Article *NIMHANS Journal*

Mental Health Component of Primary Health Care Manuals - A Review

Volume: 01 Issue: 02 July 1983 Page: 91-98

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Abstract

The universal goal of Health for All has focussed attention on Primary Health Care (PHC). Mental health forms an essential part of PHC. The current review examines 10 PHC staff manuals as to their mental health component. The content, style and adequacy and future areas for improvement have been outlined. It is concluded that the current awareness, though gratifying, should be enhanced and put on a firm foundation to make it possible for PHC staff to provide basic mental health care.

Key words -
Mental health,
Primary health care,
Manuals of Health,
Review

The internationally accepted definition of health includes positive mental health as one of its three components. However, in reality health programmes in India have largely focussed on the physical aspects of health especially the handling of diseases. This relative low emphasis on mental health has been due to a number of factors. Firstly, until about two decades there was very little reliable epidemiological data relating to the prevalence and distribution of the mental disorders in the community . Secondly, in the past, major efforts in planning services were directed towards establishing mental hospitals and psychiatric clinics. The mental hospitals were largely custodial than therapeutic and the clinics were situated in big urban areas. Thirdly, there has been severe shortage of trained mental health professionals and few of those available are working in the urban areas. Fourthly, the general public often view mental disorders from religious, superstitious and magical stand points. This has limited the effective utilisation of the available modern psychiatric facilities. Fifthly, till recently, there were no meaningful and practical approaches for the provision of services suited to the rural community, utilising alternative approaches other than through trained psychiatrists. Another important factor has been the poorly organised welfare services that can take part in the rehabilitative efforts [1]. In view of these factors, 'mental health', till recently, has not been a part of primary health care in practice.

The Alma Ata conference organised by WHO in 1978 forms an important milestone in the planning and organisation of primary health care (PHC). In this context, the recommendations of the components of primary health care is salient to note (2). The conference, stressing that PHC should focus on the main health problems in the community but recognising that these problems and ways of solving them will vary from one country to another, recommends that PHC should include at least:

"Education concerning prevailing health problems and the methods of identifying, preventing and controlling them;

promotion of food supply and proper nutrition and adequate supply of safe water and basic sanitation; maternal and child health care including family planning; immunisation against major infectious disease; prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries; promotion of mental health (emphasis added) and provision of essential drugs.

The present commitment to PHC calls for programmes and methods to provide mental health care as part of PHC. The present attempt is to examine the component of mental health care as part of PHC, as reflected in the manuals for PHC personnel. This exercise is important, as the availability or non-availability of mental health care components (knowledge, tasks and skills) with the PHC personnel will decide whether mental health care forms part of their day to day work. For this purpose, the available PHC manuals [3], [4], [5], [6], [7], [8], [9], [10], [11], [12] have been reviewed for the content, simplicity and practicability of mental health care components. Though the review is not exhaustive, it is comprehensive for evaluation. Finally, an attempt is made to suggest the needs in this area of work. The present review does not cover the manuals of mental disorders for PHC personnel. The latter area is reviewed by the author elsewhere [13].

General Review

The manuals [3], [4], [5], [6], [7], [8], [9], [10], [11], [12] reviewed in this paper focus on separate needs, though they are geared to the primary health care system. Some of them are international in nature [3], [9], [10], [11] and hence not specific enough to meet the local needs of a country (a point made by these authors and specifically encouraged to adapt it to local needs), while others are for a particular country system [4], [5], [6]. Some others have emerged as part of a welfare program [8] and two others are for use in specific circumstances like focussing on nutrition [12] and maternal child health care [7]. These aspects need to be kept in mind in considering the following review. Another aspect has been the background of the reviewer with the Indian situation and hence the review examines the manuals with this point of view, though the comments are applicable to other developing countries. Of the manuals under review, 4 of them do not contain any significant reference to mental health care. The manual for health assistants [6] has only reference to symptoms of convulsions and unconsciousness. This lapse in this manual is especially significant as the MPW and CHW manual (as reviewed later) contains a detailed section on mental health and mental illness. Health assistants supervise MPW's and CHW's.

