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Integration of mental health services into primary healthcare, Iraq: Key findings and recommendations

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Abstract
The study was conducted to evaluate the integration of mental health and psychosocial support services (MHPSS) in primary health care centers (PHCCs) in Iraq. The evaluation aimed to understand existing documentation and information management systems, identify the prevalence of mental health conditions, assess staff capacity, evaluate services provided, assess medication availability, understand referral mechanisms, and identify challenges in integrating MHPSS services into PHCC. The evaluation was carried out using a cross-sectional study design and data was collected through interviews and the use of a toolkit developed by the World Health Organization and the High Commissioner of the United Nations for Refugees. The assessment highlighted variations in workload among PHCCs, deficiencies in documentation and recordkeeping, prevalence of specific mental health disorders, deficiencies in staff training and diagnostic capabilities, shortages of psychotropic medications, challenges in referral systems, and lack of privacy in service provision. The assessment provided valuable information on the strengths, weaknesses, and challenges of integrating MHPSS services into PHCCs and made recommendations to improve service delivery and address mental health care gaps. The recommendations included the dissemination of mental health concepts, the provision of the necessary resources, the strengthening of staff capacity, the improvement of referral mechanisms, the integration of mental health services into public health policies, ensuring access to psychotropic medications, investing in mental health training opportunities, strengthening the health information system and research, and addressing the gap in mental health professionals within the PHCC. In conclusion, this assessment contributes to the evidence base to improve the delivery of MHPSS and informs future planning off mental health services in Iraq.

Keywords: Integration, mental health services, primary healthcare

Introduction
Mental health disorders (MDs) pose a significant global burden, with depression and anxiety estimated to affect 3.9% and 4.4% of the population worldwide, respectively [1]. Iraq, in particular, faces a substantial challenge with mental health, with estimates suggesting 4% of the population suffering from severe mental health problems, 20% with mild presentations, and a staggering 36% experiencing emotional stress [2]. This concerning prevalence can be attributed to various factors, including social and cultural norms, historical neglect of mental health services, and the long-lasting impacts of conflict. Decades of violence, displacement, and human rights violations have severely impacted the Iraqi population's mental well-being, creating a critical need for robust mental health services and psychosocial support (MHPSS) [2, 3].

The Iraqi Ministry of Health (MoH) has acknowledged the gravity of the situation and prioritized MHPSS services since 2013. Recognizing the limited access to specialized care, a key strategy has been the integration of MHPSS into primary healthcare (PHC) [4]. This approach aims to bridge the treatment gap by making mental health services more accessible to the general population. The Mental Health Section of the MoH has spearheaded this initiative, implementing it across PHCCs throughout Iraq. To assess the progress of this integration effort, an evaluation was conducted in 2019-2020 [4].

Iraq's history of political instability, conflict, and displacement has had a devastating impact on the population's mental health. The ongoing struggle to combat terrorism, facilitate the return of displaced individuals, and restore social cohesion has taken a significant toll [5]. Violence and conflict are well-established contributors to stress and anxiety [3]. The figures paint a grim picture, with estimates suggesting over 116,000 civilian deaths between 2003

and 2011 alone [6]. Exposure to such traumatic events has undoubtedly contributed to the rise of mental health disorders, impacting both host communities and displaced populations. Studies indicate a national prevalence of 11% for posttraumatic stress disorder (PTSD) and other mental health issues [7].

Children are particularly vulnerable, with research showing that nearly half (47%) have been exposed to a major traumatic event in recent years. Among these children, an estimated 14% exhibit symptoms of PTSD, with girls experiencing a higher prevalence compared to boys [7].

The plight of internally displaced persons (IDPs) is especially concerning. Forced displacement due to military operations exposes individuals, particularly women and children, to further hardship and vulnerability. Limited access to basic services, including healthcare, exacerbates existing mental health concerns [8, 9]. The Iraqi MoH's initiative to integrate MHPSS into PHC represents a crucial step towards addressing the mental health needs of the population. The evaluation conducted in 2019-2020 served the vital purpose of assessing the capacity of PHCCs to deliver these services effectively [10].

