

INTEGRATION OF MENTAL HEALTH INTO PRIMARY HEALTH CARE

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Indonesia's Geography & Demographics



- Indonesia is the largest archipelago
- More than 17,000 islands, 6000 inhabited
- 5 main Islands
- 64% of population lives on Java Island
- Consists of 33 provinces
- Population >240 millions
- 300 ethnic groups
- 5 major religions
- 583 local languages
- 1 National language “Bahasa Indonesia”

Mental Health Resources

Mental Health Resources:

No. of Psychiatrists: appr. 900 (including residents)

75% work in Java Island

80% from 75% work in Jakarta

1 psychiatrist for 300,000

Psychologists: appr. 10,000

Traditional healers: 500,000

No. psychiatric hospitals: 5 central gov. mental hospitals

28 provincial mental hospitals

16 private mental hospitals

No. of psychiatric beds: 8,000

Policy



Mental Health Financing and Budget:

Total budget for health program: 1.2 trillion rupiahs (3.5% from
The total budget of the general allocation fund)

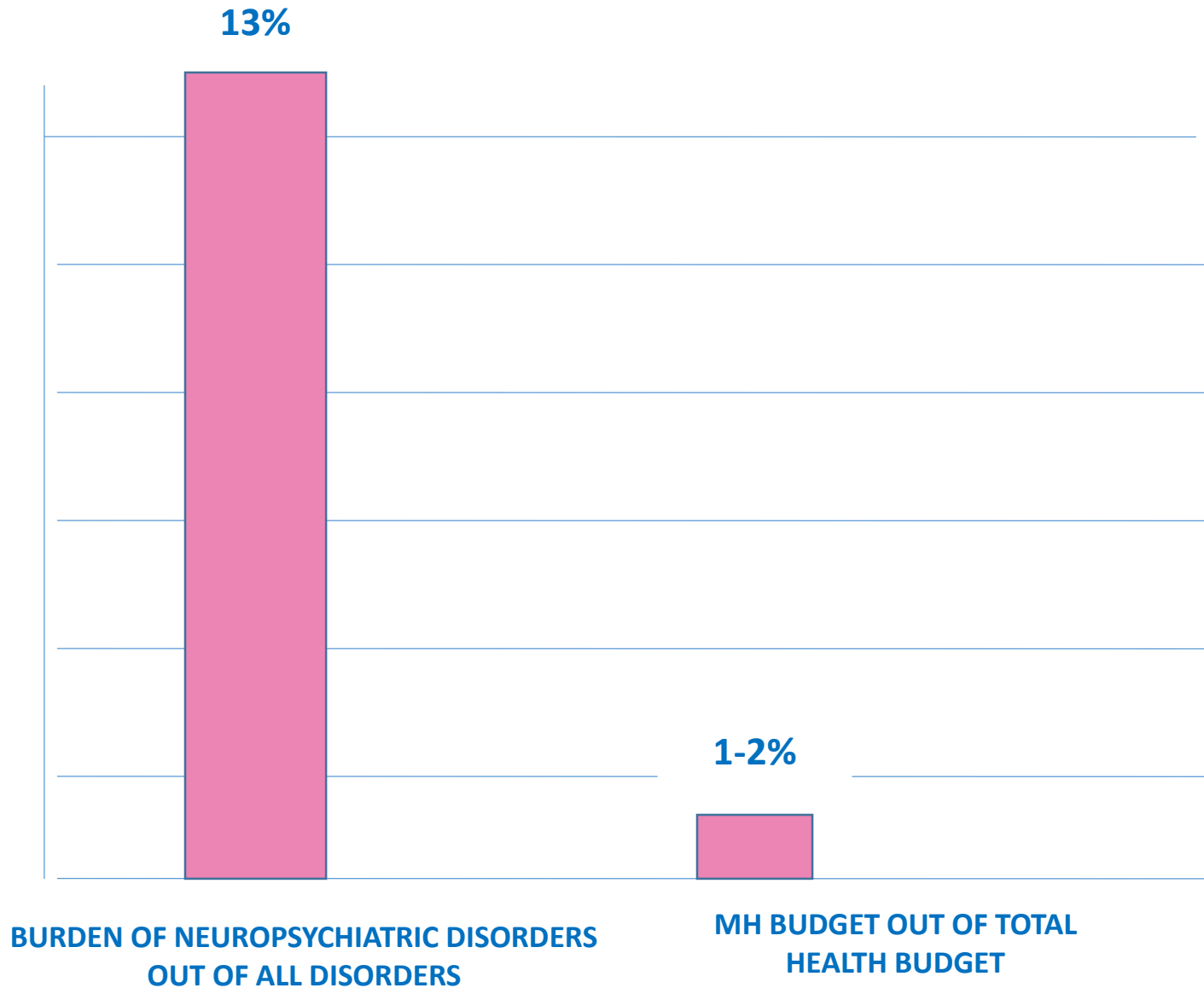
Budget for mental health : 1.4 billion rupiahs (<0.01)

(Marchira, 2010)

BEBAN YANG
DITIMBULKAN
AKIBAT GANGGUAN JIWA
SANGAT BESAR

- BEBAN SOSIAL EKONOMI
 - PENYEBAB TERBESAR DISABILITAS → 13% dari beban penyakit global yg diukur dg *disability-adjusted life years (DALYs)*, disebabkan gangguan jiwa.

