

# Strengths and Challenges to the Integration of Mental Health Services into the Primary Health Care System in Developing Countries: A Systematic Review

Roxanne Stowe-Maloney

*School of Nursing, Texila American University, Guyana*

## **Abstract**

*The existence of a treatment gap for persons with mental disorders has led the WHO to implore leaders around the world to integrate mental health services into the community or primary health care system. Whilst there are strengths, there are great challenges to the integration process that are hindering the implementation of this initiative in developing countries. The aim of this paper is to synthesize evidence from various researchers regarding the strengths and challenges to the integration of mental health services into the primary or community health care system in developing countries. The sources of information included Pubmed, Medline, Google Scholar, Ebsco Host, and the WHO website. Seventeen (17) studies met the inclusion criteria out of the search results of 2,200. The challenges most reported were inadequate support and supervision structures; lack of key resources, limited Knowledge, inadequate training, and lack of experience of healthcare providers in mental health; time constraints for the primary healthcare workers; lack of regulatory measures to encourage the integration. The strengths most reported were health care workers' acceptance of responsibility to provide mental health services in the community setting. This paper has proven a number of strengths and challenges regarding the integration of mental health services into the primary or community health care system. It is hoped that this paper will assist stakeholders and policymakers in overcoming the majority of the challenges identified in the integration of mental health services in the primary health care system.*

**Keywords:** *Challenges, Developing countries, Integration, Mental health services, Primary health care, Strengths.*

## **Introduction**

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" [1]. With this definition at the forefront, it is imperative that health care workers, including those involved in primary health care or community-based settings, have a more integral role in ensuring every aspect of an individual's health is maintained at an optimal level. Mental illness is growing to be a public health issue in developing and developed countries and accounts for approximately 14% of the global burden of the disease [2]. It is

therefore of great importance that screening, identification and treatment of mental health conditions in primary health care systems be addressed since it is the first point of contact for most persons in their community.

More than 85% of the world's population live in low- and middle-income countries, and more than 80% of persons with mental disorders live in these countries [3]. The integration of mental health services into the primary health care system has been identified as one of the best ways to reduce the number of admissions and readmission of patients with mental illness into psychiatric hospitals. With the emergence of

outbreaks of communicable diseases such as Covid 19, which require long periods of isolation, there has been an increasing number of persons affected with mental health conditions, including depression. According to WHO [4], there has been a rise in suicidal mortality, as much as 800,000 per year. It has been indicated that people with mental health disorders have a higher mortality rate and are more prone to developing physiological health problems such as cancer and HIV infection [5]. This can increase the global burden on the health care system since it will also cause a negative economic impact.

The World Health Organization has put out the mandate to integrate mental health into the primary health care system and has highlighted reasons for doing so. These reasons are as follows: “the burden of mental disorders is great; mental and physical health problems are interwoven; the treatment gap for mental health disorders is enormous; primary care for mental health enhances access; primary care for mental health promotes respect of human rights; primary care for mental health is affordable and cost effective and primary care for mental health generates good health outcomes” [6]. “Health systems have not yet adequately responded to the burden of mental disorders; as a consequence, the gap between the need for treatment and its provision is large all over the world” [7]. Integrating mental health services into primary health care (PHC) is among the most viable means of closing the treatment gap and ensuring that people get the mental health care they need [8]. Since the declaration of the need for integration of mental health services into primary health care or general health services, research has highlighted strengths and challenges for both developed and developing countries.