Objectives

The evaluation aimed to gain a comprehensive understanding of the existing infrastructure and resources within PHCCs for providing MHPSS services. Key areas of focus included:

- Documentation and information management systems.
- Prevalence of mental health conditions among patients served by PHCs.
- Staff capacity to provide quality MHPSS care.
- Data collection on services provided, including treatment and referrals.
- Availability and accessibility of essential psychotropic medications.
- Existing referral mechanisms for more specialized care
- Staff roles and responsibilities regarding MHPSS
- Accessibility challenges faced by patients seeking PHC services.
- Key obstacles hindering the successful integration of MHPSS services

The findings of this evaluation hold significant value for both clinical practice and policy development in Iraq's mental healthcare landscape.

Clinical Significance

- **Identifying Needs and Gaps:** By highlighting the prevalence of mental health conditions, limitations in staff expertise, medication shortages, and privacy concerns, the evaluation equips clinicians with a deeper understanding of the patient population's needs. This knowledge allows for a more tailored approach to patient care.
- **Improved Patient Outcomes:** Addressing the identified weaknesses in the system can lead to improved patient outcomes. Clinicians can expect to see more accurate diagnoses, more effective treatment plans, and ultimately, better overall patient well-being.

Policy and Planning Implications

The evidence gathered through this evaluation provides valuable insights for policymakers and planners working to strengthen mental healthcare in Iraq. By identifying areas for improvement, these findings can inform strategies to enhance staff training, address medication shortages, and ensure patient privacy.

Methodology

This study aimed to evaluate the current state of mental health and psychosocial support services (MHPSS) offered in primary health care clinics (PHCCs) across Iraq, excluding the Kurdistan region.

Study Design and Setting

Researchers employed a cross-sectional design, meaning data was collected at a single point in time. The evaluation focused on the main PHCCs operated by the Iraqi Department of Health (DoH) outside of Kurdistan.

Sampling

A total of 964 main PHCCs exist in Iraq (excluding Kurdistan). The study included 602 facilities with a dedicated Psychosocial Health Unit (PSHU) providing MHPSS services.

Inclusion / Exclusion Criteria

Only PHCCs with a functioning PSHU offering MHPSS were included. Clinics lacking a PSHU or located in the Kurdistan region (due to a separate healthcare system) were excluded.

Data Collection Tools

The World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) toolkit, "Assessing Mental Health and Psychosocial Needs and Resources" in humanitarian settings was used as the primary data collection tool. The specific "Checklist for integrating mental health in primary care clinics (PHCCs) in humanitarian settings" was used to assess the integration of MHPSS services within PHCCs.

Operational Design

Preparation

- Official approval from the MoH was obtained.
- A review of scientific databases identified suitable assessment points and the appropriate data collection tool.
- The methodology was established, including acquiring a list of PHCCs, setting selection criteria, and conducting a training workshop for mental health focal points across the DOH.

Pilot Study

A pilot test involving 10 PHCCs in Baghdad was conducted to assess the clarity and applicability of the chosen tool. This pilot aimed to determine questionnaire completion time and identify any potential challenges during the main study.

Data Collection

The Mental Health Section of the Department of Non-Communicable Diseases within the MoH coordinated data collection with mental health focal points in all Iraqi DoHs (Excluding Kurdistan). Data collection occurred between December 1, 2019, and February 15, 2020. Paper-based tools were used to interview relevant staff in one session, including those responsible for mental health, school health, maternal and child health, health promotion, and pharmacy units within the selected PHCCs. Interviewers followed specific guidelines for collecting qualitative and quantitative data based on the chosen toolkit. Each checklist took approximately 60-90 minutes to complete.

Data Management and Analysis
Data collected underwent a two-step verification process. First, mental health focal points in each DOH reviewed the data before forwarding it to the Mental Health Section for final review, entry, management, and statistical analysis. The data was coded, and each checklist point received a unique identifier. The Social Sciences Statistical Package (SPSS v.21) was used for data entry and analysis. Results were presented using frequency tables, pie charts, and bar charts.

Study Duration
The entire evaluation process spanned from November 15, 2019, to June 15, 2020.

