



هدية معالي وزير الصحة "الدكتور صالح مهدي الحسناوي"
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Mental Health Integration into Primary Health Care in Iraq

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IRAQ

MESOPOTAMIA

Iraq Context

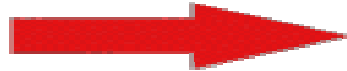
Total population size	>30,000,000
Size of Iraq	450,000 KM ²
Expected GDP for 2008	\$ 60,000,000
Population Growth Rate	3.3%
lower middle-income group country	based on World Bank 2004 criteria.
Literacy rate is 54.9% for men and 23.3% for women	(UNESCO/MOPH, 2004).
Total Births per year	970,000
Total number of widows	> 1,000,000
Total number of orphans (who lost fathers)	4.2 million
GDP per capita 1989	\$ 3190
1995	\$ 450
2008	\$ 2000
Health Expenses of GDP	3%

Total Expenditure per capita	\$ 62
Total Government expenditure as a percentage of Total Health expenditure	51.8%
Life expectancy	58 years
Total number of Government Hospitals	210
Total number of Government Beds	36,850
Total number of Private Hospitals	80
Total number of Private Beds	2,220
Average Hospital stay	2.9 days
Total number of PHC	2000
	51% of which managed by doctors
Hospital Case fatality rate	2.03%

Iraqi psychiatrists

dual system of work,

2%



administered mental health facilities.

5%



private.

92% work for both the sectors.

M.H structure , represent with M.H council and M.H unit within structure of preventive health directorate as part of non communicable diseases.

2 mental hospitals in Baghdad .

8 beds community mental health units in all 18 general hospitals in all governorates.

25 outpatient mental health facilities.

4 for children and adolescents only

None of outpatient facilities provide follow-up care in the community and no facility has mental health mobile teams.

Kurdistan region

- 17 general psychiatrists.
- 2 psychiatric practitioners.
- 4 child and adolescent psychiatrists.
- 91 psychiatric nurses.
- 4 psychologist.
- 15 social workers and 2 psychotherapists.

Number of social worker Psychologist and psychiatric Nurse

No.	Worker	No.	Percentage
1	Psychologist	32	0.13
2	Social Worker	24	0.1
3	Psychiatrist Nurse	42	0.17
Total		98	0.4

Number of Beds



1690

IMHS 2006/7

Prevalence of ICD-10 Disorders in the total sample:

ICD-10 category

Prevalence rate%

	Lifetime	12-month	30-day
Any disorder	16.56	11.09	7.14
Any affective disorder	7.82	3.99	1.54
Any anxiety disorder	11.58	8.58	6.02
Any substance disorder	0.90	0.20	0.10

Only 2.2% of the mentally ill received medical treatment.

THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. Policy, which integrates mental health and substance abuse, services within the primary care services .
2. widespread presence of primary care clinics.
3. Approval of new mental health law.

**WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY
MENTAL HEALTH SYSTEM?**



1. lack of mental health component in primary care .
2. scarcity of outpatient facilities .
3. lack to essential drugs.

Mental Health Integration into Primary Health Care in Iraq

Rationale

- 1. Lack of mental health awareness**
- 2. lack of community mental health workers and community volunteers**
- 3. Primary care staff deliver few mental health interventions: mild and moderate mental disorders are not recognized**
- 4. The link with outpatient facilities is weak, because of the scarcity of outpatient facilities and the lack of an organizational link and cost of patient transportation.**
- 5. Undergraduate and post-degree mental health training is poor for all the mental health staff and particularly for nurses and clinical psychologists.**

THE PROJECT

- Integration of mental health into primary health care to create **community mental health units** in **primary health care centres** to be part of health structure supervised by **non communicable disease unit** at all preventive health departments in all governorate which had an advisory committee linked directly to mental health council. project  increase training, mental health modules development and capacity building of doctors and nurses in primary health care centres 
- provide treatment and community base psychosocial education. The project will be firstly implemented in **three Province**, and after a revision, it will be extended to all eighteen Provinces of the country.

GENERAL OBJECTIVES OF THE PROJECT

1. To enhance the **capacity** of primary care staff in recognizing and treating mental disorders; to join the primary care team to mental health staff in a more structured way
2. To increase the **number** of community mental health units
3. To **monitor** the changes in the treatment of mental disorders through a simple monitoring system
4. To decrease **stigma** of mental illness

Activities

- **Training of 240 primary health care physicians, nurses and health workers on mental health and development of a training module. Three level trainings 6 days each in three provinces in 2009.**
- **Establishing 120 mental health units in PHC centers**

- **Establishing a liaison body between mental health focal point at each non-communicable disease unit at each department and community mental health units, by creation of 3 Liaison body.**

Evaluation

- Mid term evaluation
- Final evaluation
- Continuous process monitoring

DIFFICULTIES AND SOLUTIONS

EXPECTED DIFFICULTIES	POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES
lack of enough nurses in primary health care centres	MoH to support in recruiting new nurses in centres lacks to nurses.
Lack of motivation of primary health staff in adding a new workload to the existing one	Creating new sub-specialities for those primary health professionals who successfully complete the training courses (e.g. nurse - mental health)
Doctors at primary health care centres are not fixed and regularly changes	Establishing regular training to all doctors who will provide medical services at primary health care centres

IMPACT OF THE PROJECT

WHAT WILL BE THE IMPACT OF THE PROJECT (e.g. in terms of accessibility of mental health facilities, availability of medicines or interventions, improved follow up, more respect for human rights, implementation of new interventions, etc)

1-Increase of accessibility for patients with moderate mental disorders

2-Increase of psychotropic drug consume

3-Increase of referral to mental health services of patients with severe mental disorders

4-Improved follow up for severe mental disorders after the discharge from general hospital wards

Thank You!!

