health Organization (WHO) publicly recognized the PHC idea [2] as the best way to deliver a complete, universal, egalitarian, and reasonably priced healthcare service through the Alma-Ata declaration. It was discovered to have the capacity to lower the chronicity of mental disease, enhance access to care, enhance social integration, and reduce stigma. According to the Alma-Ata model of mental health integration, countries should develop or adapt their mental health services in order to (i) promote self-care, (ii) establish informal community care services, (iii) establish community mental health services, (iv) develop mental health services in general hospitals, and (v) lessen reliance on psychiatric hospitals [3]. Furthermore, studies show that PHC settings can effectively treat mental health issues and that most mental illnesses can be treated reasonably if they are identified. Collaborative care approaches for common mental diseases at PHC may result in better physical and mental health outcomes, improved access to care, and higher overall cost-effectiveness. Despite some discernible improvements in health, infectious illnesses remained prevalent

in the 1950s and 1960s. By the 1970s, it was clear that none of the participating countries' health systems could achieve the health outcomes required by the World Health Organization (WHO) [17]. The inherited health infrastructure was clearly inadequate to fulfill the needs of the population, as evidenced by the high rates of infectious disease and maternal and infant mortality throughout Asia, Africa, and Latin America. Then it was realized that underdevelopment, characterized by low production, high unemployment, starvation, and environmental degradation, is linked to bad health [16]. UNICEF and WHO convened a global conference in Alma Ata in 1978 to discuss these issues and approved the "Primary healthcare approach." It was thought that significant adjustments to the medical system were necessary to effectively address the diverse array of health problems that the globe was currently facing. Seven guiding principles were developed to promote healthcare equity. [4] A shift toward more preventative and basic therapy, a focus on health education, and the growth of other health-related industries including housing and agriculture were the main topics. All of these contributed to the community's adjustment of health systems to political and social contexts. The Primary Health Care (PHC) Approach brought about a paradigm shift from curative, urban-based care to preventative, rural-based care. This change also called for a new definition of health, which differs from the conventional medical definition [11]. The constitution of the World Health Organization states that "health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity." This notion of health was promoted by the Alma Ata Declaration [12]. Although the classification has been around for a few years, its contents weren't turned into policy guidelines until after Alma Ata. After signing the declaration, all WHO member nations were urged to implement primary healthcare [9].

Objectives

- To comprehend how primary health centers for mental health operate.
- Ensure mental health services are available and affordable within primary care settings.

Research question

- How can mental health services be integrated into primary care? What are the main obstacles and enablers?
- What are the effects on patient outcomes of integrating mental health services into primary care?

2. LITERATURE REVIEW

The WHO defines health as a condition that encompasses not only the absence of disease or infirmity but also mental, social, and physical well-being [9] [13]. Mental health can be described as more than just the absence of mental disorders or disabilities because it is a vital and significant aspect of total health [11]. In India, where there are almost 1.2 billion people, depression is common among women of all ages and is thought to be ubiquitous throughout the world. Underdiagnosed and untreated cases of female depression are caused by a number of challenges, particularly for women, such as a lack of knowledge, a scarcity of mental health professionals, stigma, a lack of assistance for women, complicated work, increased stress, and domestic abuse. The care that caretakers provide is difficult and worrisome; it may eventually alter their life in ways that are social, psychological, economic, and physical. In addition to the patients' medical expenses, caregivers may have decreased productivity at work and at home, which could result in wages being lost. This could cause or exacerbate insufficiency. Social costs including stigma, discrimination, and social unrest are likely to affect both patients and carers, and the former may experience high levels of stress, anxiety, and depression as a result. These social, economic, and psychological shifts may have a substantial effect on the carers' overall quality of life. A person's awareness of their life circumstances in connection to their culture and values, as well as their objectives, standards, expectations, and worries, is referred to as their quality of life. The quality of life of carers is crucial in replicating the type of care they give to a mentally ill person in order to recover or stabilize, which in turn affects the progress and outcome of such individuals. Although carers are essential for people with severe mental illness, there are few citations on their quality of life. Carers typically have additional responsibilities related to daily tasks, which take up their time, energy, and attention, causing stress and strain, making them susceptible to mental or psychological illness. In addition to medication-based treatment, the type of care provided by carers is closely correlated with the functioning of the mentally ill person. However, the impact of caring on carers is also a crucial factor to consider, as it will immediately impact the standard of care they provide. [5] Due to the de-institutionalization of mental diseases and the growing tendency toward community-based care, caregivers now have a greater need to provide care for these persons than they had thirty years ago. Due to the patients' constantly shifting

