Facilitating factors and barriers of integration and scale-up of mental health services in primary health care

There is an increasing burden of mental, neurological and substance use (MNS) disorders in Nepal. However there is limited services available for people with MNS disorders. In order to address this treatment gap TPO Nepal has been integrating Mental Health Care services into primary health care through PRIME program Chitwan district since 2011. Various factors affect the integration of mental health services which consequently influences the effective service delivery. Thus, the objective of this study was to explore the facilitating factors and barriers to integrated mental health service delivery in Chitwan district.

In-depth interviews and Key Informant Interviews were conducted with 145 stakeholders that included health workers, service users and their care givers, public health officers, mental health specialists and policy makers.

Information regarding effectiveness of mental health care program, barriers and facilitating factors for integration and scale-up, recommendations to overcome the challenges of integration and scale-up were explored. The mental health systems governance assessment revealed a few enabling factors and many barriers.

Major Recommendations

- Develop a separate unit/focal person for mental health in Ministry of Health
- Effective implementation of mental health policy
- Allocation of adequate budget for mental health
- Trainings and regular supervision on mental health should be conducted for the health workers
- Management of required infrastructures for mental health services
- Improve overall drug supply chain management
- Conduct anti-stigma programs to address the stigma on mental health occurring in different levels
- Engage service users and their caregivers in activities such as development of mental health policy, service delivery and monitoring and evaluation of mental health services
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### Facilitating Factors
- Development of mental health policy
- Increasing interest of government bodies and I/NGOs in mental health
- System level co-ordination
- Lack of implementation of mental health policy
- Mental health not being prioritized by the Government
- Absence of separate unit/focal person of mental health in Ministry of Health
- Absence of mental health plans in district level
- Some allocation of budget for mental health
- Increasing investment from I/NGOs in mental health sector
- Inclusion of 11 psychotropic drugs in free drug list
- Budget allocated for mental health being inadequate to meet the growing need
- Trainings and regular supervision for the health workers in primary health care centers
- Availability of trained health workers and counsellors in health facilities
- Frequent transfer of health workers in health facilities
- Health workers having extra burden while delivering mental health services along with other health services.
- Health workers’ grievances on incentives

### Barriers
- Orientation of mental health information systems in primary health care centers
- Integration of mental health indicators in Health Management Information System (HMIS)
- Lack of proper management of mental health information system
- Insufficient mental health indicators
- Time constraints in filling out separate OPD register for patients with mental health problems
- Availability of psychotropic medications in primary health care centers
- Insufficient supply of psychotropic medication in primary health care centers
- Availability of medication as well as counselling services in primary health care centers
- Provision of referral system and respectful treatment
- Identification of people with mental health problems and referral through FCHVs
- Provision of community orientation and linkages
- Defaulters in referral as well as in treatment follow up
- Delay in service delivery due to unavailability of health workers and medications when required
- Lack of awareness and presence of stigma in community
- Lack of counselling room for mental health patients