BURDEN vs BUDGET

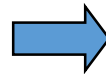


SINCE YEAR 2000 INDONESIAN MINISTRY OF HEALTH :

➤ **ADMINISTRATIVE REORGANIZATION**

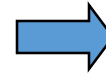
➤ **CHANGES ORIENTATION :**

**REFERRAL COMMUNITY
MENTAL HEALTH**



**BASIC COMMUNITY
MENTAL HEALTH**

**MENTAL HEALTH SERVICES
MENTAL/GENERAL HOSPITAL**



**COMMUNITY BASE
PRIMARY CARE**

➤ **CHANGES IN MENTAL HEALTH POLICIES :**

- 1. HOSPITAL BASE → COMMUNITY BASE**
- 2. MENTALLY ILL PATIENTS TREATED BY ALL HEALTH SERVICES**
- 3. MENTALLY ILL PATIENTS → AMBULATORY PATIENTS**
- 4. MENTALLY ILL PATIENTS ENCOURAGED TO BE INDEPENDENT**

2001 DECENTRALIZATION :

FINANCIAL TRANSFER FROM CENTRAL TO

PROVINCIAL AND DISTRICT GOVERNMENT

**WHAT IS THE STATUS OF MENTAL HEALTH
PROGRAM IN THE PRIMARY HEALTH CARE
SO FAR ?**

Mental health Program in Primary Care:

1970	2002	2003
<ol style="list-style-type: none">1. Medications2. Maternal perinatal and family planning3. Communicable disease prevention and curative4. Environmental hygiene and sanitation5. Community health education6. Community health nursing7. Data survey	<ol style="list-style-type: none">1. Medications2. Maternal - perinatal Health3. Family Planning4. Communicable disease prevention and treatment5. Nutrition6. Environmental hygiene and sanitation7. Community health nursing8. School health program9. Geriatric health program10. Occupational health program11. Dental health program12. Eye health program13. Community health education14. Community role counseling15. Sport and exercise health program16. Other health program (transmigration health program, hajj health program)17. Basic laboratory18. Mental health program	<ol style="list-style-type: none">1. Health promotion2. Environmental health3. Maternal and perinatal health and family planning4. Nutrition5. Communicable disease prevention and treatment6. Medications

The generic drugs for mental health disorder in the CHC

No	Drugs	Dosage
1.	Anti depression Amitriptyline HCL Imipramine HCL Maprotiline HCL	Tab. 25mg Tab. 50 mg, 25 mg Tab. 50 mg, 25 mg
2.	Anti Obsession Compulsion Chlomipramine	Tab. 25 mg
3.	Antipsychotic Fluphenazine Decanoat Haloperidol Chlorpromazine HCL Perphenazine HCL Trifluoperazine	Inj. 25 mg/ml vial 1ml Tab 0.5 mg, 5mg, Inj i.m. 5 mg/ml Tab 25 mg, 100 mg, Inj. 25 mg/ml Tab 4 mg Tab 5 mg
4.	Anti anxiety Diazepam Clobazam Alprazolam	Tab 2 mg, Tab 5 mg, Inj. 5 mg/ml Tab. 10 mg Tab. 0.25 mg. Tab. 1 mg

MENTAL HEALTH CARE IN PRIMARY CARE AND THE CURRENT CHALLENGES

- **Mental health is not considered a priority**
- **Lack of resources and facilities in mental health, training and consultation only in some provinces**
- **Health program activity highly concentrated in Java Island**
- **Mental health never been considered related with physical illnesses**
- **Stigma**
patient prefer to go to traditional healer
- **Drugs for mental health :**
generic
rarely used

WHAT SHOULD BE DONE?

THE NEED TO CHANGE

- Policy to implement mental health services should be based on the local needs, culture and psychosocial environment
- Survey data on mental health in the community
- Training health workers on the PHC
- Provide essential drugs
- Stimulate and inform the community and family about mental health matter

THE NEED TO CHANGE

- Provincial and district government determine the effective mental health programs in their area base on the situation, condition, problem, and capability of the local area

- Central Gov. wage national campaign about mental health :
 - bring mental health and physical health care close to each other
 - increase public awareness

ACTION

- From Dept of Psychiatry:
- Doing action research from 2011-2014 (USAID)
Inter-university Partnership to Improve Mental Health Care in Indonesia (Puskesmas Kasihan 2, Wonosari 2, Dlingo 1)
- 2015-2018 (Dubai-Harvard)
Implementation and Evaluation of An Integrated Mental Health Program at Primary Health Care In Yogyakarta
(Puskesmas Kasihan 2, Wonosari 2, Galur, Kotagede, Bantul 1, Kalasan 1)

ACTION

- From Dept of Psychiatry:
- To do training for health provider in primary health cares
- To do the intervention program for 113 (2011-2014) and 296 (2015-2018) patients with psychotic disorder and their caregiver
- To put psychiatry's resident into primary health cares to assist health provider in primary health cares to promote mental health

thank you for your attention