Ethical Considerations
Official ethical approvals were obtained from the relevant health authorities within the Ministry of Health. Permission to conduct the study in selected PHCCs was secured from the entire Directorate of Health. Written informed consent was obtained from each participant, and all data collection adhered to strict anonymity procedures to ensure confidentiality.

Data Availability
Due to ethical considerations and privacy concerns, individual participant data cannot be publicly shared.

Conflict of Interest
The authors, Riyadh Al-Rudaini, Zaid Wajih Awad, Mona Attalla and Faris Al-lami, declare no conflict of interest regarding the publication of this article.

Discussion
This report analyzes the integration of Mental Health and Psychosocial Support Services (MHPSS) within Iraqi Primary Health Care Centers (PHCCs). The data was gathered from a survey of 592 PHCCs across various governorates.
Baghdad governorate had the highest number of surveyed PHCCs, with Baghdad Al-Karkh contributing 78 facilities (13.2%) and Baghdad-Al-Rusafa following with 62 (10.5%). Other significant contributors included Al-Basra (54, 9.1%), Dhi-Qar (49, 8.3%), Kirkuk (42, 7.1%), and Diyala (41, 6.9%). Conversely, Maysan and Al-Muthanna had the fewest, with only 18 PHCCs each (3.0%).
The average monthly attendance across surveyed PHCCs was 1615 patients with a standard deviation of 1115, ranging from 302 to 9846. Roughly 75% of facilities received less than 2000 patients per month, while 22.2% saw between 2000 and 4000, and only 3.2% exceeded 4000.
Proper documentation of mental health evaluations, treatments, and referrals is crucial for assessing MHPSS demand. About 93.6% of Primary Health Care Units (PSHUs) within surveyed facilities documented mental disorders (MDs).
These facilities reported daily documentation on morbidity reporting templates, following the MH GAP intervention guide. Data was disaggregated by age, sex, and service type.
An average of 44 MDs cases was reported monthly in PSHUs. Anxiety disorders were the most prevalent (57%), followed by depression (17%), psychosomatic disorders (9%), behavioral and developmental disorders (6%), Post-Traumatic Stress Disorder (PTSD) (5%), Substance Use Disorder (SUD) (3%), Epilepsy (2%), psychosis (1%), and self-harm (0%). (Figure 1)
All identified cases received treatment within the PSHU of the surveyed facilities. Psycho-education was provided for nearly half (49%), followed by psychological stress relief exercises (26%), behavioral therapy (14%), psychosocial support interventions (7%), medication therapy (3%), and only 1% were referred for external services like mental health specialists or social services. (Figure 2)
Figure 3 highlights the training levels of PSHU staff. While most (91%) had knowledge of referral options, only 55.5% understood community social support. Responding appropriately to critical incidents like rape, domestic violence, and abuse was known by a smaller percentage (32.4%). Staff trained in Psychological First Aid (PFA) and basic counseling/MHPSS services were around 47.8% and 53%, respectively. Additionally, 85% received communication skills and mhGAP-IG training. However, deficiencies existed in diagnosing common MDs like anxiety, depression, and others (Figure 4). Despite ongoing training workshops, these limitations require further investigation and solutions.
The capacity and training levels of physicians in other PHCC units were also assessed. Approximately 55.7% possessed knowledge of mental health concepts, and 46.9% understood early MD detection. In terms of communication skills, 38% of physicians were trained. School health unit physicians had a 41.2% training rate in school mental health services, while child and maternal health units reached 36.5% for maternal and child mental health services.
Training levels among health workers followed a similar pattern. Around 66.5% had knowledge of mental health concepts and 58.5% understood early MD detection. Communication skills training reached 46.5% of health workers. Training rates for school mental health services and maternal and child mental health services were 58.2% and 51.9% respectively, for school and child/maternal health units.
The majority of surveyed facilities reported shortages in most psychotropic medications (Figure 4). Antipsychotics and anti-parkinsonism medications were rarely or never available in 99% of facilities. Similarly, 87.8% reported a lack of generic antidepressants. However, antiepileptic medications were "usually or always" available in 40% of facilities, and generic antianxiety medications reached 47.1%. Emergency psychotropic