demands and situations, the course of caring for a family member with a mental health issue is unpredictable. If the condition is accompanied by behavioral issues or decreased functioning, the shock of providing care can be exhausting. Increased patient interaction, particularly when patients reside in their homes, increases the stress of caregiving. Being the most prevalent mental health issue, particularly after the age of 65, depression is also most likely the most frequent cause of emotional distress in later life. [6] Depression is becoming more common in the elderly, impacting around one in seven persons, as a result of the aging population. Although people with depression typically seek help in primary care settings, general practitioners do not recognize their symptoms, which leads to underdiagnosis and undertreatment of depression.It is still unclear how this burden evolves over time and what the relevant indicators are, despite the growing record of caregiver stress brought on by a family member's mental illness [14-15]. The results differ because there are so few longitudinal research available. For instance, relatives of individuals who exhibited primarily positive symptoms had less burden at the 6-month follow-up than relatives of those who experienced negative symptoms that remained stable during the follow-up. [7] In addition to medication-based treatment, the type of care provided by carers is closely correlated with the functioning of the mentally ill person. However, the impact of caring on carers is also a crucial factor to consider, as it will immediately impact the standard of care provided.

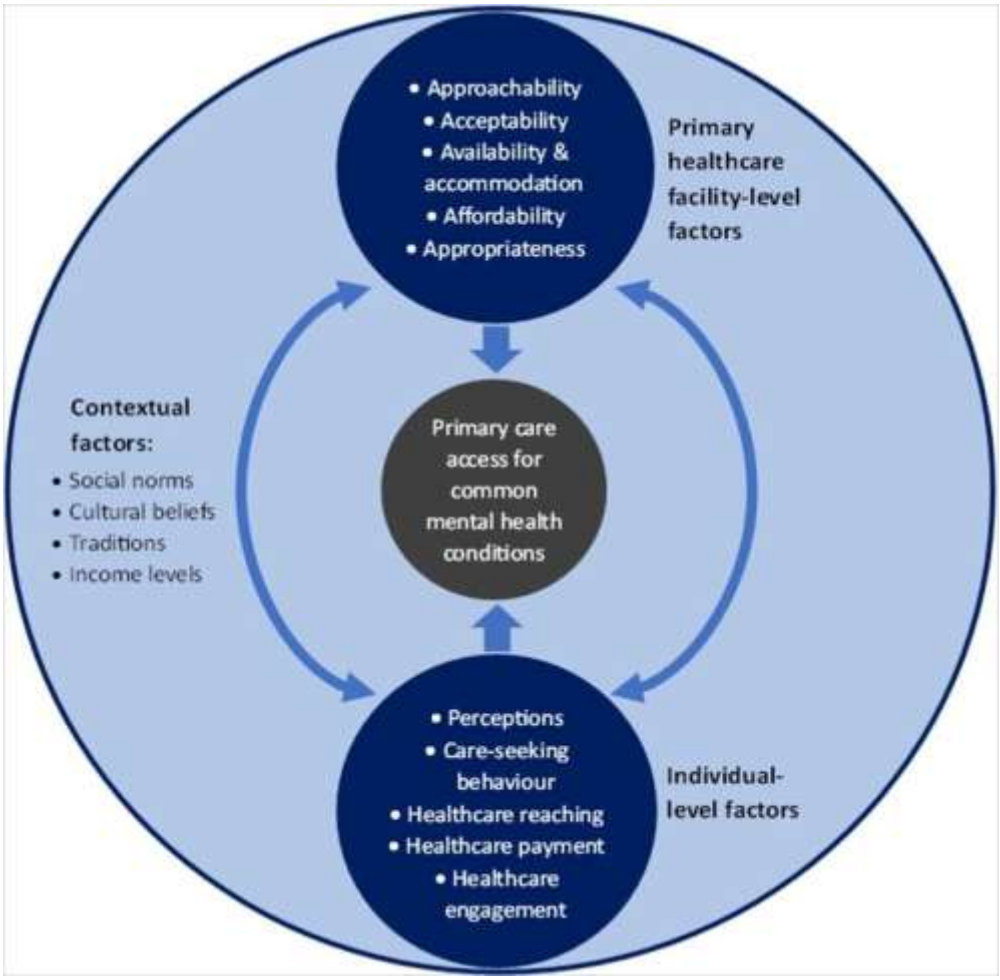

Figure 1: conceptual framework for understanding mental health conditions

3. METHODOLOGY

Study design: This quantitative and qualitative study used thematic analysis to look at the provision of mental health services in primary care settings and how they are integrated into PHC.

Study population: primary care patients and health care providers

Methods of sampling: For quantitative analysis, a random sample of individuals receiving mental health treatment in primary care settings is employed. Purposive sampling of legislators and healthcare professionals to obtain information on issues and best practices is used for qualitative analysis.

Data collection methods: In collaboration with ESO, CO, and ZT, EW created a semi-structured interview guide. The questions were formulated using the capacity, opportunity, and incentive framework for behavior analysis.

Inclusion criteria:anyone receiving primary care services who are 18 years of age or older. patients suffering from mental illnesses such stress-related disorders, anxiety disorders, and depression. Mental health professionals who take part in primary care integration include social workers, psychologists, and psychiatrists. Support personnel or community health workers that help provide mental health services.

Exclusion criteria:people under the age of eighteen. Participants may not be able to participate if they are currently going through an acute mental health crisis that calls for prompt expert attention. People who are unable to give informed consent because of language, cognitive, or legal restrictions.

