

PROJECT PROPOSAL FOR KYRGYZSTAN

INTEGRATION OF MENTAL HEALTH ISSUES INTO PRIMARY HEALTH CARE

A. BACKGROUND INFORMATION

1. Background Country Information

TABLE 1: BACKGROUND COUNTRY INFORMATION

The Kyrgyz Republic is situated in Central Asia. From 1991 Kyrgyzstan is an independent country. Kyrgyzstan's territory makes 199.9 thousand square km. Mountains cover more than 90% of the country's territory, plough-lands occupy only about 7%. High-yielding farming is possible only in irrigated lands making 2/3 of ploughed field. Natural conditions are favorable for tourism development, especially in the Issyk-Kul lake vicinity. The country is rich in water resources. The neighbors are China, Kazakhstan, Uzbekistan, and Tajikistan.

The country has no outlet to the sea; access to the economic and cultural centers of the world is possible only through adjoining countries territories. Mountains divide the country into two parts – northern and southern. Transport communications between them are poorly developed, for example, railway communication between the North and South is possible only through territories of Uzbekistan and Kazakhstan.

The country's population makes 5.164 million people. The majority of population (65%) is rural and 35% are city-dwellers. From the age structure point of view 32.8% population are children, 59% are people capable of working, 8.2% are elderly people

The life expectancy at birth in 2006 was 67.8 years, for men - 63.5 years, for women - 72.1 years. Kyrgyzstan's population is diverse from ethnic point of view. The largest ethnic group is Kyrgyz (about 65%), the other two large and equal in population ethnic groups are Uzbek and Russian, together they make about a quarter of the country's population. The other nationalities make less than

10% population. The state's language is Kyrgyz, an other official language is Russian.

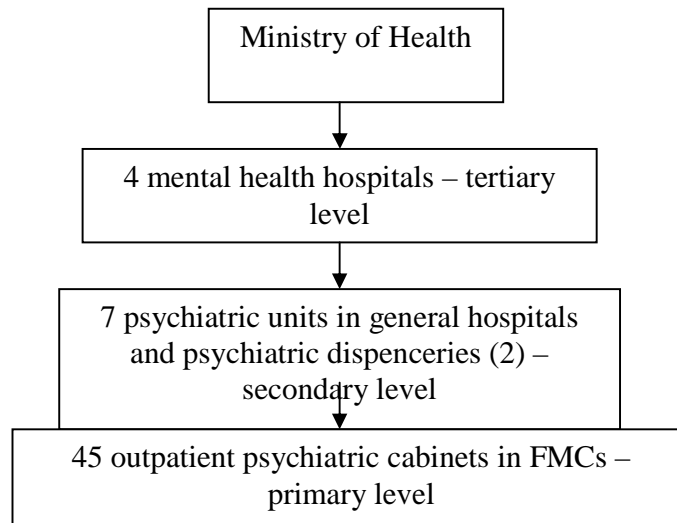
In 2000 Kyrgyzstan took the 102nd place in the world out of 173 countries in index size of human development. Kyrgyzstan's people possess a rather high educational level; the literacy rate of adults is 98.7%.

Kyrgyzstan is a low income group country based on the World Bank criteria. The country economy's base is formed by agriculture, providing over a third of the total GDP of the country. Approximately half of the economically active population is employed in agriculture. Industry contributes to about 20% of the GDP and 6% of employment. Basic industrial branches are: mining industry, hydropower, machine-building, light and food industries. Trade, transport and non-market services (education, public health etc.) make a noticeable share of GDP and employment. Geographically the country is divided into seven regions (oblasts) and a capital – Bishkek city.

Mental Health care services are provided by mental health and PHC specialists.

Mental Health Service is under direct control of Ministry of Health.

Training of the staff of Hospitals and PHC Centres are centrally controlled by Ministry of Health.



2. Background to the current project proposal

TABLE 2: BACKGROUND TO THE CURRENT PROJECT PROPOSAL

Basic components of the National Program “Mental Health of population of the Kyrgyz Republic for 2001-2010” adopted by the Decree of the Government of the Kyrgyz Republic dated 13 July 2001, № 344, are the following: changing of the educational system and training of medical personnel for Mental Health Service, training and re-training of specialists with secondary and higher medical education, implementation of Drug Policy on psychotropic agents and anticonvulsants.