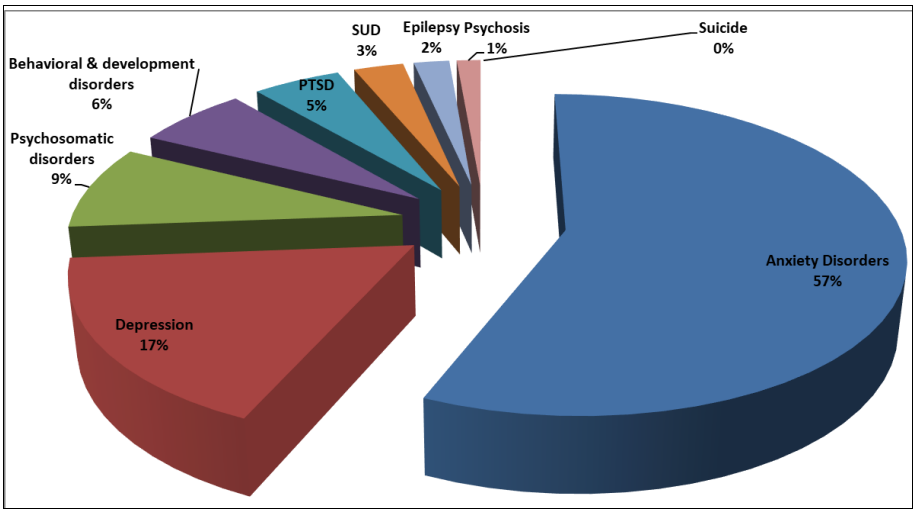

Fig 1: Proportion of mental disorder cases that monthly report in PSHUs of PHCCs

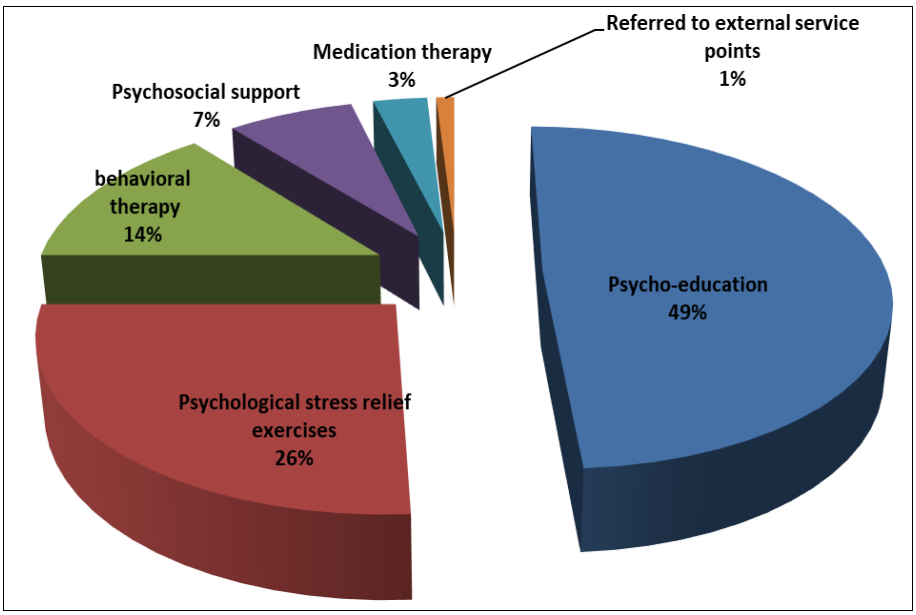

Fig 2: Proportion of Psychological intervention that reported in PSHUs of PHCCs

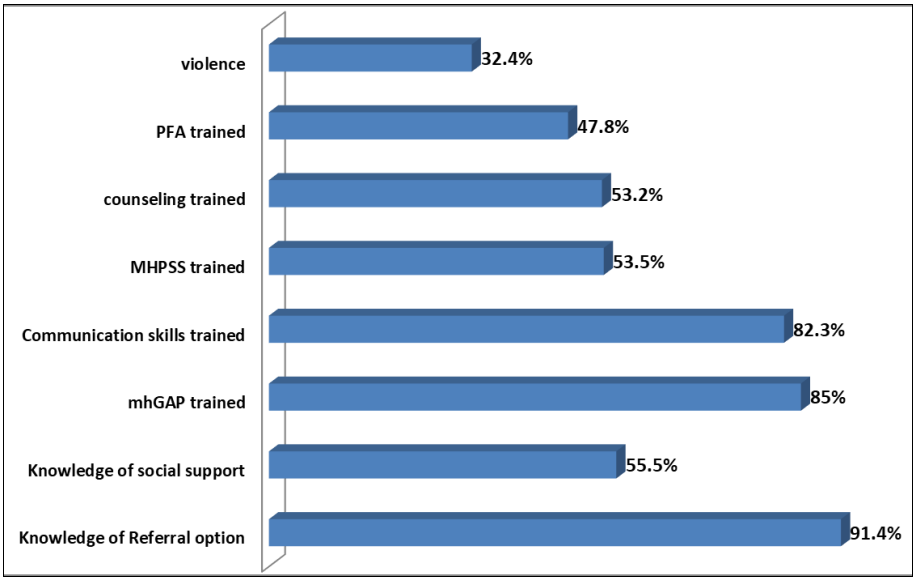

Fig 3: Capacity and training of PSHUs staff in surveyed facilities

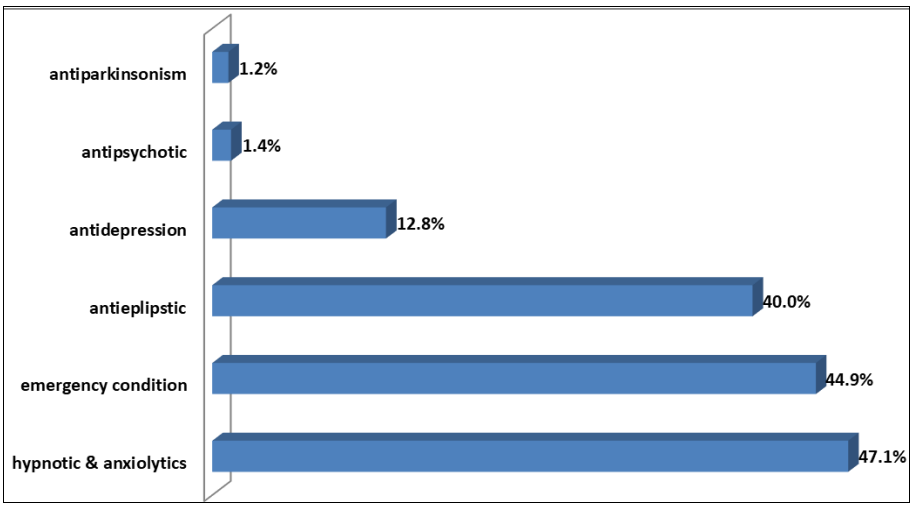

Fig 4: Availability of the psychotropic medications in surveyed facilities

Conclusions

- **Workload Variation:** PHCs experience uneven workloads, with some struggling to allocate resources for mental health services due to high patient volume. Additionally, recordkeeping of MHPSS interventions needs improvement.
- **Mental Health Prevalence:** Anxiety, depression, and psychosomatic disorders are the most common mental health conditions identified in PHC settings. Psychological interventions are offered, but referral to specialists and community workers remains low.
- **Staff Composition and Training:** PSHUs primarily consist of physicians and nurses, lacking psychologists and social workers. While staff received some training, there are gaps in MHPSS service skills, diagnosis of priority disorders, and managing mental health problems.
- **Medication Shortages:** Shortages of essential psychotropic medications significantly hinder treatment effectiveness. Staff also lacks knowledge of referral pathways to specialists and social services.
- **Missed Opportunities:** Integration of MHPSS into priority services like school and maternal health programs is lacking, hindering early intervention for vulnerable populations.
- **Sustainability Challenges:** Staff shortages and lack of privacy in PHCs threaten the sustainability of MHPSS services and discourage help-seeking behavior.

Challenges Identified: People interviewed in PHCs echoed similar concerns: lack of privacy, social stigma, weak infrastructure, medication shortages, overworked staff, insufficient training, limited collaboration with other health units, and staff shortages (including female staff).

