

# Mental Health in Primary Health Care

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# Outline

- ❖ Prevalence of mental disorders
- ❖ Extent of treatment gap
- ❖ Reducing treatment gap
- ❖ Challenges



## ❖ Prevalence of Mental Disorders



# WHO



**About 1 person in every 10 worldwide is suffering from a mental health disorder**

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**About 1 person in 4 families has a member with a mental health disorder**

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**Only 1% of the global health workforce provides mental health care**

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**Most low- and middle-income countries spend less than US\$ 2 per person on the treatment and prevention of mental health disorders**

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**76-85% of people with a mental health disorder in low- and middle-income countries do not receive treatment**

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76-85% of people with a mental health disorder in low- and middle-income countries do not receive treatment



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WHO



# Prevalence of Mental Disorders in Myanmar

Common mental disorders	Prevalence
Psychoses	5.5/1000
Anxiety disorders	41/1000
Depressive disorder	5.7/1000
Epilepsy	3.5/1000
Mental retardation	5.3/1000
Alcohol dependence	23/1000
Total	86/1000 (8.6%)

2004 Survey



# Public Health Statistics 2017

## HMIS

Common mental disorders	Reported cases
Psychoses	0.09/1000
Anxiety disorders	0.07/1000
Depressive disorder	0.06/1000
Epilepsy	0.05/1000
Mental retardation	0.07/1000
Alcohol dependence	1.2/1000



# Hlaing Tharyar Prevalence Survey 2017

mental disorders	Prevalence
Depression	8.9/1000
Psychosis	8.6/1000
Epilepsy	8.1/1000



- **46% of HIV infected patients have depression**

(Kyi Soe Win , Win Aung Myint, Tin Oo (2010))

- **21% of post-natal mothers have episodes of depression within 6th -8th week of postnatal period**

(Nang Tin Moe Khaing, Win Aung Myint, Tin Oo (2010))

- **36.5% Family Caregivers of Stroke Patients were depressed**

(Zin Wai Wai Soe, New Ni, Swe Swe Win, Than Than Aye (2014))

- **3.1% of the elderly respondents were found to have depression**

(Win Kyaw Thu , Khin Maung Gyee , Swe Swe Win ,Pyei Zaw Oo (2011))





# Extent of treatment gap



# Mental health services and utilization

<b>Inpatient</b>	<b>No. of facilities</b>	<b>No. of Beds</b>	<b>No. of admission</b>
Mental hospital	2	1581	18,636
Psychiatric in-patient unit in general hospital	17	221	3,359
<b>Out-patient</b>	<b>No. of facilities</b>		<b>No. of visit</b>
Psychiatric out-patient unit in general hospital	32		150,040
Community based outpatient facility	1		15,554



# Treatment gap

Disorder	Tx Gap
Psychoses	50-80%
Depressive disorder	70-90%
Epilepsy	50-80%

2018 Survey at Hlaing-Thar-Yar





# Reducing treatment gap



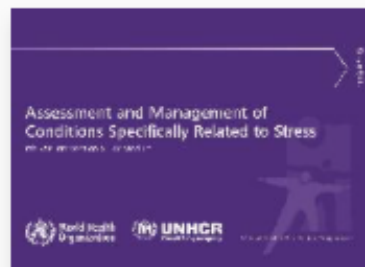
# Mental Health Gap Action Program (mhGAP)



- ❖ WHO launched mhGAP in 2008 in response to the wide gap between the resource available and the resources urgently needed
- ❖ Mental problems are highly prevalent in all over the world and associated with high levels of stigma
- ❖ mhGAP aims at scaling up services for mental, neurological and substance use disorders



28 February 2013

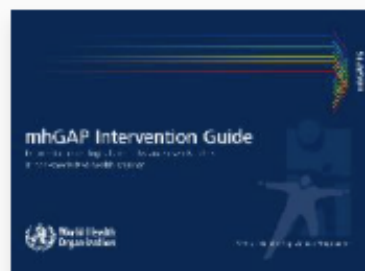


## **mhGAP module Assessment Management of Conditions Specifically Related to Stress**

[Download](#)

[Read More](#)

