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| **INTEGRATION OF MENTAL HEALTH IN PRIMARY HEALTH CARE****PREPAREDNESS CHECKLIST** |

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| **SCOPE AND SOURCES** |
| 1. Country
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| 1. Is the checklist completed with national or regional/provincial scope
 | NATIONAL | REGIONAL |
| 1. If regional/provincial, what is the region/province
 |  |
| 1. Size of population covered
 |  |
| 1. Name of person(s) responsible for completing the checklist
 |  |
| 1. Date checklist completed
 |  |
| Contributors | Source documents |
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| **PREVENTION AND PROMOTION** |
| What mental, neurological, and substance use (MNS) conditions prevention and promotion programmes are currently functioning? |
| **Name of programme** | **Scope of programme***Key*:*1 = National* *2 = Regional* *3 = District* *4 = Community* | **Programme management***Key*:*1 = Government* *2 = NGO**3 = Private**4 = Jointly managed* | **Programme type/main focus***Key*:*1 = Mental health awareness/anti-stigma/human rights protection**2 = Suicide prevention**3 = Violence prevention (including child abuse)**4 = Early childhood development/stimulation**5 = Parental/maternal mental health promotion* *6 = School-based mental health promotion**7 = Workplace mental health promotion**8 = Other (e.g. refugees)* |
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| **GOVERNANCE** |
| 1. Is there a mental health policy or plan (either stand-alone or integrated into those for general health or disability) that has been published or updated in the last 5 years?
 | YES | NO |
| 1. Does the mental health plan include specific goals and timelines for the integration of mental health in primary health care (PHC)?
 | YES | NO |
| 1. Does the mental health policy/plan contain specific indicators or targets against which implementation of integration of mental health in PHC can be monitored?
 | YES | NO |
| 1. If YES, to what extent have the indicators been used in the past two years to monitor and evaluate the implementation of integration of mental health in PHC?
 | NOT USED | USED FOR SOME / A FEW COMPONENTS | USED FOR MOST / ALL COMPONENTS |
| 1. Have any of the goals to implement mental health in PHC identified in the last mental health plan been reached in the last calendar year?
 | YES | NO |
| 1. Is there a multidisciplinary body responsible for the integration of mental health in PHC?
 | YES | NO |
| 1. What is the membership of the body?
 | Specialist mental health services | Primary Health Care | Undergraduate teaching institutions | Postgraduate training institutions | Nursing profession |
| Medical profession | Academic research sector | Private sector | Relevant Local NGOs | Relevant International NGOs |
| Service users groups | Family or caregiver advocacy groups | Faith based organisations | Traditional / indigenous healers | Ministry of health |
| Ministry of Social Welfare | Ministry of education | Ministry of interior / home affairs | Housing sector | Employment sector |
| 1. Has the multidisciplinary body made a plan for the integration of mental health in PHC?
 | YES | NO |
| 1. Does the plan for the integration of mental health in PHC explicitly address these goals (circle all that are explicitly covered with a plan, time-frame and targets as appropriate)?
 | A. specification of priority mental disorder and care packages for phc | B. PHC Standard Operating Procedures | C. regulations governing PHC staff roles and responsibilities |
| D. Advocacy / COMMUNICATIONS plan | E essential medicines list FOR phc includes all required medications  | F. provision of treatment guidelines for PHC staff |
| G. undergraduate / basic training of general health care staff | H. RELEVANT in-service mental health training for PHC staff | I. support & supervision arrangements for PHC staff |
| J. specified referral and back-referral pathways | K. referral and back-referral guidelines | L. estimates of costs |
| M. budget has been allocated in line with the estimated costs | N. monitoring and evaluation plan | O. specified indicators for monitoring and evaluation |
| 1. Have any of the targets listed in Question 9 already been achieved?
 | YES | NO |
| 1. If, YES, circle the corresponding letter(s) to all achieved goals:
 | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
| 1. Does the country have mental health legislation (stand-alone or integrated into legislation for general health, public health or disability)?
 | YES | NO |
| 1. Does the current legislation promote the transition towards the integration of mental health in PHC?