Ethical considerations: Informed Consent: Obtain each participant's consent. Maintain confidentiality by using anonymization to protect data privacy.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Motivational Interviewing (MI) are two evidence-based, non-pharmacologic therapies that can be taught and utilized in primary care settings. Motivational interviewing is a common therapeutic communication technique used in primary care and mental health settings that entails encouraging the patient to discuss change [8]. MI has the potential to improve results and decrease maladaptive behaviors. In addition to encouraging change talk, additional typical MI strategies include showing empathy, assisting the patient in recognizing differences between their beliefs and actions, embracing their willingness to change, and boosting their sense of self-efficacy. PCPs may benefit from pursuing further MI skills training and continuing education through easily available courses created especially for healthcare professionals.

4. EXPERIMENTAL ANALYSIS

The study looked closely at the demographics of PwH and their views on the quality of health care services and health-related quality of life. Therefore, suitable statistical approaches were employed to derive actionable conclusions regarding demographic profile, service quality, and health-related quality of life. It was also important to observe the severity of the hematological condition after looking at the patients' demographic profile. Thus, 13 distinct questions were posed to the patients, and their answers were noted, classified, and totaled, as shown in Table 1.

Table1:Qualityoflifewithregardtomental health

Items	Mean	Std. Deviation	Communality
How may early warning indicators of mental health problems in primary care populations be found using data from electronic health records and other sources, and how can interventions be tailored to high-risk individuals?	2.72	1.332	0.667
What is the impact of implementing trauma-informed care approaches in primary care settings on patient outcomes, provider	2.99	1.258	0.622

burnout, and healthcare utilization?			
In order to advance mental health equity, how can primary care settings address the social determinants of mental health, such as trauma, food hardship, and housing instability?	3.89	1.007	0.468
How can a continuous quality improvement framework be used to assess and enhance the delivery of mental health services in primary care settings over time?	3.51	0.995	0.628
How do community-based collaborations and partnerships aid in the delivery of mental health services in primary care settings?	3.00	1.259	0.701
How might primary care settings employ patient-centered care approaches to involve different groups in mental health services?	3.25	1.220	0.640
How can mental health services be implemented in primary care settings? What are the main structural and policy obstacles?	3.95	0.865	0.510
How can primary care settings improve access to mental health treatments through the use of technology like telehealth and digital mental health tools?	3.85	0.745	0.325
How can mental health services be maximized in primary care settings, and what are the financial advantages and cost-effectiveness of doing so?	3.91	0.846	0.556
How can primary care providers be trained and supported to deliver evidence-based mental health interventions, and what are the key factors influencing their adoption?	3.03	1.277	0.695
How do patient outcomes and healthcare utilization change when mental health specialists are incorporated into primary care teams through collaborative care models?	3.33	0.966	0.696
How can a public health framework be applied to promote mental health equity and reduce disparities in primary care settings?	3.52	1.091	0.588
Which approaches to incorporating mental health services into primary care settings work best, and how can these be maintained over time?	3.35	1.106	0.706
How can mental health treatments in primary care settings incorporate cultural competence and flexibility to better serve a variety of patient populations, such as members of racial and ethnic minorities, LGBTQ+ people, and those with poor English proficiency?	3.02	1.167	0.647

The quality of healthcare services has a direct correlation with the satisfaction of the person seeking care. The noble and moral task of overseeing, advising, promoting, and caring for public health falls on medical care institutions. These establishments, which are essential to human welfare, are mandated to offer the best possible care and treatment. Healthcare facilities are under more and more pressure to deliver higher-quality services in the current competitive market. Due to constantly changing lifestyles, shifting perspectives, and changes in purchasing habits, people are growing increasingly aware of the standard of hospital accommodations for medical care. People are becoming more involved and curious about the health care solutions they receive.

5. CONCLUSION

Mental health disorders are among the most common health problems. Primary care is a widely accessible entrance point for patients with mental and physical health concerns. Due to the lack of timely and easily available mental health therapies in many parts of the country, PCPs are becoming more and more involved in the screening, evaluation, diagnosis, and treatment of mental health concerns. Integrated care models are promoted as best practice approaches to address population health by minimizing healthcare silos and maximizing the utilization of existing resources, given the shortage of trained mental health practitioners. Mental health awareness is listed by NONPF as a competency of primary care nurse practitioner education, and primary care nurse practitioners are qualified to address mental health disorders. Even with this capability, graduate programs may have different approaches to teaching and covering mental health topics. However, even though integrated care models are becoming more and more popular, mental health practitioners may lack the necessary training for the consulting and collaborative roles that these models typically describe. This could make the position of integrated care unfamiliar and unpleasant for mental health professionals. One of the drawbacks of this clinical characteristic is its focus on mental health and primary care for the adult population. There are just as many, if not more, challenges in meeting the mental health needs of kids and teenagers, and our specialized group is developing and implementing integrated solutions.

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