22 February 2010



## **mhGAP Intervention Guide - Version 1.0**

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28 February 2015

## **mhGAP Humanitarian Intervention Guide (mhGAP-HIG)**

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31 December 2014

## **WHO mhGAP Guideline Update**

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8 January 2018

## mhGAP Operations Manual

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20 March 2017

## mhGAP Training Manuals - for the mhGAP Intervention Guide for mental, neurological and substance use...

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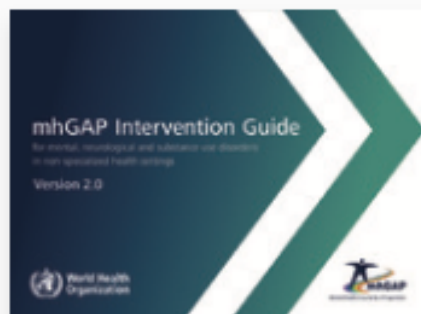


9 September 2019

## **The mhGAP community toolkit: field test version**

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24 June 2019

## **mhGAP Intervention Guide - Version 2.0**

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# mhGAP Intervention Guide

for mental, neurological and substance use disorders  
in non-specialized health settings

Version 2.0



World Health  
Organization



# mhGap Myanmar Version

## စိတ်ကျန်းမာရေးစောင့်ရှောက်မှုကွာဟချက်လျှော့ချရေးအစီအစဉ် လမ်းညွှန်စာအုပ်

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အသုံးပြုရန်

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ပထမအကြိမ်ထုတ်ဝေခြင်း  
စိတ်ကျန်းမာရေးစီမံချက်





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❖ Mobile phone

❖ Tablet



06:16 Fri 11 Dec

82%



# mhGAP Intervention Guide



MODULES



MASTER  
CHART



ESSENTIAL  
CARE &  
PRACTICE



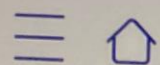
FURTHER  
INFORMATION



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# mhGAP Intervention Guide



MODULES



MASTER  
CHART



ESSENTIAL  
CARE &  
PRACTICE



FURTHER  
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DEPRESSION

PSYCHOSES

EPILEPSY

CHILD & ADOLESCENT MENTAL &  
BEHAVIOURAL DISORDERS

DEMENTIA

DISORDERS DUE TO SUBSTANCE USE

SELF-HARM/SUICIDE

OTHER SIGNIFICANT MENTAL  
HEALTH COMPLAINTS



11 Dec

79%



# mhGAP Intervention Guide



## DEPRESSION | QUICK OVERVIEW



Description



Assessment



Management



Follow-up



**DEPRESSION** | DESCRIPTION

People with depression experience a range of symptoms including persistent depressed mood or loss of interest and pleasure for at least 2 weeks.

People with depression as described in this module have considerable difficulty with daily functioning in personal, family, social, educational, occupational or other areas.

Many people with depression also suffer from anxiety symptoms and medically unexplained somatic symptoms.

Depression commonly occurs alongside other **MNS** conditions as well as physical conditions. The management of symptoms not fully meeting the criteria for depression is covered within the module on Other Significant Mental Health Complaints (**OTH**).





## DEPRESSION | DESCRIPTION



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## DEPRESSION | QUICK OVERVIEW



Description



Assessment



Management



Follow-up





## Assessment

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**Common Presentations of Depression**



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**STEP 1: Assess for depression**



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**STEP 2: Assess for other possible explanations for symptoms**



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STEP 3: Assess for concurrent MNS conditions

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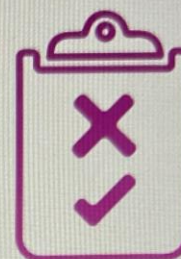




## DEPRESSION | QUICK OVERVIEW



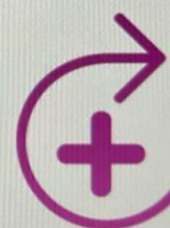
Description



Assessment



Management



Follow-up





## Management

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### SPECIAL POPULATIONS



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#### Management Protocol 1 (Depression)



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#### Management Protocol 2 (Depression in Bipolar disorder)



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#### Psychosocial Interventions



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#### Pharmacological Interventions





Dec

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**DEPRESSION | MANAGEMENT**



## PHARMACOLOGICAL INTERVENTIONS

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**2.5 Consider antidepressants**



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**Antidepressants in Special  
Populations**



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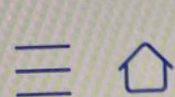
**Table 1: Antidepressants**





1 Dec

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**DEPRESSION | MANAGEMENT**



## PHARMACOLOGICAL INTERVENTIONS

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**2.5 Consider antidepressants** ▶