The manual of Shah and Shah [6] refers to only convulsions as one of the 27 'illnesses' and there are no references to other mental disorders. One would have expected that reference to mental retardation and puerperbal psychosis would be part of this manual for maternal child health care.

The guide book for Anganwadis [8] is also not having any direct reference on mental health in general terms or to mental disorder seen in young pre-school children. It is known that this lacunae is being corrected by adding a special section on mental handicap, along with other handicaps. This should enhance the effectiveness of ICDs Anganwadi to be better equipped for mental health work. The manual on Nutrition [17] aimed at the auxiliary nurse midwife does not have reference to the mental health aspects of malnutrition of the pregnant women or the young children. This lacunae is surprising in view of the well accepted contribution of nutritional problems as a causative factor for mental handicap in India. This needs to be met as proper nutrition can prevent some of the types of mental retardation.

The manual by Byrne and Bennett [10] has been based on the authors experience in Uganda. This is a comprehensive manual in that the approach is like that of a textbook. Authors have covered all aspects of mental health and mental disorders (p. 188-198). The chapter not only deals with general aspects of mental health but describes mental disorders like mental retardation, psychoses, neuroses, drug

dependence, dementia and epilepsy. These descriptions are brief and limited information about the first aid in the different cases is outlined. There is also a section on working as a team with other health personnel including a psychiatrist. The attempt to include all the mental disorders and descriptions about aetiology makes it suitable for workers at the supervisory level. For those at the lower end of the health ladder, the contents are not adequately simplified and task oriented as seen in the WHO manual [3]. This section is a useful one for professionals to understand the process of developing a short section on mental health and use it as a basis for further local adaptation.

The five other manuals [3], [4], [5], [9], [11] under review specifically are directed to general health workers in PHC. They all include various amounts of mental health care and adopt differing approaches. They are reviewed together in greater detail.

Of the five manuals, three of them have a separate section on mental health and mental disorders [3], [4], [5], while one has two chapters on fits and a child who does not walk or talk [11], the other refers to mental disorders under 'convulsions' 'mentally slow' 'the spastic child', 'retardation in the first months of life', 'insomnia' and 'loss of consciousness' [9].

Specification of Objectives

Though all these manuals are written for PHC personnel, the range of activities anticipated vary from simple recognition and referral [5] to detailed assessment including investigations with measures like a lumbar puncture [11]. Three manuals [3], [4], [5] specify what are the specific objectives at the beginning of the section. These range from

(i) general information
(ii) recognition
(iii) referral
(iv) first aid treatment
(v) follow up and
(vi) public education

The WHO manual is built around clear objectives and the material contained meet the goals adequately. The differences among the manuals essentially relates to the wide variety of settings they were planned to be used. However, for a manual to be beneficial the specification of the range of activities to be covered is essential.

In Table I, the above five manuals are compared as to the coverage and adequacy of the content. The adequacy is rated as + and ++ depending on the extent to which the material independently stands sufficient for the needs of the health workers.

Table 1 - Mental Health Components of PHC Manuals

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0 = Not included
+ = Included, not adequate
++ = Included, adequate

It is to be noted that there are significant differences in the emphasis given to mental disorders in the

different manuals. In addition, some envisage the health workers to be nearly self-sufficient [6], [11] while others expect only first aid [4], [5]. The tricky question of use of drugs is also handled differently in different manuals.

In regard to use of drugs, a more detailed comment can be made. For example, for the management of epilepsy, the WHO manual recommends 6 months of Phenobarbital for children of over two years and the duration of use of drug in the adult with more than one year is left non-specified.

The manual by King et al [11] not only suggest investigations like L. P., but recommends phenobarbitone tablet, phenobarbitone injection for acute attacks and leaves the matter of how long to give phenobarbitone tone unspecified as follows. "Phenobarbitone may prevent his fits, but don't give him so much that he becomes drowsy. Send him for help". The manual of Werner [9] suggests phenobarbital and diphenylhandantoin for regular use and diazepam/paraldehyde for acute emergencies. It further says 'medicines to prevent epileptic fits .... do not 'cure' epilepsy, they prevent fits. Often the medicine must be taken for life'. Of the three, the Werner manual is very clear about dosage. However, none of the three specify the total duration of treatment and the way the health workers can judge adequacy of the treatment. Also left out are the instructions regarding very common side effects of the drugs and how to handle them.