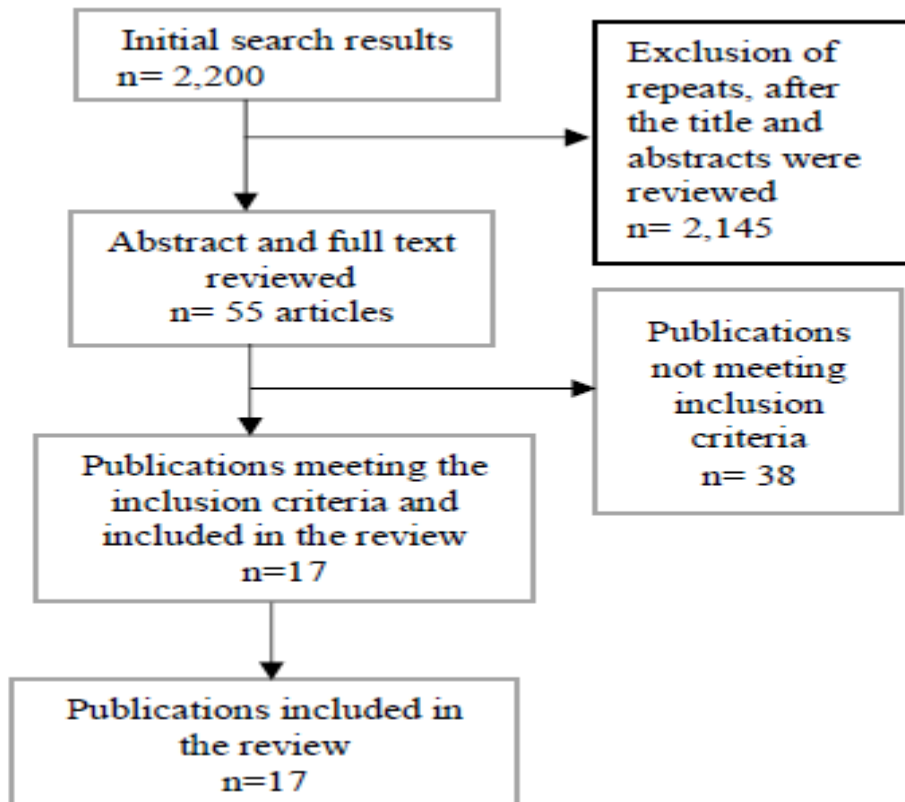
This article aims to identify the strengths and challenges of the integration of mental health services into the primary health care or community-based health care systems in developing countries. Studies conducted in

Mexico, Ethiopia, Uganda, Jamaica, Nepal, Pakistan, South Africa, Nigeria, China, India, and Brazil were included in this review with the hope to alleviate some of the challenges and improve the services offered to the populations in developing countries.

## Methods

The aim of this study is to identify the strengths and challenges of the integration of mental health services into the primary health care or community-based healthcare systems in developing countries. This is in an effort to decrease the treatment gap of mentally ill patients and to improve their overall health outcomes. It was decided that literature within the time frame of no more than ten (10) years will be used for this review, given the breadth of literature relating to the integration of mental health services into the primary health care system. The following databases were searched: Medline, google scholar and Ebsco host. Keywords were used to develop the search strategy. The selection of articles was based on the event of interest, which is the integration of mental health care into the primary health care services; the population used must include the policy makers and other stake holders such as the doctors, nurses and other healthcare providers, patients, and family members. The review covered three types of research: qualitative, quantitative, and mixed methods. The characteristics of the study were based on the author, the year the article was published, the study type, the setting, the country in which the research was done, the population and the challenges and the strengths of the integration of mental health in the primary care system. The following articles were excluded: articles older than 10 years; were not specific to the primary or community health care setting, were not in English and were not specific to developing countries. The data was synthesized combining the different methods of study (qualitative, quantitative, and mixed methods) (See Table 2).

## Results



**Figure 1.** Search Results and Flow Chart of Article Selection

A total of 2,200 articles was yielded through the systematic search of the literature. 2,183 papers were excluded from the study due to year of publication, repetition, type of research. Some were theoretical reviews or were not referring specifically to the strengths and challenges of the integration of mental health services into the

primary health care system. Seventeen (17) articles were included in this study; four (4) quantitative, eleven (11) qualitative and two (2) mixed methods. The results of the studies were organized in Table 2 by the type of study and included the sample size, country, aim of the study, methodology and main results.

**Table 1.** Inclusion and Exclusion Criteria of Articles used in Review

Inclusion Criteria	Exclusion Criteria
1. Primary research	1. Theoretical/systematic reviews
2. Articles 10 years old and under.	2. Articles over 10 years of age.
3. Published in recognized medical or scientific journals	3. Articles that did not focus on the integration of mental health services in the primary or community health care system.
4. Used qualitative, quantitative, or mixed methods	4. Articles not written in English.
5. Articles are written in English	5. Articles that focus on developed countries.
6. Articles related to strengths and challenges of the integration of mental	-

health services into the primary or community health care system.	
7. Articles that focused on developing countries (low- or middle-income countries).	-

### Strengths of the Integration Process

The majority of the articles included in the systematic review identified common strengths and challenges to the integration of mental health care services into the primary health care system. The major strength identified by the studies were the willingness of health care workers to offer the mental health services into the primary healthcare services or they agreed that it is important to integrate mental health services into the primary healthcare service since it will improve the health outcome of the affected persons. [9] in a study conducted in Ethiopia reported that the strength within the system regarding integration of mental health services was that most primary health workers stated that mental health care was important and they were interested in delivering the care. [10] did a study in Pakistan and also highlighted that there was support amongst all stakeholders for the integration of mental health services in the primary health care system. Athie et al., [11] in their research on the perceptions of health managers and professionals about mental health and primary care integration, also indicated that both groups were accepting of mental health services in primary health care services.