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**Antidepressants in Special  
Populations** ▶

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**Table 1: Antidepressants** ▶

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**TABLE 1: Antidepressants**

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**AMITRIPTYLINE** (a tricyclic antidepressant (TCA))

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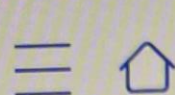
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**FLUOXETINE** (a selective serotonin reuptake inhibitor (SSRI))

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## TABLE 1: Antidepressants

**AMITRIPTYLINE** (a tricyclic antidepressant (TCA))



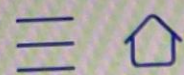
**FLUOXETINE** (a selective serotonin reuptake inhibitor (SSRI))





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DEPRESSION | MANAGEMENT



## FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

CAUTIONS

- **Start** 10 mg daily for one week then 20 mg daily. If no response in 6 weeks, increase to 40 mg (maximum 80 mg).
- **Elderly/medically ill:** preferred choice. **Start** 10 mg daily, then increase to 20 mg (maximum 40 mg).
- **Adolescents: Start** 10 mg daily. Increase to 20 mg daily if no response in 6 weeks (maximum 40 mg).



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## FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

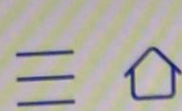
CAUTIONS

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DEPRESSION | MANAGEMENT



## FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

CAUTIONS

- **Common:** Sedation, insomnia, headache, dizziness, gastrointestinal disturbances, changes in appetite, and sexual dysfunction.
- **Serious: bleeding abnormalities** in those who use aspirin or other non-steroidal anti-inflammatory drugs, low sodium levels.



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## mhGAP Intervention Guide



### DEPRESSION | MANAGEMENT



#### FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

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## FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

CAUTIONS

- **Caution in persons with history of seizure.**
- **Drug-Drug interactions:** Avoid combination with **warfarin** (may increase bleeding risk).
- May increase levels of TCAs, antipsychotics, and beta-blockers.
- Caution in combination with **paracetamol**, **codeine**, and **tramadol** (reduced effect of these drugs)





## FLUOXETINE (SSRI)

DOSING

SIDE EFFECTS

CAUTIONS

- **Caution in persons with history of seizure.**
- **Drug-Drug interactions:** Avoid combination with **warfarin** (may increase bleeding risk).
- May increase levels of TCAs, antipsychotics, and beta-blockers.
- Caution in combination with tamoxifen, codeine, and tramadol (reduces the effect of these drugs)





## Management

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**SPECIAL POPULATIONS**



**Management Protocol 1  
(Depression)**



**Management Protocol 2  
(Depression in Bipolar  
disorder)**



**Psychosocial Interventions**



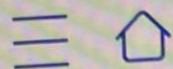
**Pharmacological  
Interventions**





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DEPRESSION | MANAGEMENT



## PSYCHOSOCIAL INTERVENTIONS

**2.1 Psychoeducation: key messages to the person and the carers**



**2.2 Reduce stress and strengthen social support**



**2.3 Promote functioning in daily activities and community life**



**2.4 Brief psychological treatments for depression**





# Completed 2-days mhGAP Training

Year	State/Region	Number of HAs
2012-13	Yangon	66
	Bago (Eastern)	55
	Bago (Western)	60
2014-15	<b>Translation of mhGAP into Myanmar</b>	
	Mandalay	70
	Magway	70
	Mon	70
2016-17	Shan (Northern)	25
	Tanintharyi	25
	Kayin	20
2018-19	Kayah	20
	Shan (Southern)	30
	Chin	20



# Future trainings in preparation

Year	State/Region	Number of HAs
2020-21	Ayeyarwady	20
	Bago (Western)	20
	Shan (Eastern)	30



# UHC for Mental Health

- ❖ The WHO Special Initiative for Mental Health (2019-23) -

‘The world is accepting the concept of UHC. Mental health must be an integral part of UHC. Nobody should be denied access to mental health care because she or he is poor or lives in a remote place’



# Challenges



- ❖ Only 3 - regions can be trained in 2 years (so HAs from each region will get training every 10 years)
- ❖ Major challenges to overcome are -
  - Medication availability
  - Formal M & E after training (Informal - messenger groups exist)
  - Maintenance and booster training
  - Already overburdened health care personnels
  - Retention of trained personnels



# **THANK YOU FOR YOUR ATTENTION**

Wellcome to suggestions! Questions!