 | YES | NO |
| 1. Across how much of the territory is the integration of mental health in PHC being implemented?
 | NO AREAS | SOME / A FEW AREAS | MOST / ALL AREAS |
| 1. Is there a common approach (e.g. national monitoring list of indicators and interpretation, annual review of plan implementation, etc.) including mental health to monitor the health system’s performance?
 | YES | NO(Specify) | What is the approach for mental health monitoring: |
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| **SERVICE ORGANISATION** |
| 1. Are PHC services organised to meet the needs of a clearly identified target population?
 | YES | NO |
| 1. Are there imbalances in the available provision of PHC across the country/province?
 | YES | NO |
| 1. Are PHC service aligned with specific specialist mental health services with clearly defined pathways for referral and back-referral?
 | YES | NO |
| 1. If YES, is there a breakdown of referrals made in the last year (e.g. by age, gender and diagnosis)?
 | YES | NO |
| 1. Is referral guidance available in all PHC facilities?
 | YES | NO |
| 1. Are PHC service aligned with specific specialist mental health services for supervision and support?
 | YES | NO |
| 1. Are PHC staff responsible for outreach and links to community heath staff?
 | YES | NO |
| 1. Are PHC staff responsible for public health education and promotion activities?
 | YES | NO |
| 1. Are dedicated PHC staff responsible for psychosocial interventions?
 | YES | NO |
| 1. What is the model of mental health care used in PHC?
 | STEPPED-CARE | INTER-DISCIPLINARY | CASE MANAGEMENT | OTHER | Specify: |
|  |
| Current roles and responsibilities of PHC staff in the provision of services for MNS disorders |
| 1. Severe Mental Disorders
 | DETECTION | BASIC ASSESSMENT | COMPREHENSIVE ASSESSMENT |
| PSYCHOSOCIAL INTERVENTIONS | ACUTE MANAGEMENT | STABLE ONGOING MANAGEMENT |
| 1. Common Mental Disorders
 | DETECTION | BASIC ASSESSMENT | COMPREHENSIVE ASSESSMENT |
| PSYCHOSOCIAL INTERVENTIONS | INITIATING MANAGEMENT | ONGOING MANAGEMENT |
| 1. Substance Use Disorders
 | DETECTION | BASIC ASSESSMENT | COMPREHENSIVE ASSESSMENT |
| PSYCHOSOCIAL INTERVENTIONS | ACUTE MANAGEMENT | STABLE ONGOING MANAGEMENT |

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| Please complete the table below showing the number of persons with mental disorder who received mental health care in PHC in the last year |
| 1. Indicate the population used for completing the table:
 | NATIONAL (total population of country) | REGIONAL/PROVINCIAL (one or more) | SPECIFIC SITES / LOCALITIES  |
| 1. What is the total number of persons in the specified population
 |  |
| 1. Indicate from what source reported data are taken
 | ROUTINE HEALTH INFORMATION SYSTEMS | PERIODIC OR OCCASIONAL SURVEY |
| **Diagnosis** | **New cases** | **All cases** | **Visits** |
| 1. Depression
 |  |  |  |
| 1. Psychosis
 |  |  |  |
| 1. Epilepsy
 |  |  |  |
| 1. Child & Adolescent Mental & Behavioural Disorders
 |  |  |  |
| 1. Dementia
 |  |  |  |
| 1. Disorders due to Substance Use
 |  |  |  |
| 1. Self-harm / Suicide
 |  |  |  |
| 1. Conditions Specifically Related to Stress
 |  |  |  |
| 1. Other Significant Mental Health Complaints
 |  |  |  |
| 1. Is the individual record electronic or paper-based?
 | ELECTRONIC | PAPER |
| 1. Is mental health related information included in the routine information system, such as the monthly facility reports?