However, there were some studies that indicated other strengths in their system. Hanlon [12] conducted a study in Ethiopia. The participants were national and regional policymakers, planners, and service developers. It was highlighted that the strengths of the integration process were government support and the presence of a mental health strategy.

In another study conducted in Ethiopia, it was indicated that the strength of the integration process was the presence of the necessary medications to treat epilepsy, psychosis, and

depression [13]. The majority of cases that were identified at the time were epilepsy and psychosis. According to [8], the strength identified by the Primary care providers in Uganda was their awareness that if they followed the Uganda clinical guidelines, they would be able to provide better care to the patients.

### Challenges of the Integration Process

Hanlon [12] stated the following as challenges faced by Ethiopia in the integration of mental health services into the primary health care system: a low level of awareness regarding mental health; inadequate health information system; stigmatization attitudes; inadequate system of supervising and monitoring primary health care workers; low levels of Knowledge. [13] conducted a study in Jamaica that highlights that stigmatization can also be a barrier to the integration process. They indicated that due to more public awareness programmes, more persons were more kind to the people with a mental disorder, indicating that the high level of stigmatization may be due to a lack of Knowledge among the community.

Their research [2] conducted in Ethiopia identified that the major challenges that existed were the “delayed support and supervisions, staff turnover, interrupted supply of drugs and shortage of budget”. [9] identified challenges in South-west Ethiopia. These challenges included poor knowledge level amongst the primary health care workers in regard to diagnosis, symptoms and treatment of mental disorders. Other challenges that existed were “health system and structural issues such as poor medication supply, lack of rooms, time

constraints, absence of specialist supervision and lack of treatment guidelines”.

Their study [14] done in Uganda gathered information from twenty primary health care providers. The constraints to the integration of mental health services into the primary health care service that were reported by them included problems in regard to the patient flow processes, inadequate human resources, inadequate facilities in regard to the supply of medication, supplies and equipment to effectively carry out their work; the presence of gender related factors as female workers felt uncomfortable and unsafe caring for male patients with mental disorders or for an aggressive patient. They further stated that the training was inadequate since it did not have a practical component to it; there were also challenges in the accessibility of care for the patients which was due mainly to financial constraints or lack of support. [8] also highlighted challenges that were present in Uganda. These included: the health provider’s inadequate Knowledge of mental disorders; discomfort in making new diagnoses for the patient with a mental disorder as they were fearful that they would get it wrong; they felt it was burdensome to use the guidelines provided; lack of a trained mental health specialist to provide support, consultation, or supervision; lack of motivation to screen for mental health disorders.

Wakida [14] engaged in a further study in Uganda to assess the feasibility and acceptability of educational intervention through the use of the guidelines. It was determined by the health care providers that having simple and available guidelines, a health information system that allows for the inclusion of mental health disorders and training and support supervision would promote success in the integration of mental health services in the primary health care system. Ayano [15] carried out a pre and post-test intervention study in Ethiopia to determine its implication for the success of mental health integration into primary health care. This study identified that there was a knowledge deficit,

negative attitude, and inadequacy in the practice of the primary health care worker’s pretest. At post-test, all three areas showed a significant difference indicating the importance of training of the workers for success of the integration process. [16] also conducted a quasi-experimental study to evaluate a mental health training course for primary health care workers in Nigeria. This too, indicated that training positively impacted the management of the patients with mental health disorders. The Primary health care workers exhibited an increase in Knowledge and improved practice.

A study was conducted in Kenya, and the challenges to the integration of mental health delivery into its primary health care system were highlighted [17]. The challenges identified by the workers through two focus group discussions were: the stigmatization of people with mental disorders due to poor knowledge levels by the persons in the community and their beliefs. High workload due to the high number of persons that visit the health centers making it difficult for the health care workers to adequately care for persons with mental disorders. There is inadequate supervision by trained mental health specialists. Patients attend multiple facilities, which make continuity of care and follow up difficult. Inadequate supply or lack of appropriate medication makes treatment difficult. A poor health information system that does not capture the mental health disorders. There is a need for continuous training, supervision and support for the primary health care workers and a lack of resources.