A similar difficulty arises from the section relating to non-pharmacological therapy like care of the mentally retarded children. MPW manual [4] says 'there is no cure for mental retardation. Parents and others should avoid unrealistic expectations of those who are so handicapped. A retarded person can be trained to carry out simple tasks, and with supervision, he can take care of himself and also make a useful contribution to family life'.

The WHO manual [3] suggests 'whenever you see such (retarded) children, explain clearly to their mothers and teachers how they can help them become useful and happy people. Even if they learn only slowly, they should be kept in school and later they should be trained for a job that is easy and suits their taste and ability'.

The Werner manual [9] gives general guidelines 'help him to help himself' and is more detailed in suggestions. This manual also adds that drugs have no place in the care of mental handicap. It has a very good 10 point list to prevent mental handicap and birth defects directed at women. It can be said that none of the manuals can be independently used to help retarded children by health workers.

The above detailed review illustrates the differing approaches as well as the difficulties that one encounters in including mental health in PHC, i.e., how much and in what way.

Other Issues

Three other aspects that need consideration in this review are
(i) the importance given to mental health in the total plan of the manual;
(ii) the availability of the trainers manuals and
(iii) the aspects of built in step-wise referral and support system.

It would be inappropriate to count the pages devoted to mental health in the manuals as a guide to its relevance as reflected in the manual. However, it is a practical point that unless adequate emphasis s given, the health worker can neglect any of the areas of work. Of the manuals, the CHW manual [5] specifies one hour out of a total of 200 hours for mental health, which is classroom teaching only. This

is definitely inadequate, as was reported in one of the training courses for such workers [14]. In the manuals for MPW and health assistants [4], [6] the time allotted is only two hours! From the range of topics under the broad area of 'human behaviour, mental health and mental illness' in the manual, it is practically not possible to cover this much of teaching and learning even in two days time [15]. Since other manuals do not suggest any break up of the time it is not possible to comment on them.

The availability of trainers manual forms an important requirement to enhance the value of the manuals. This is especially true about mental health which till recently was not included in routine medical teaching. Currently the Government of India has prepared detailed 'training guides I to IV [16], [17], [18] for training of dais MPWS', HA and CHW's. One lacunae is that there is no guide for the medical officers though much of the teaching is done by them. The currently available teaching guides do not contain detailed accounts especially regarding the use of visual aids. There is one excellent guide for teachers of PHC staff from WHO [19] titled 'teaching for better learning' which goes a long way to fill this need.

The third point is to incorporate a stepwise task definition relating to the different categories of PHC staff. In view of the familiarity of the author in the Indian context the following comments apply to the Indian set up. There are currently four levels of PHC staff, namely CHW, MPW, HA and medical officer. It is very creditable and commendable that at present separate manuals are available for CHW, MPW and HA in India. The following comments are made to enhance the value of the manuals, in regard to a system of back up referral links in India for mental disorders. The following lacunae are noted, namely

(i) the manual of HA [6] does not contain a section on mental health. In the detailed manual there is only reference to convulsions under 'minor ailments' (19:37) and no mention of any other mental disorders. This point is very significant as the two lower categories of health staff, namely CHW and MPW are to be supervised by HA and have a section on mental health. Since the HA has to be 'familiar with each of the tasks which health workers are expected to perform and guide and assist them', this lacuna in the manual is serious. This needs inclusion at the earliest,

(ii) though there is a greater amount of material for the MPW than for CHW, under the section of the areas where you should offer assistance, the guidelines given are nearly the same for both categories of workers. There is really nothing more that the MPW can do than CHW in terms of first aid,

(iii) there is not mention of pharmacological methods available for first aid, though the MPW kit contains for first aid, though the MPW kit contains phenobarbitone tablets along with belladorma and mist chloral hydrate. Could a limited list of drugs be considered for use in emergencies in this area?