 | YES | NO |

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| **HUMAN RESOURCES FOR MENTAL HEALTH** |
|  | Working in government health services | In government and non-government health services | Percentage in urban settings |
| **PHC Staff numbers** |
| 1. PHC Doctors
 |  |  |  |
| 1. PHC Nurses
 |  |  |  |
| 1. PHC Other health workers
 |  |  |  |
| **Specialist mental health service staff numbers** |
| 1. Psychiatrists
 |  |  |  |
| 1. Nurses (e.g. psychiatric nurses)
 |  |  |  |
| 1. Psychologists
 |  |  |  |
| 1. Social workers
 |  |  |  |
|  | PHC Doctor | PHC Nurse | PHC other health worker |
| 1. What are patient loads: number of patients seen per staff per day?
 |  |  |  |
| 1. What is the average consultation time (in minutes)?
 |  |  |  |
| 1. Total number of first degree or basic qualification training hours devoted to psychiatry and mental health
 |  |  |  |
| 1. Is PHC General Practitioner or Family Physician led?
 | YES | NO |  |
| 1. How many days/hours of mental health are included in Family Physician training?
 |  |
| 1. How many days/hours of mental health are included in General Practitioner training?
 |  |
| 1. Who provides in-service training?
 | SPECIALISTSERVICES | DEDICATED CADRE | ACADEMIC INSTITUTIONS |
| 1. Are standard evidence-based guidelines (e.g. mhGAP) available for in-service training?
 | YES | NO |  |
|  | **Medical doctors** | **Nurses** | **Other health care workers** |
| 1. Number of mental health training **courses** (lasting at least two days) carried out in non-specialised / general health care settings in the last year
 | Mixed groups1  |  |  |  |
|  |
| 1. Number of health care **workers** (not specialised in mental health) who received mental health training (lasting at least two days) in the last year
 |  |  |  |
| **Clinical Supervision** |
| 1. Are standard clinical supervision guidelines available?
 | YES | NO |  |  |
| 1. Who provides clinical supervision for PHC staff?
 | SPECIALIST MENTAL HEALTH STAFF | PHC STAFF | SPECIAL CADRE of SUPERVISING STAFF | OTHER (Specify) | Other: |
|  |
| 1. What is the frequency of clinical supervision provided for PHC staff?
 | REGULAR >6 / YEAR | REGULAR <6 / YEAR | SPORADIC | NONE |
| 1. What is the most common format of clinical supervision?
 | INDIVIDUAL | GROUP |  |  |
| 1. What types of contact are used in clinical supervision?
 | FACE TO FACE | TELEPHONE | E-MAIL | VIDEO-CONFERENCE | OTHER(Specify) | Specify: |
|  |
| 1. Who are the champions of providing clinical support and supervision?
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| **MEDICINES AND TECHNOLOGY** |
| 1. Is there a national Essential Medicines list for PHC use?
 | YES | NO |  |  |
| 1. When was the Essential Medicines (for PHC use) list last revised?
 | LAST YEAR | 1-2 YEARS AGO | 3-5 YEARS AGO | MORE THAN 5 YEARS AGO |
| 1. Is priority given to generic medications?
 | YES | NO |  |  |
| 1. The following checklist is based on medications mentioned in the mhGAP Intervention Guide. The essential drugs needed in PHC will be determined by which priority mental disorders are selected when planning integration. Tick if present.