In their research [18] in Nepal noted the perception of service users and the caregivers on primary care-based mental health services. The major challenges identified in this study were as follows: frequent turnover of trained health workers, inadequate or unavailability of medication, lack of space for consultation and counselling; stigmatization and discriminating behaviour of some health workers; unavailability of the same health worker at follow-ups.

Although [10] reported support by all stakeholders for the integration of mental health services into the primary health care service in Pakistan, there were also some challenges listed in the article. Perceived lack of support, non-acceptance from the community, lack of human resources, some staff may not be willing to accept the additional workload since they already felt burdened are a few identified. [19] indicated in their study conducted in Pakistan that there was mixed attitude amongst primary health care physicians which can affect the care provided. Additional challenges from the study were while the participants were knowledgeable about the mental disorders, they had limited knowledge about the medications used in the management of these disorders. Time constraints for the physician were also a barrier noted, as well as a lack of awareness by the patients. Findings from a study done in India by [20] in which the participants were doctors indicated that there were some negative attitudes toward mentally ill patients. Some of the doctors never received any mental health training and while most were able to identify depression and psychosis in a vignette, most were unable to provide three signs and symptoms of depression and psychosis.

Their study [21] done in six low-and-middle-income countries identified poor governance as a major barrier. Other barriers included a lack of a bill or law to protect the mentally ill, or there was no implementation of it; mental health was viewed as not being a priority even though there may be a new or draft policy in place. The presence of stigma was evident in all countries. Health workers in some countries felt that the offering of mental health services was extra work and time-consuming. There were a lack of trained mental health workers and other primary health care staff, inadequate funding, weak health information systems to include mental health disorders and poor accessibility due to factors such as geographical area.

Martinez [22] conducted a study in Mexico City to determine what are the barriers to

integrating mental health services in the community. The participants were 25 clinical or administrative staff from the community-based health care system. Some of the challenges identified in the study were inadequate funding, lack of knowledge on the part of the people in the community, shortage of human and material resources; time constraints for the health care workers; stigmatization; inadequate supply of necessary medications to treat the mental disorder and lack of mental health training.

## **Discussion**

This systematic review was done with the aim of highlighting the strengths and challenges that exist in developing countries regarding the integration of mental health services into the primary health care system. The studies reviewed have similar results in most cases and indicate that the integration of mental health services is still not where it needs to be at this time. Without integration, the treatment gap will continue to exist and result in negative health outcomes for persons affected by a mental disorder. The strength highlighted in the majority of the studies included in this paper is that primary health care providers recognize the importance of offering mental health services in the community setting. However, there are many challenges that have resulted thus far in the poor uptake or implementation of the integration policy. The common challenges identified were lack of Knowledge regarding mental health and its management, lack of public awareness resulting in stigmatization, discrimination by health care workers and members of the community, inadequate human and material resources, time constraints, financial constraints, inadequate supply of medication, frequent turnover of specialized staff, lack of a health information system that includes mental health disorders, inadequate supervision and monitoring of primary health care workers by the staff who specialized in mental health, inadequate accessibility, poor follow up and lack of policy or mental health plans.

**Table 2.** Summary of Articles which Highlighted the Strengths and Challenges of the Integration of Mental Health Services into the Primary or Community-based Health Care System in Developing Countries

<b>Author</b>	<b>Sample size (n), Country</b>	<b>Aim</b>	<b>Materials and methods</b>	<b>Findings/Results</b>
<b>Qualitative studies</b>				
Hickling et al., (2011)	159 participants; Jamaica.	To consider whether or not deinstitutionalization and the integration of community mental health with primary health care services have reduced stigma toward mental illness in Jamaica.	20 focus groups; Discussions were based on a standard guide of questions; each discussion lasted for approximately 2 hours. All the sessions were transcribed and recorded by court stenographers. The transcripts were coded using ATLAS.ti (version 5.0 qualitative data analysis software. Emergent themes and the ATLAS.ti data classifications were agreed upon by the authors.	<p>The results indicated that custodial mental health institutions were determinants of stigmatization in Jamaica. The shift to deinstitutionalization or the integration of mental health services into the primary health care services has allowed some Jamaicans to view patients or persons with mental illness differently and they are more compassionate towards them.</p> <p>Although stigma still exists it has decreased since the integration of mental health services in the community health care system.</p>
Hanlon et al., (2017)	17: 7 policy makers at national and regional level and 10 district health office administrators and facility heads; Southern Ethiopia.	To explore the barriers, facilitators, and potential strategies to promote good health system governance in relation to scale up of mental health care in Ethiopia.	In depth interviews, participants were purposively selected. The development of the topic guide and the analysis of the transcripts were based on a framework used for the assessment of the governance of the health system adapted for the Ethiopian context.	<p>Strengths and weaknesses of health governance were identified.</p> <p>Strengths included: presence of high-level government support; a mental health strategy and there was a focus on integration of mental health services into the primary health care system.</p> <p>Weaknesses included low levels of awareness regarding mental health care planning, the levels of transparency about planning decisions, inadequate leadership, inadequate supplies of medication and health information system for monitoring of mental health; lack of supervision from specialist and mentoring of primary health care staff. there was the presence of stigmatization attitudes in the community, low levels of mobilization for mental</p>