(iv) Even though the health staff are not expected to treat patients, the availability of specific drugs for treatment of different mental disorders and the usual duration of treatment should be part of health staff knowledge for follow up and public education.

The other general suggestions that can be made are

(i) the provision of a simple glossary at the end of the manuals,

(ii) the use of a practical approach to provide information.

For example, if a CHW is given to understand that in 1000 population he can find 10-20 mentally ill persons, it would have more direct relevance. Similarly, indicating how as part of general health work mental work can be integrated, to mutual benefit. This will make the health staff not feel that they have to carry out so many separate programmes. Such an approach has been made in some of the manuals

on mental disorders for PHC staff [13], [15].

The review would be incomplete if a more important omission of direct relevance to PHC is not highlighted. This refers to the 'minor psychiatric problems' also called as 'emotional problems', 'neuroses' and 'problems of living'. A number of studies around the world in PHC settings have shown that his group forms anything from 15-20% of those attending the clinics. There are differences of opinion about the appropriateness of including these problems at PHC level [15]. However inadequate our current level of knowledge, this area needs greater effort. These problems will reach PHC setting more frequently as PHC becomes available to majority of the population. The MPW Manual of India [4] contains indirect and fairly detailed reference to those 'facing crisis situations'. This area will surely find greater emphasis in future editions o the manuals. Further revisions should also draw upon the experiences of developing manuals on mental disorders [13], [15], [20], [21], [22] from different centres in the country.

Suggestions

In pursuance of the goal of health for all by 2000 AD and a commitment for primary health care as a means to achieve the same, there is no doubt that mental health should form a part of PHC. This recognition of mental health component should be reflected in all the training programmes and manuals of PHC staff. This is especially true of the 4 manuals in their future revisions.

There are various approaches that can be adopted to include mental health as has been seen in this current review. The current global approach to consider mental health and mental illness is not desirable. Further, the term mental illness should not be used globally to include everything from mental retardation to dementia. Two approaches are available, namely, to decide on a certain priority conditions like epilepsy, psychoses, depression and mental retardation and have one section on each, the other is to focus on topics like 'someone behaving strange', 'someone with fits', 'someone slow in learning' etc. Both the approaches have their own advantages and limitations. Each group has to decide for its own needs and also in line with the philosophy of the manuals towards other health problems.

The approach to presentation of the material should be task oriented and not like that in a textbook. Attempts should be made to build-in the manual the work setting of the health staff so that one views mental health work as part of one's work. The need for simplification, development of management outlines is another area for future work.

The need for trainers guide is clearly indicated and these should include visual materials and case vignettes that can help in teaching the health staff. The currently available guides are good and they can be further enhanced as mentioned above.

The amount of time allotted for mental health is very inadequate and should be at least one full day for the CHW, one to two weeks for MPW and two to three weeks for health assistants.

The following areas need to be pursued by the professionals

(i) developing a system of classification of mental disorders for PHC staff,

(ii) developing terms that are culturally acceptable and suitable to the educational background of health staff,

(iii) simple treatment schedules

(iv) clearer referral guidelines and

(v) suitable health education material both for literate and illiterate persons.

To conclude, the role of PHC staff will be central as a national mental health plan emerges during this decade. The recognition of the need as it is reflected in the manuals of PHC staff has been reviewed. They reflect differing emphasis, approaches and style largely due to the differing needs. Some of the areas where better organisation and greater clarity of role is needed has been highlighted. The positive points and the utility of the different manuals have been considered. A plea is made for bringing a greater degree of cohesion and clarity in mental health work at primary health care.

Acknowledgement

I am thankful to Prof N N Wig, Head, Department of Psychiatry, A.I.I.M.S., New Delhi, Prof R L Kapur, Head Department of Psychiatry, NIMHANS, for the useful discussions about this area during the last few years. It was the encouragement of Prof G N Narayana Reddy, Director, NIMHANS that helped me to crystallise the ideas for this review.

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