 |
| Drug name and mode of administration | Identified for use in: | Drug name and mode of administration | Identified for use in: |
| PHC | Psychiatry | PHC | Psychiatry |
| Antidepressants | Antipsychotics |
| amitriptyline (o) |  |  | haloperidol (o & im) |  |  |
| fluoxetine (o) |  |  | chlorpromazine (o) |  |  |
| sertraline (o) |  |  | risperidone (o) |  |  |
| citalopram (o) |  |  | depot fluphenazine (im) |  |  |
| Mood stabilisers | Anticholinergics |
| lithium (o) |  |  | biperiden (o & iv) |  |  |
| valproate (o) |  |  | trihexyphenidyl (o) |  |  |
| carbamazepine (o) |  |  | Substance Use, management of withdrawal |
| Benzodiazepine (short-term) | diazepam (o, iv, pr) |  |  |
| diazepam (o) |  |  | thiamine (im, iv) |  |  |
| Emergency management of epilepsy | Substance Use, management of intoxication |
| magnesium sulphate (im) |  |  | Naloxone (im, iv, intranasal, subcuts) |  |  |
| hydralazine (iv) |  |  | Substance Use, Ongoing management |
| diazepam (iv, rectal) |  |  | buprenorphine (o)  |  |  |
| midazolam (buccal/intranasal) |  |  | methadone (o) |  |  |
| lorazepam (iv) |  |  | clonidine (o) |  |  |
| valproic acid (iv) |  |  | lofexidine (o) |  |  |
| phenobarbitol (iv) |  |  | morphine sulphate (o) |  |  |
| phenytoin (iv) |  |  | acamprosate (o) |  |  |
| saline infusion |  |  | naltrexone (o) |  |  |
| glucose (iv) |  |  | disulfiram (o) |  |  |
| Ongoing management of epilepsy | Emergency management of self-harm |
| carbamazepine (o) |  |  | atropine (iv) |  |  |
| phenobarbital (o) |  |  | activated charcoal |  |  |
| phenytoin (o) |  |  | OTHER |
| sodium valproate (o) |  |  |  |  |  |
| folate (o) |  |  |  |  |  |
| 1. Is there provision in the legislation or in official national policy documents that mental health medicines are necessary for health care?
 | YES | NO |
| 1. Are mental health medicines included in the national system of pharmaceuticals regulation and quality assurance, in the same way as general health medicines?
 | YES | NO |
| 1. What percentage of PHC facilities received an uninterrupted supply of essential mental health medicines throughout the last year?
 |  % |
| 1. What is the frequency and duration of stock-outs of selected mental health medications?
 |  |
| 1. Are there standard treatment protocols for the use of MNS medications?
 | YES | NO |
| 1. Are the relevant treatment protocols distributed to PHC staff?
 | YES | NO |
| 1. Are PHC staff trained in recognition and emergency management of overdose of mental health medication?
 | YES | NO |
| 1. Are PHC staff trained in recognition and emergency management of side-effects of mental health medication?
 | YES | NO |
| 1. Is there a reporting system for pharmaceutical side-effects and complications of mental health medication?
 | YES | NO |

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| **MENTAL HEALTH FINANCING** |
| 1. What is the government’s total expenditure on mental health?
 |  |
| 1. Does this include provision of mental health services in PHC?
 | YES | NO |
| 1. What is the government’s total expenditure on PHC?
 |  |
| 1. What is the government’s total expenditure on mental health in PHC?
 |  |
| 1. How are budgets allocated?
 | passiveLY | increased BY INFLATION from previous year  | depending on advocacy | against a workplan with costed activities |
| 1. To what extent is the development and management of health budgets controlled by central government or decentralised to provinces and districts?
 | MAINLY OR WHOLLY CENTRALISED | PARTIALLY DECENTRALISED | DECENTRALISED |
| 1. Is treatment of persons with mental disorders included in the national insurance or reimbursement schemes?
 | YES | NO |
| Are the following disorders listed as included/excluded? (tick box) | Explicitly included | Generically included | Explicitly excluded |
| 1. Depression
 |  |  |  |
| 1. Psychosis
 |  |  |  |
| 1. Epilepsy
 |  |  |  |
| 1. Child and Adolescent Mental & Behavioural Disorders
 |  |  |  |
| 1. Dementia
 |  |  |  |
| 1. Disorders due to Substance Use
 |  |  |  |
| 1. Self-harm / Suicide
 |  |  |  |
| 1. Conditions Specifically Related to Stress
 |  |  |  |
| 1. Other Significant Mental Health Complaints
 |  |  |  |
| 1. How do the majority of persons with mental disorders pay for mental health services in PHC?
 | NOTHING AT THE POINT OF SERVICE USE (fully insured) | MOSTLY OR ENTIRELY OUT OF POCKET | AT LEAST 20% TOWARDS THE COST |
| 1. How do the majority of persons with mental disorders pay for psychotropic medicines in PHC?
 | NOTHING AT THE POINT OF SERVICE USE (fully insured) | MOSTLY OR ENTIRELY OUT OF POCKET | AT LEAST 20% TOWARDS THE COST |
| 1. What are the existing mechanisms of financial protection for vulnerable groups
 | Subsidised (free or close-to-free) care for specific groups | subsidised cost of medicines for specific groups | NO SUBSIDIES |
| 1. Are there financial provisions (e.g. transitional funds) to support the downsizing of mental hospital and establishment of integrated care?