Petersen et al., 2017	141, Ethiopia, India, Nepal, Nigeria, South Africa, and Uganda.	To identify key governance challenges, needs and potential strategies that could facilitate adequate integration of mental health into primary health care settings in low- and middle- income countries.	An exploratory study. A descriptive qualitative approach was used. A framework analysis was also utilized. The sampling method was purposive. Participants were policy makers, provincial coordinators and planners in primary health care and mental health. Interview was the method used for data collection. Across country thematic coding framework was utilized to analyze data initially and each country had specific emergent themes added.	health in the community and low levels of empowerment and Knowledge. Challenges that emerged included poor governance; inadequate pre-service training; high staff turnover, mental health stigma; perception that mental health care was additional work; inadequate financing, problems with implementation of laws to protect the mentally ill; weak mental health information system; geographical barriers to accessing care poor quality assurance practices; unethical practice.
Wakida et al., 2019	7, Mbarara, Uganda	To assess the feasibility and acceptability of an educational intervention towards improvement of the Primary health Care Provider's uptake of the UCG in integrating mental health services into the PHC IN Mbarara district, southwestern Uganda.	A descriptive cross-sectional qualitative study. Participants included a clinical officer, nurses, a midwife. Data was gathered using a semi structured interview guide. Interviews were done in English and lasted for about 60-90 minutes long. Data were thematically analyzed with the use of Atlas.ti version 8.	Packaging of the guidelines were appreciated since it was more user friendly and accessible to assist in the treatment of persons with mental illness. Modification of registers to include mental disorders; training and support supervision were all welcomed by the participants since it assisted in overcoming challenges or barriers to the integration of mental health services into the primary health care process. Participants felt that the education should be repeated and regularized due to rapid turnover of staff.
Jenkins et al. (2013)	20 health workers from, Kenya	To evaluate the impact of a mental health training programme for primary care in Kenya.	Two ninety-minute focus groups comprising of ten health workers each were conducted. The health workers were nurses or clinical officers who had medical training for three years. The transcripts and recordings were analyzed in themes.	Challenges identified to the integration of mental health services were health workers indicating that it is an increase in workload, lack of supervision in regards to mental health; lack of medication for the mental health disorders; lack of resources both human and material; health management information system does not adequately allow for the recording of mental health disorders; the need



Wakida et. al, 2018	20 primary health care workers, Uganda	To explore the factors that are specifically affecting the ability of primary care providers in rural Mbarara district to integrate mental health services into the primary health care system.	A Semi structured interview guide was used to gather data. The guide was pilot tested to determine what changes may need to be made. Thematic analysis was used to analyze the data. The participants were nurses, midwives and clinical officers. No doctors were a part of the study. 17 health centers were the sampling frame.	for continuous training of health workers; the presence of stigma and discrimination amongst persons in the community. The mentally ill were considered to be demon possessed and taken to churches instead of the health centers unless displaying violent behaviors.
Wakida et al., 2019	20 primary health care workers, Uganda	To explore Uganda's health system constraints to the integration of mental health services into the health care system from the primary health care providers' perspective.	A Semi structured interview guide was used to gather data. The participants were nurses, midwives and clinical officers from six health districts. No doctors were a part of the study. 17 health centers were the sampling frame. Data thematically analyzed.	Barriers identified included: The health workers had inadequate Knowledge about the mental disorders, their causes and how they are managed. They appeared to be comfortable managing patients with the same diagnosis rather than finding a new one; there is the absence of a senior to seek consultation when not sure about the mental condition. Inaccessibility of guidelines since there were limited availability of hard copies and it was also difficult to use. The level of importance of mental disorders was minimal when compared to other conditions. Lack of motivation to use the guidelines due to lack of sensitization, inadequate human resources. Lack of trained specialist in psychiatry. Facilitator: health workers' awareness that with the use if the UCG, they would provide better care and they would feel contented.
				Key constraints identified by the primary care providers included: inadequate practical experience in mental health during training, patient flow processes needed improvement; limited accessibility to care due to factors such as financial constraints, distance and other social factors. Inadequate human resources. Gender related factors were identified as female health workers expressed fear in dealing with male patients or aggressive patients. Supply and distribution of necessary supplies and

