

Report

Integration of mental health into primary care in Al-Qassim Region, Saudi Arabia: curriculum development II

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Introduction

The psychological problems encountered at primary health care (PHC) centres are of the type and number to justify the integration of mental health into PHC, not only in Al-Qassim Region but also in other countries in the area. In order to do so it is necessary to train PHC physicians and other health-related personnel in primary care psychiatry [1]. This training course is expected to enhance their knowledge, interviewing skills and attitudes, which should result in proper prevention, detection, diagnosis, management and delivery of mental health services for PHC clients presenting with psychiatric problems, particularly minor psychological disorders such as anxiety and depressive disorders. It is also expected that mental health services will also be delivered at three levels: school, family and community. Therefore, a suitable curriculum was developed in order to fulfil the specific objectives and other components of the proposed educational and training programme [1]. The main concepts for developing this curriculum (Table

1) were chiefly derived from two curricula designed for masters degrees in health education [2] and community medicine [3].

Rationale and justification for curriculum development

To ensure the effectiveness of any training programme or degree course, the development of an appropriate curriculum is always warranted. Therefore, a relevant curriculum for psychiatric training was developed. Additionally, such a curriculum may itself act as an advisory instrument for the administrators, trainers and participants. Furthermore, it may also act as a basis for continuing medical education in primary care psychiatry, which is highly relevant to the needs of the population. In this context primary care psychiatry is not practised at PHC centres and therefore PHC clients with psychological disorders are often not recognized. Moreover, a scientifically developed curriculum may help in planning, implementing, monitoring and evaluating the aforesaid project [1]. It was

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Table 1 Components of the curriculum

<i>Course framework</i>	
Course number	
Duration	
Title of the course	
Coordinator	
<i>Rationale and justification</i>	
Aims	
Specific objectives	
Contents	
<i>Teaching methods</i>	
Problem-based tasks	
Group discussions	
Lectures and handouts	
Seminars	
Workshops	
Self-learning	
Field visits	
<i>Evaluation process</i>	
Course evaluation	
Participants' evaluation	
(during training, at the end and at 6 months)	
Verbal feedback	
Written feedback	
<i>Resources</i>	
Library	
Staff	
Teaching aids	
<i>Timetable</i>	
Date and time	
Contents and activities	
Supervisor	
Neutral evaluators	

Modified from [3]

decided that the curriculum developed would be flexible and any justified modifications could be made in the course of time of training of target groups.

Curriculum conceptual framework

A team of researchers designed the curriculum in such a fashion that it would meet the

general aims of the psychiatric training course, which include the integration of mental health care into the PHC network through the training of the relevant target groups in Al-Qassim Region. The course participants will comprise physicians, nurses, social workers, psychologists, health educators and selected administrators working at PHC centres. The curriculum aims to enhance the psychiatric knowledge and various skills of the participants. Additionally, the participants will develop positive attitudes towards psychiatry, which may result in improvement in the detection rates and management of mental health problems related to primary care psychiatry. The curriculum will provide participants with the knowledge and skills for preventing mental illnesses at the community level. In addition to meeting the general aims, the curriculum will specifically provide the participants with relevant information regarding the contributions of social and behavioural sciences to the major concepts of primary care psychiatry. It will also acquaint them with the recent developments in the field of community psychiatry, including liaison-consultation psychiatry, counselling and the establishment of community mental health centres. In addition, the participants will gain a good grasp of the new concepts and approaches recommended in the World Health Organization's (WHO) policies and strategies for achieving health for all. The curriculum will also guide them to plan, implement and evaluate health education programmes and interventional procedures by using appropriate methods relevant to primary care psychiatry.

Course structure and content

The course construction is divided into four phases:

I The course will provide the participants with an extensive introduction to the concepts of primary care psychiatry and the rationale of integrating mental health into PHC in Al-Qassim Region.

II It will provide the trainees with adequate psychiatric knowledge, different skills and positive attitudes for dealing with the common mental health problems of the clients at the grassroots level. They will also have basic concepts of preventive psychiatry and develop skills for managing psychological disorders. In addition, the course will also give the trainees an idea of how to counsel the clients, and educate the families and the community in order to reduce mental health problems in the community. These two phases will mainly cover the theoretical concepts of primary care psychiatry and will take 2 weeks.

III It will include clinical training for the trainees in the Buraidah Mental Health Hospital. The psychiatric clinical cases will be selected from the outpatient clinics and inpatient sections. The emphasis will be on the active participation by the trainees.

IV The trained participants will also gain practical psychiatric experience at PHC centres; some of them selected for training. These two phases will include practical demonstrations of the psychiatric cases most commonly seen in health centres and they will last for 2 weeks.

The course content will be carefully selected so that the participants will be well equipped with the basic psychiatric knowledge and skills necessary to understand and implement primary care psychiatry at the PHC level. In light of this, the course will include the following topics:

- introduction to primary care psychiatry with special emphasis on the preventive aspects of psychiatry;
- rationale for integrating mental health into PHC in Al-Qassim Region;
- psychiatric consultation techniques;
- classification of mental disorders and psychopathology;
- clinical approach to common psychological problems at the PHC level; these problems include mood disorders, anxiety disorders, somatoform disorders, psychosomatic disorders and adjustment disorders;
- common psychiatric disorders in children;
- adolescent psychiatry;
- geriatric psychiatry and secondary brain disorders;
- substance use disorders;
- psychiatric nursing;
- brief psychotherapy;
- counselling;
- clinical pharmacology of psychotropic drugs;
- functional, acute and chronic psychotic disorders;
- referral system to mental health hospitals;
- mental health educational programmes and prevention of psychiatric disorders;
- research, teaching and learning methods.

During the course the participants will be trained in a variety of teaching and learning methods which will include:

- group discussions
- problem-solving techniques
- skills workshops
- background reading
- clinical and practical training

- library and individual work
- field work
- role play.

Evaluation process

The evaluation in this course will include both the participants and the course itself. The trainers will also modify their teaching styles depending on the feedback (oral and written) of both of trainees and the neutral senior evaluators. The progress of the participants will be assessed continuously during the training course, at the end and after 6 months. Other aspects of the course will be evaluated by both the participants and trainers. The details of evaluation methods will be described in another report, which will include the implementation phase.

Comment

The development of the curriculum by a team of researchers is a prerequisite for the success of any training programme. It should be both scientifically sound and appropriately designed. It should have a distinctive rationale and justification with aims and specific objectives, comprehensive course content, course structure, and a time framework. The curriculum should be

flexible and any justified changes after its evaluation should be introduced at the proper time.

Conclusion

The designed curriculum appears to be conceptually appropriate. Thus, it is presumed that by the end of the course the participant's orientation, knowledge, skills and attitudes toward primary care psychiatry will have improved significantly. Moreover, the participants will have developed skills to prevent, detect and manage the psychological disorders of PHC clients. They will also be able to refer the complicated psychological cases to secondary mental health facilities at an appropriate juncture. In addition, participants will have developed skills for educating and training the PHC team in the field of primary care psychiatry. Furthermore, they will be able to educate patients and their families, especially in the importance of the referral system, compliance and the follow up. Finally, the participants will help in decentralizing and deprofessionalizing the delivery of mental health services.

The authors are preparing a detailed report on the implementation phase of this project.

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