According to it in 2007- 2008 in the frame of Biannual Agreement with WHO there was conducted monitoring of the knowledge of Family Group Practitioners (FGP) on the issues of Mental Health Protection, and there were revealed needs for training of FGPs on the issues of Mental Health Protection - 152 family practitioners from 5 pilot regions (Sokuluk, Kemin, Kyzyl-Kiya, Batken and Bishkek) were trained on the Program of Mental Health Protection by WHO working group. Monitoring of the training results in all pilot regions was conducted by Association of Family Practitioners of Kyrgyzstan in 2008.

There were conducted workshops – training for physicians of Family Medicine Centres (FMC) on 4 nosologies (depression, panic disorder, generalized anxiety disorder and somatoform disorders) in pilot regions (Bishkek city, Batken and Chuy oblasts). For sustainability training program on Mental Health protection developed according to WHO recommendations has been introduced into curriculum of Kyrgyz State Medical Institute of Training and Retraining of Personnel.

3. Analysis of the strengths and weaknesses of the mental health system.

Table 3: WHICH ARE THE THREE MAIN STRENGTHS OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. There was created basic regulatory framework
2. There are 45 outpatient psychiatric cabinets in Family Medicine Centres (primary level)
3. Main psychotropic drugs are available for patients free of charge

Table 4: WHICH ARE THE THREE MAIN WEAKNESSES OF THE COUNTRY MENTAL HEALTH SYSTEM?

1. Low level of financing of mental health organizations.
2. Weak succession between inpatient and outpatient services
3. Low material-technical equipping of mental health care facilities.

B. DESCRIPTION OF THE PROJECT

Table 5: BRIEF DESCRIPTION OF THE PROJECT

The conducted work showed necessity of continuing training of PHC physicians in the regions. There is planned broadening of training in three (3) regions of country. In each oblast it is needed to train 50 family physicians, 2 heads and 50 nurses of FMC on four selected nosologies. Upon completion of trainings to conduct monitoring of the knowledge of physicians, heads and nurses on family medicine. Revealed by trained specialists persons with mental disorders, if needed are referred to consultation of rayon psychiatrist, who takes decision on referral to secondary or tertiary levels of Mental Health Service or recommendations to primary level.

For ensuring incentives of primary level in revealing mental disorders in early stage and providing timely care to persons with mental disorders, to increase ratio bonus to salary per each case.

For sustainability of gained knowledge through Kyrgyz State Medical Institute of Training and Retraining of Personnel to continue training of specialists through continuous training of PHC specialists from all regions of country.

Table 6: DESCRIPTION OF THE WEAKNESSES IN THE MENTAL HEALTH SYSTEM THAT THE PROJECT TACKLES

1. PHC specialists weak possess skills on early diagnostics and providing service for patients with mental disorders.
2. Educational system does not correspond modern requirements, not in full extent reflects changes made in the field of mental health protection
3. Weak development of the system of providing outpatient services due to insufficiency of personnel

Table 7: GENERAL OBJECTIVES OF THE PROJECT

1. Integration of mental health issues into PHC will give possibility of early diagnostics and providing adequate care to patients suffered from mental disorders. Trained family physicians will cover 700 thousand population.
2. Improvement of level of knowledge of PHC personnel on mental health issues.
3. Monitoring of knowledge of trained FGPs