Ayano et al., 2016	360 primary health care professionals, Ethiopia.	To assess the experiences, strengths and challenges of integrating mental health in primary health care in Ethiopia.	Facility based supervision in primary health care centers. Semi-structured and standardized WHO mental health global action programme support and supervision questionnaires were utilized to collect data. 360 participants over 180 health institutions.	equipment to health centers was also of some concern. The main challenges identified in the study were delayed support and supervision to primary health care staff, rapid staff turnover, there was an interrupted supply of drugs and a shortage of budget towards the integration process. Strengths: availability of most psychiatric drugs, there is government leadership and political commitment, necessary policies and strategies are in place, more than 90% of health centers plan to give mental health service, increased number of staff is trained in mental health care cases and are identified and treated by trained professionals.
Luitel et al., (2020)	43 service users and 38 caregivers; Nepal.	To assess service users and care givers perceptions of mental health services provided by trained primary health care workers in Nepal.	The study was conducted in Chitwan, a district in Nepal, service users were selected purposively based on pre-defined criteria. All who were invited, participated in the study and they were all adults. Semi structured interview schedules were used. A thematic analysis approach was used to analyze the data. Indexing and charting of the data was done using the QSR Nvivo 10 software.	Strength: Service users and care givers expressed satisfaction with the provision of mental health services offered by primary health providers. However, the study identified some challenges to the primary-based mental health services: frequency of the transfers of trained health workers, the unavailability of medications for treatment; and stigmatization and negative behavior of some health care workers.
Hussain et al. (2018)	15 decision making and implementation-level stakeholders which includes mental health and public health	To assess the views of key stakeholders about integration of mental health into Primary health care system in Karachi, Pakistan	In depth interviews, participants were from both public and private health institutions. A purposive sampling strategy was utilized. Data was analyzed using NVivo software, version 10	Barriers to the integration of mental health services into the primary health care system were identified. These included the lack of awareness of the community members; lack of political will and commitment; lack of resources (both capital, material and human); increased workload for the staff. Strength identified: participants of the study agreed that mental health is of great importance and are in favor of the integration of mental health

	professionals and primary care staff, Pakistan	To understand the potential barriers to the integration of mental health services in primary health clinics in Mexico.	Semi-structured interviews were conducted to gather data from 25 staff members from 19 primary care clinics. Data were analyzed using the meaning categorization method. Data was coded, and emerging themes were established.	services into the primary or community health care system.  Barriers identified were: staff shortages, resources shortages, budgetary issues, lack of employee benefits, time constraints, appointment restrictions, poor health insurance coverage, language or cultural issues, presence of stigmatization, behavioral health treatment beliefs, low financial resources, Knowledge and information issues, inadequate medication; lack of training and Knowledge regarding mental health disorders.
<b>Quantitative studies</b>				
Rahman et al., 2019	150 primary care physicians; Rawalpindi, Pakistan	To determine the level of awareness regarding mental health disorders and their management among primary care physicians. To determine the attitude towards management of mental health disorders and identify the barriers in the system through them.	A cross sectional study using both public and private clinics/hospitals. Data was collected with the use of a structured questionnaire. Sample was selected using convenient sampling method. Data was entered in SPSS 24. Descriptive statistics was used to analyze the data and Chi-square test was applied.	Barriers identified among the Primary care physicians are:  Lack of Knowledge particularly in regards to medication and limited time availability in the management of patients with mental disorders. Lack of awareness among patients, poor access due to distance from the health center, finance and appointment. The physicians had a mixed attitude.
Ayano et al., 2017	94 primary health care providers; Ethiopia.	To evaluate the effect of mental health training on the Knowledge, attitude and practice of primary health care workers in Ethiopia	A quasi experimental pre and post-test study design over a 3-month period was conducted. Psychiatric professionals carried out the intervention. The instrument was a self-completed questionnaire with 3 sections. The data was statistically analyzed. Paired sample t test and p values was performed to determine	Lack of Knowledge regarding mental disorders, negative attitudes and inadequate skills were identified as barriers to the integration of mental health services.  There was significant improvement on post-test in the areas of Knowledge, attitudes and practice. This indicates that training has a significant effect on the success of integration of mental health services in the primary health care system. Strengths include:

			the difference between the pre- and post-test results.	availability of Medication; political commitment; most health institutions planned to offer mental health services; most health professionals planned to be trained.
Abera et al., 2014	151 primary health care workers; South West Ethiopia.	To assess the perceived challenges and opportunities of integration of mental health care into the primary health care from the perspective of primary health care workers in to Ethiopia.	A Cross sectional survey. 16 health centers were randomly selected out of 56 health centers. A structured self-completed questionnaire was used to collect data. Interviews were also conducted using semi-structured interview guide. Data analysis was done using the SPSS version 16 for windows. Qualitative data were coded and categorized using a thematic approach.	Challenges identified included: There is lack of clinical attachment in the training offered to health care workers. There is a low level of Knowledge and awareness amongst the health care workers on mental disorders. Unavailability of medication to treat mental disorders; lack of rooms for examination and privacy; health system and structural issues exist; time constraints to diagnose and treat persons with mental disorders; absence of specialist supervision; lack of treatment guidelines. Opportunities: health workers willingness to provide care and are in favor of integration of mental health care into the primary health care system. They see the importance of offering the service in the primary health care settings. Positive attitude exists amongst most health care workers.
Cowan et al., 2012	46 doctors; Karnataka, India	To examine the mental health-related Knowledge and attitudes of doctors providing Primary health care in a rural area of Karnataka, India	A self-administered questionnaire consisting of 4 parts to address demographics and practice, training in mental health, Knowledge of mental health and self-perceived competence, attitudes towards mental health. Analysis of data was done using SPSS version 18.0	The majority of participants felt competent in providing mental health services. Negative attitudes were reflected by their responses indicating the presence of stigmatization; almost 1/3 did not receive mental health training. Three-quarter of respondents correctly identified depression and psychosis however fewer were able to name 3 common signs and symptoms of depression and psychosis.
<b>Mixed Methods</b>				
Miguel-Esponda et al., 2020.	486 and 28, Chiapas, Mexico	To examine the implementation process and the outcomes of the Companeros En Salud	A mixed-methods convergent study design. Quantitative: all adults service user registered were included at the time of the study-486 patients.	Strengths and challenges identified included the following: Strengths: the health care providers engaged in capacity building activities; there was use of

<p>Athie, et al., 2016</p>	<p>42: 18 health managers and 24 professionals; Rio de Janeiro, Brazil.</p>	<p>mental health programme and the extent to which mental health integration has been achieved. To identify the successes and challenges to allow for the development and implementation to inform the development of similar programmes.</p>	<p>Descriptive statistics were used to summarize sociodemographic data and clinical characteristics. Clinical notes were coded, means and proportions were calculated. Analyses were done in RStudio (Version 1.1.453). Qualitative data: convenient sampling method was used. 28 participants (12 medical doctors, 8 nurses, 4 clinical supervisors, the mental health programme coordinator, the maternal health coordinator, 2 organization directors). 2 focus groups and 24 structured interviews were conducted to collect data. The qualitative data analysis was done using framed analysis. Analysis was done in Spanish and converted to English.</p>	<p>guidelines to assist in diagnosing and treatment of patients; the primary health care providers were accepting to training and supervision related to mental health and there was strong motivation and commitment to delivering mental health services. The ability to deliver mental health services due to the availability of a mental health coordinator, availability of some material resources and capacity building mechanisms. Challenges included: inability to provide talk-based interventions; low levels of follow-up by service users, training, and supervision available were not fully appropriate for capacity building since there was a need for more on-site supervision. Time constraints did not allow for talk-based intervention, lack of specialists to provide mentorship, limitations in treating patients with complex symptoms due to lack of specialist services to be referred to.</p>
		<p>To analyze the perceptions of health professionals and managers about the integration of primary care and mental health.</p>	<p>A mixed-method cross sectional study. The sample comprised of all members of the mental health matrix support. A total of 42 health professionals. Data collection tool: a semi-structured questionnaire was developed to collect the data. It was comprised of 185 closed questions and one open ended question. Quantitative data was analyzed with SPSS statistical package software (version 17.0). Qualitative analysis was done based on framework analysis and thematic analysis methods.</p>	<p>Negative aspects/barriers identified include: Lack of Knowledge about different units, system structures and work processes; constraints regarding institutional processes; lack of human resources; frequent turnover of General practitioners; inadequate Knowledge regarding psychosocial interventions; low frequency of mental health matrix support in the community; continuity of care is not perceived as a health tenet. Benefits to integration include: Connecting primary and mental health services; planning care together; helping non specialists to manage mental health problems; improving access to mental health services.</p>

A Study [23] postulated that in order for integration to be effectively implemented, there must be strategies in place that can strengthen the program.