 | FULLY FINANCED | PARTIALLY FINANCED | NO |
| Are available resources allocated in the best possible way, preventing imbalances by: |
| 1. Territory
 | YES | PARTIALLY (Specify) | NO (Specify) | Comment: |
|  |
| 1. Social strata
 | YES | PARTIALLY (Specify) | NO (Specify) | Comment: |
|  |
| 1. Urban/rural locations
 | YES | PARTIALLY (Specify) | NO (Specify) | Comment: |
|  |
| 1. How are service providers paid?
 | block budgets | lump sums to pay for supplies | itemized budgets | in-kind(providers receive supplies (fuel, drugs, food, etc.) rather than money) |
| allocation by budget line | fee-for-service | capitation |

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| MENTAL HEALTH INFORMATION |
| 1. Is there a formally defined list of individual data items to be collected by all PHC and mental health facilities?
 | YES | NO (Specify) | Where can it be found: |
|  |
| 1. Does this list include mental health care items?
 | YES | NO |  |
| Complete the following tables describing the disaggregated mental health data availability in the last one year: |
| Mental health data / indicator | **Age***(Yes / No)* | **Gender***(Yes / No)* | **Diagnosis***(Yes / No)* | **Country***Yes / No)* | **Province***(Yes / No)* | **District***(Yes / No)* | **Facility***(Yes / No)* |
| 1. Prevalence of mental disorders
 |  |  |  |  |  |  |  |
| 1. Suicide mortality rate
 |  |  |  |  |  |  |  |
| 1. Mental health status or outcomes for persons using mental health services
 |  |  |  |  |  |  |  |
| 1. Number of persons with mental disorders using primary health care services
 |  |  |  |  |  |  |  |
| 1. Number of primary / general health workers receiving in-service training
 |  |  |  |  |  |  |  |
| 1. Number of health personnel in specialist mental health and PHC services
 |  |  |  |  |
| 1. Availability of mental health medication
 |  |  |  |  |
| 1. Mental health budget
 |  |  |  |  |
| 1. Which data sources are used to collect mental health information?
 | Clinical or patient records | Facility report or records | Facility-based survey |
| Household-based survey | Vital registration system | Administrative data source |
| 1. Which option best corresponds to the primary data collection mechanism for mental health in PHC information?
 | collected routinely | collected periodically (e.g. quarterly, annually) |
| collected occasionally (e.g. every 3 or 5 years) | never or not collected |
| 1. What has been the frequency of data reporting in the last year?
 | Automatic and/or continuous | Periodic or regular |
| Occasional | Not reported |
| 1. Is mental health-related data used for annual policy, planning or management purposes?
 | YES | NO |  |
| 1. Has there been a data audit (e.g. correlation between clinical records, daily tally-sheet, monthly report and data entered in database)?
 | YES | NO |  |
| 1. If YES, when was the most recent audit completed?
 |  |
| 1. Are there any issues that are relevant to mental health?
 | YES(Specify) | NO | Issues: |
|  |
| 1. Is there a database for Human Resources for Health (HRH)?
 | YES | NO |  |
| 1. Does the HRH Department produce an annual report?
 | YES | NO |  |
| 1. Are HRH issues included in the Ministry of Health annual report?
 | YES | NO |  |
| 1. Are mental health-related data included in these HRH mechanisms or are there specific reports?
 | INCLUDED | SPECIFIC REPORTS | NOTINCLUDED |
| Resources: Are resources available for the HIS to function, and to assure data flow? How can mental health-related data can be integrated? Will staff need training and support to take on new roles? Are any potential additional resources available? |
|  | Staff/team: who and how many | Tools required (e.g. internet, computer, printer, telephone,) | Paper or electronic format |
| 1. Ministry of Health
 |  |  |  |
| 1. Province
 |  |  |  |
| 1. District
 |  |  |  |
| 1. Facility
 |  |  |  |