Recommendations

1. **Destigmatizing Mental Health:** Public awareness campaigns and educational programs can combat social stigma associated with mental disorders, encouraging help-seeking behavior.
2. **Strengthening PHC Resources:** Ensure a well-trained and sustainable workforce, including physicians and healthcare workers of both genders, equipped to provide mental health support. Prioritize privacy and confidentiality to create a safe environment for patients.
3. **Capacity Building for Staff:** Targeted training programs should focus on areas like psychological first aid, basic counseling, and treating common mental disorders.
4. **Enhancing Referral Mechanisms:** Strengthen internal and external referral systems to facilitate seamless patient transfer between care levels. Increase attention to MHPSS services within the healthcare system.
5. **Integration with Public Health Programs:** Integrate mental health services into existing programs like school health, women's and children's health, elderly health, and non-communicable disease programs for a comprehensive approach.
6. **Improved Access to Medication:** Advocate for wider availability of essential psychotropic medications in PHCs to ensure comprehensive treatment.
7. **Investing in Education:** Support mental health training at universities to enhance graduate students' ability to detect and manage mental disorders, enabling early intervention.
8. **Strengthening Health Information Systems:** Invest in data collection and analysis of mental health prevalence, treatment outcomes, and service utilization to inform evidence-based decision-making.
9. **Addressing Staff Shortages:** Address the gap in the availability of mental health professionals like psychologists and social workers to provide specialized support within PHCs.

By implementing these recommendations, Iraq can strengthen the integration of MHPSS services into PHCs, ensuring better access to mental healthcare for all.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Ministry of Health Iraq and World health Organization. Iraq Family Health Survey 2006-7 Report; c2007. Available from: https://reliefweb.int/report/iraq/iraq-family-health-survey-20067
2. Iraq Women Commision for Refugees and Children. Women, Children and Youth in the Iraq Crisis; c2008. Available from: https://www.womensrefugeecommission.org/wpcontent/uploads/2020/04/Iraqi_women_girls_factsheet.pdf
3. De Jong JT, Komproe IH, Van Ommeren M. Common mental disorders in post conflict settings. The Lancet.

2003 Jun;361(9375):2128-2130. DOI:10.1016/s0140-6736(03)13692-6
4. Gunter FR. The Political Economy of Iraq: Restoring Balance in a Post-Conflict Society. Edward Elgar Publishing. 2013. Available from: https://www.amazon.com/Political-Economy-Iraq-Restoring-Post-Conflict/dp/1849809887
5. Medecins Sans Frontieres. Healing Iraqi: The challenges of providing mental health care in Iraq. 2013 Apr. Available from: https://www.msf.org/healing-iraqis-challenges-providing-mental-health-care-iraq
6. Iraq situation: United Nation High Commission for Refugees. Population Movement (Flash Update). Iraq; c2018 Apr. Available from: https://reliefweb.int/report/iraq/iraq-situation-unhcr-flash-update-26-april-2018
7. Iraq situation: UNHCR Population Movement. (Flash Update). Iraq; c2018 Apr. Available from: https://reliefweb.int/report/iraq/iraq-situation-unhcr-flash-update-26-april-2018
8. United Nations Population Fund. State of World Population 2002: people, poverty and possibilities. New York: UNFPA; c2002. Available from: https://www.oecd-ilibrary.org/content/publication/fe46a9e8-en
9. Iraq Red Crescent Organization, Disaster Management Department. The Internally Displaced people in Iraq. (Update 28); c2007 Nov. Available from: https://reliefweb.int/report/iraq/internally-displaced-people-iraq-update-28
10. World health Organization. Conflict and humanitarian in Iraq: Public health risk assessment and interventions; c2014. (No. HQ/PEC/ERM/SCT/2014.4/PHRA). Available from: https://reliefweb.int/report/iraq/conflict-and-humanitarian-crisis-iraq-public-health-risk-assessment-and-interventions-24
11. Roberts B, Makhishvili N, Javakhishvili J. Hidden Burderns of Conflict: Issues of mental health and access to services among internally displaced persons in Ukraine. International Alert/GIP-Tbilisi/London School of Hygiene and Tropical Medicine; c2017 May. Available from: https://www.international-alert.org/publications/hidden-burdens-of-conflict/.

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