Primary health care workers are the first point of contact in the health care system for most persons in the community, and it is therefore imperative that policymakers ensure that continuous training and education be promoted and provided for these healthcare workers. It is through the provision of education and training that the management of mental health patients can be effective and efficient. Ayano [15] confirmed this fact in their study conducted in Ethiopia. They recognized that there was a significant improvement in the Knowledge, attitude and practice of the primary health care providers after psychiatric professionals provided training. It must be noted, however, that this strategy must be continuous to ensure that it is not compromised by frequent staff turnover, which was also highlighted as one of the challenges in the integration process in developing countries.

Political will and commitment are key to the implementation of the integration process. According to WHO, [5] most countries are still injecting their resources into hospital services as opposed to the primary health care services despite the fact that the health outcome is generally poor. This indicates that Policymakers and stake holders must first understand and recognize the importance of the primary health care service to determine the necessary strategies that need to be taken which will result in positive health outcomes for persons affected with mental disorders.

Miguel-Esponda [23] indicated that strategies that will strengthen the system to implement integration include “adequate financing, ongoing capacity building, information systems to monitor progress, and ensuring adequate medication supply.” Provision of adequate and appropriate medication; ongoing capacity building, provision of proper infrastructure; implementation of an efficient information

system to monitor the progress of mental disorders; adequate and continuous training of primary health care workers in the care and management of patients with mental health disorders and the employment of a supervision and monitoring system are all hinged on the financial investments made by the government into the health care system. The reality is that if more finance is committed to the primary health care system, more can be done to prevent mental illness and adequately care for patients with mental health disorders. Accessibility to health care will be improved with the integration of mental health services in the general health services, especially in the primary health or community-based health care system.

Stigma and discrimination by health care workers and persons in the community have also been a great challenge for the integration process. This challenge has caused the mentally ill to fear seeking help from health care service providers and the administration of poor quality of health care. Myths and beliefs of members of the community and family members have also led to seeking help from persons offering unconventional forms of medicine. The patients are only taken to professional medical practitioners when they appear to be in a state of violence. To overcome this challenge, there must be more public awareness campaigns to assist persons of the society to have a better understanding of mental health disorders and relate with persons affected appropriately. Hickling [13] indicated that stigmatization was associated with institutionalization. Their study, however, proposed that deinstitutionalization and the integration of community mental health care have led to a decrease in stigmatization amongst the people in Jamaica.

The challenges of integration of mental health care into the general services are great, and there is a need for strong governance that will provide a significant measure of support to an improvement of mental health care. A study [12] stated that good health system governance is essential in ensuring that all other components of

the health system is functioning. This includes ensuring that policies and plans to address mental disorders or illness are addressed, and the mentally ill are protected and adequately cared for. Good governance will ensure that there is proper planning and coordination and efficiency and effectiveness of care for persons with mental disorder/illness. It is only with the dedication and support of all stakeholders and policy makers that the integration of mental health services into the primary health care system will be successful.

### **Nursing Implications**

The information gained from this article has implications for nursing practice and the curriculum. Nurses are one of the first group of health workers that will be in contact with the members of the community it is therefore imperative that mental health nursing be a part of the nursing school's curriculum, which must have a meaningful clinical component to provide the necessary base for identification and care of persons affected by mental health disorders. The nursing department at the ministerial level needs to ensure that continuous education is in place at least twice yearly to help the nurses to be adequately equipped with the necessary knowledge and skills to provide holistic care. Nurses should also play a pivotal role in launching and providing public awareness programmes to help people in the community to become more aware of mental health disorders and what is the best line of care and treatment. This includes increasing the political will, which will inject a larger budget into health and allow

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for the health system to overcome the many challenges faced.

### **Conclusion**

This study provided a synthesis of strengths and challenges that currently exists in the developing countries in regard to the integration of mental health services into primary health care system. Policy makers and stakeholders need to note these challenges and implement relevant strategies to overcome them and strengthen the facilitator that already exists. The implementation of the integration policy is necessary to close the treatment gap for persons with mental disorders, and it is important that it takes effect soon to improve the health outcome of those affected.

### **Limitations**

Only articles published in English were used due to financial constraints to hire a translator. Only low- and middle-income countries were used; hence there is the possibility that I may have missed relevant information from studies carried out in developed countries.

### **Ethics Approval and Consent to Participate**

Not applicable.

### **Conflict of Interest**

There is no conflict of interest.

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