Table 8						
	SPECIFIC OBJECTIVE	ACTIONS	ACTORS	TIME	RESULTS	INDICATORS
Step 1	Assessment of knowledge and skills of family practitioners, heads and nurses on outpatient mental disorders. Defining interest and needs of family practitioners, heads and nurses of FMCs in trainings	Development of questionnaire, interviewing of selected groups of specialists Conducting round table on discussing the results of interviewing	Ministry of Health, Mental Health Care facilities, PHC facilities -Family Medicine Centres of Osh, Naryn and Issyk-Kul oblasts, Kyrgyz State Medical Institute of Training and Retraining of Personnel, Public Societies, Association of Family Group Practitioners..	February-March 2010	Defining the level of knowledge and skills of family practitioners, heads and nurses of FMCs on outpatient mental disorders. Defining timeframes of trainings.	To interview 150 family practitioners, 12 heads and 150 nurses of FMCs. Selection of nosologies most frequently met in the family practitioner's practice
Step 2	Educational programs for selected groups of specialists.	Development of educational programs for family practitioners, and nurses of FMCs , and heads on management issues	Ministry of Health, Mental Health Care facilities, PHC facilities, Institute of Training and Retraining of Personnel, Public Societies, Association of Family Group	April-September 2010	Educational programs on selected nosologies, management issues for selected groups of specialists	4 Educational programs per each groups of specialists

			Practitioners.			
Step 3	Improvement of level of knowledge of PHC personnel on mental health issues for early diagnostics and providing adequate care to patients suffered from mental disorders	Conducting trainings on selected nosologies and regions.	Ministry of Health, Mental Health Care facilities, PHC facilities, Institute of Training and Retraining of Personnel	September-December 2010	150 family physicians and 12 health leaders have been trained	Conducting 6 workshops in each region – 6 hours per day.
Step 4	Assessment of knowledge of selected groups of PHC specialists on mental health issues	Development of tests on assessment of the knowledge level and skills of providing care by family physicians	Practitioners and nurses of Family Physicians Association.	January-April 2011	150 family physicians, 150 nurses and 12 health leaders have been interviewed from each region	Conducting 6 monitoring activities with visits to sites. Results of monitoring
Step 5	Final assessment. Raising the role of rayon psychiatrist as supervisor of family practitioners.	Assessment of the knowledge level and skills of provided care by family physicians, conducting round-table on discussion of the results.	Ministry of Health, Mental Health Care facilities, PHC facilities of Osh, Naryn and Issyk-Kul oblasts, Kyrgyz State	June – October 2011	Assessment is completed, the round-table has been conducted.	Report on assessment. Systematic information to FMC head from rayon psychiatrist about results of work of family practitioners on mental health issues

		Systematic assessment of the work of family practitioners and nurses on revealing mental disorders and providing care.	Medical Institute of Training and Retraining of Personnel, Public Societies.			
--	--	--	--	--	--	--

Table 9: DIFFICULTIES AND SOLUTIONS	
EXPECTED DIFFICULTIES	POSSIBLE SOLUTIONS TOWARDS THE EXPECTED DIFFICULTIES
Refuse from Institute of Training and Retraining of Personnel in changing curricula for FGPs, nurses and head of primary level	Interventions from Ministry of Health
Insufficient motivation in training on mental health issues by PHC specialists.	Coordination of activities between Ministry of Health and Family Physicians Association and Kyrgyz Mental Health Association.

C. IMPACT OF THE PROJECT

Table 10: WHAT WILL BE THE IMPACT OF THE PROJECT
1. Earlier detection of persons with mental disorders
2. Availability of specialized care to persons with mental disorders
3. Qualified prescription of psychotropic drugs
4. Timely referral of patients with serious mental disorders by family practitioners to mental health specialists of all levels and systematic assessment by rayon psychiatrist of FMC specialists' work (as supervisor)

D. RESOURCES

Table 11: NEEDED RESOURCES FOR THE WHOLE PROJECT (sign to which class the project belongs)	
Medium (50.000-500,000 USD) (e.g. organizing a series of trainings for primary health care professionals)	60,000

Table 12: DESCRIPTION OF THE NEEDED RESOURCES		
	DESCRIPTION	AMOUNT IN \$
MENTAL HEALTH STAFF		
BUILDINGS	Rent	
EQUIPMENT	Preparation of information materials for primary health care system	90,000
TRAINING	Training materials on training	60,000
MEDICINES		
OTHERS (specify)	assignment allowance, transport expenses	65, 000
Total		215,000

TABLE 13: POSSIBLE SOURCES OF FUNDING (these sources are presumed and not necessarily already found now).	
FUNDER	
Government - Department of Health	100,000
NGOs	
Professional Associations	50,000
Others (specify)	
Total	365,000